

International Day of People with Disability Social Enterprise Grant Program Application Form

Please read the accompanying **Social Enterprise Grant Program Guidelines** to check eligibility and criteria before completing this form.

Project Name:	
Grant type:	<i>(delete one)</i> Social Enterprise Start-up OR Social Enterprise Expansion

Applicant/ Group Details

Entity details (if applicable):

If applying for Social Enterprise Expansion funding, provide relevant details in the 'Additional Information' section

Stakeholders involved (list all people/ organisations involved in the project):

Lead Contact Name:

Role/ Job title:

Organisation:

Email address:

Contact number:

Correspondence address:

Postcode:

Second Contact Name:

Job title:

Organisation:

Email address:

Contact number:

Project Outline (maximum 2000 words)

An outline of your project including:

- *How your project will meet the grant objectives outlined within the Grant Guidelines;*
- *The 'Problem Statement' or desired social impact;*
- *Description of products and/ or services;*
- *Value proposition: how the products/ services are new, innovative or different from existing solutions.*

Social Enterprise Activity (maximum 200 words)

Describe how/ why your project constitutes a social enterprise:

Vision, Mission and Values

State your vision, mission and values statements:

What are your key aims for your project?

1.

2.

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3.

How will your project meet your key aims? (maximum 1000 words)

Experience, capability and expertise (maximum 200 words)

Outline:

- *The applicant/s or group's experience, capability and expertise in similar projects;*
- *The proposed management/ operating team or Steering/ Governance Committee, including each members' experience, qualifications or capabilities.*

Outcomes and Impact (maximum 1000 words)

Outline:

- *How your project will support/ benefit the intended target audience:*
- *How your project will support/ benefit wider communities:*
- *How you will measure the project's outcomes and benefits:*

Geographic Reach (maximum 200 words)

A brief outline of the population groups targeted, and reach of the initiative:

Viability, Sustainability and Scalability (maximum 1000 words)

Outline:

- *How your project will be viable and sustainable post-funding;*
- *Opportunities for the scalability/ expansion of your project:*

Timeframes and Milestone (maximum 200 words)

A brief outline of the key milestones for your project:

Financial Information

Provide (may be attached separately if required):

- *A 12 month budget (to align with your milestones). The budget must contain an itemised account of activities/ resources to be funded under the grant, including in-kind support to be offered by IDPWD (e.g. consultancy or marketing support);*
- *2-3 year financial projections including cost and revenue modelling.*

Marketing and Promotion (maximum 1000 words)

A brief outline of how you intend to market/ promote your project, including:

- *Target market segmentation;*
- *Customer acquisition strategy;*

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- *Distribution plan (channels).*

Strengths, Weaknesses, Opportunities and Threats (SWOT) (maximum 1000 words)

Outline the top 3 strengths, weaknesses, opportunities and threats associated with the project, and provide mitigating commentary for each:

Additional information (maximum 1000 words)

Provide information such as:

- *Existing corporate/ ownership/ operating structures;*
- *Employment of and/or ownership by people living with a disability;*
- *Insurances required;*

Prior to formal approval of this application, do you agree to:

Providing any additional information requested by IDPWD in order to fully assess the characteristics of the project?

Yes

No

If successful in your application, do you commit to:

Working with IDPWD representatives and associated Business Mentors to develop comprehensive Business and Marketing Plans?

Yes

No

Entering into a formal, binding agreement with IDPWD?

Yes

No

Allowing IDPWD to promote, publish, publicise or in any other way utilise the project's information in the course of IDPWD's activities?

Yes

No

Abiding by relevant terms and conditions associated with fulfilment of the Grant to ensure that the Grant Objectives are met?

Yes

No

Providing IDPWD with regular Social Enterprise Update Reports as requested?

Yes

No

DECLARATION:

By submitting this form you are declaring the information you have given is a true and accurate representation of yourself and/ or the entity you represent. If any of the information is found to be incorrect that affects the eligibility, IDPWD has the right to withdraw your application. Should information be found to be incorrect, misleading or deceptive following execution of a Grant Agreement, IDPWD reserves the right to terminate the Agreement.

I understand that the selection of successful applications will be within the sole discretion IDPWD and those decisions are final. I also understand that IDPWD reserve the right to deselect an applicant at any stage of the program.

Name:

Position:

Date:

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Name:

Position:

Date: