

# **Agency & Self Help Carer Group Initiatives**

**(Group Funding for people with a psychiatric disability and Carer groups)**

## **General Guidelines**

### **WHO CAN APPLY**

Applications will be accepted from agencies or carer groups to develop program initiatives that demonstrate potential for positive outcomes either for carers of people with a psychiatric disability or for people with a psychiatric illness. Applications are restricted to those located within the Barwon South West Region. The region covers the areas comprising of the Shires of Glenelg, Moyne, Southern Grampians, Corangamite, City of Warrnambool, Colac-Otways, Surf Coast, the City of Greater Geelong and the Borough of Queenscliff.

### **ACTIVITIES NOT SUPPORTED**

- (1) Projects that require long term or ongoing funding from the Disability Support Fund.
- (2) Projects which have no clear outcome or focus
- (3) Projects where other funding and / or services exist.

## **Guidelines For Agency Initiatives**

The Disability Support Fund has been established to assist people with a mental illness access community based health, social, recreational and vocational options which would not otherwise be possible. The Disability Support Fund is the only one of its kind in Victoria.

### **ACTIVITIES SUPPORTED**

Assisting groups to pilot program initiatives:

- (1) Community based activities, programs, services
- (2) Services within the community ie. Neighbourhood Houses
- (3) Specific short term projects with clear outcomes ie. - independent living skills, attending recreational and vocational options
- (4) Opportunities which promote self-direction and choice ie. self-development courses.
- (5) Rehabilitation programs designed to enhance the participant's personal skills and social relationships.
- (6) Community based programs via the purchase and maintenance of equipment.

## **Guidelines For Carer Group Initiatives**

The Disability Support Fund's Self Help Carer Group Initiative has been established to assist carers of people with a mental illness.

### **ACTIVITIES SUPPORTED WHICH INCLUDE SOME OF THE FOLLOWING:**

Assisting agencies or groups to access

- (1) Self help group initiatives
- (2) Courses for carers eg. stress management
- (3) Newsletters
- (4) Payment for speakers for information nights / seminars
- (5) Other initiatives that meet the guidelines

## **Scope Of Support**

- (1) Applicants are strongly encouraged to read the guidelines carefully.
- (2) Generally, funding will only be granted to agencies / groups once per annum, but if you would like to apply for additional funding please contact the Project Officer to discuss your ideas.
- (3) Applications that are not funded have the option of being maintained as an active application. This means the application could be considered for funding in subsequent months. However, due to budgetary reasons or because other projects are seen as having a priority, funding may not be possible.
- (4) The budget available per month across the entire Barwon South Western Region is:
  - ◆ Agency Initiatives - \$2,500.00.
  - ◆ Carer Initiative - \$1,666.66
- (5) There is a maximum of \$5,000 per application.
- (6) All applications need to be forwarded to the Project Officer (details below). Applications are then presented to regional panels for consideration. The South West panel meets on the first Wednesday of every month and the Barwon panel meets quarterly.

## **Process For Completing Application Form**

1. Contact the Project Officer (Carmel Hendriks) to discuss your proposal.
2. All applications must be completed in the same format as the application form provided.
3. It is the responsibility of the applicant to provide full and accurate details as required on the application form. Details of what information is required to complete questions appear with each question on the application form.
4. Faxed applications will be received as long as the original hard copies are forwarded within 5 days.
5. Applicants will be advised of the success of their application within 14 days of the regional panel meetings but where possible sooner.
6. Agencies will be invited to have a representative attend the meeting (applicable to Agency Initiatives only).

### **Contact Details: Carmel Hendriks**

**48 McKillop Street, GEELONG VIC 3220**

**Telephone : (03) 5221 8498      Mobile : 041 732 3396**

**Rural Toll Free: 1800 626 724      Facsimile : (03) 5229 5665**

**Email                              dsf@bdrc.org.au**

# Application For Funding

Applications may be submitted in neat black / blue print. Typed applications will also be accepted; provided the format of the form is followed. Applicants must use this format and may include 1 additional page.

**Please forward 9 copies of your submission.**

## **PLEASE COMPLETE ALL QUESTIONS ON THE APPLICATION FORM**

### **Agency / Carer Group Details:**

Group/Agency Name .....

Postal Address .....

Suburb ..... Post Code .....

Contact Telephone Number .....

Contact Person ..... Email .....

Please tick box to indicate funding source you're applying for:

Agency Initiatives

Self Help Carer Group Initiatives

### **Question One**

### **Purpose of Application**

Provide a brief outline of why funding is required. Please include the following information:

- Describe the project
- Estimated number of participants
- Time frame for project
- Who are the target group
- Methodology to be used.

(If insufficient space, an extra sheet may be attached)

## Question Two

Please outline in **point** form what the aims / anticipated outcomes of the project are.

### **BUDGET DETAILS.** Attach supporting information/quotes where appropriate

Course Costs \$ \_\_\_\_\_

Travel Costs \$ \_\_\_\_\_

Equipment Costs \$ \_\_\_\_\_

Administrative Costs \$ \_\_\_\_\_

Other Costs (specify) \$ \_\_\_\_\_

\$ \_\_\_\_\_

#### **TOTAL:**

Total Amount Requested: \$ \_\_\_\_\_

## **AUTHORISATION**

***No application will be accepted unless this authorisation statement is completed in full.***

I affirm that any funds provided will be expended in accordance with the Disability Support Fund guidelines and this application proposal, and I agree that a financial completion report will be provided at the end of the project.

Applicant's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_