BMDCF - Good Design EOI 2025

Expression of interest for the Brian M. Davis Charitable Foundation's Good Design grant round

Welcome

Welcome to the Brian M. Davis Charitable Foundation grant application

The deadline for this Expression of Interest is 31 July 2025, 11:59pm (AEST). This is a firm deadline.

If you have any questions while completing this form, please don't hesitate to contact us at applications@brianmdavis.org.au. A team member will endeavour to reply within two business days.

Tips for completing this form

- Read the Good Design Information Pack thoroughly before commencing your Expression of Interest.
- Add <u>mail@grantapplication.com</u> and <u>noreply@yourcause.com</u> to your address book or safe senders list to ensure you receive all system communications.
- A Microsoft Word preview of the application form is available to <u>download</u> from our website which you can use to formulate your answers and then and cut and paste these into this online application.
- Your application will be save automatically. If you want to return later, simply close the browser.
- You may return at any time by going to https://bbgmapply.yourcausegrants.com/apply/applications

Grant Conditions

All of our grants are subject to the following conditions. Please read through these carefully before continuing with your funding proposal. Should your Expression of Interest and subsequent full application be successful, you will be asked to sign a Grant Agreement confirming your organisation accepts these conditions:

- 1. The grant recipient must use the funds exclusively for the purposes set out in the application and not for any other purpose.
- 2. If the grant received is to support the delivery of a specific project (as described in the application), the grant recipient will use their best efforts to complete the project described in the application to meet the objectives and the timeframe specified in the application.
- 3. The grant recipient will promptly advise the Brian M. Davis Charitable Foundation of any change to the information contained in the application and any change which may affect the grant recipient's ability to undertake or complete the activities described in the application within the specified period or in accordance with this agreement. Any change in purpose, use of funds or time frame will require the approval of the Brian M. Davis Charitable Foundation prior to the change being implemented.
- 4. The grant recipient may acknowledge the assistance of the Brian M. Davis Charitable Foundation. A logo can be provided on request. The grant recipient will provide details of any proposed acknowledgement for approval by the Brian M. Davis Charitable Foundation.
- 5. Should the timeframe specified in the application extend beyond 12-months, the grant is subject to an annual review by the Brian M. Davis Charitable Foundation to ensure the project objectives are being met. The grant recipient will provide progress reports at the end of each 12-month period using the Foundation's standard report form, unless an alternative format where appropriate is agreed upon. Subsequent payments of the grant will be made only after, and subject to, the Foundation's review of and satisfaction with the submitted reports. The Brian M. Davis Charitable Foundation may, in its absolute discretion, decide to reduce or increase the amount of a grant instalment or to cease to make any further payments of a grant following a review.
- 6. The grant recipient will provide the Brian M. Davis Charitable Foundation with an acquittal report within two months of the end of the project. The format of the final report and acquittal will be on the Foundation's standard report form unless otherwise agreed.
- 7. The grant recipient will provide bank account details for the purposes of Electronic Funds Transfer for payment of the grant through the Brian M. Davis Charitable Foundation grants management system, which is a secure site.

To begin this form, click on the word "NEXT" below. Click the sign and submit button when you've completed all of the items

Organisation Information

Organisation Detail

Organisation name *

The common name that your organisation is known by. This may differ from the legal name which you provide below.

Address *

Organisation Email *

The main email address for your organisation.

Organisation Phone *

The main phone number for your organisation.

Website URL: *

Link to latest online Annual Report & Financials

If this is not available, please upload a copy in the question below.

Annual Report & Financials

If you are unable to provide a link to an online version of your latest Annual Report, please upload a copy.

i>Make sure you press the Upload button after selecting your document.</i>

Organisation Primary Contact

We want to know who heads up your organisation. You may only enter one contact. Please click 'Add new' to fill out the details of your organisation leadership.

Prefix	First	Last	Email	Office	Mobile	Contact
	name	name	address	telephone	telephone	title

What is your organisation's history, vision and mission? *

(Max 250 words)

Charitable Status

Organisation Legal name *

What is the name of the entity that is endorsed as a Deductible Gift Recipient (DGR)? If you are not sure, you can check when you visit the ABN Look Up in the question below.

DGR1 / TCC attachment *

Look up your organisation on the <u>ABN Lookup</u> website, click the PDF icon to download the record and attach to confirm it is endorsed as a Deductible Gift Recipient (DGR) Item 1 and TCC.

ABN *

What is your ABN (Australian Business Number)?

Paste the UF d		sation's <u></u>	> <a href="https</th><th>://www.acnc.gov.au/</th><th>charity/charities" target<="" th=""><th>="_blank">ACNC</th> <	="_blank">ACNC	/u>		
Request	Contact						
_	as Organisati to save re-ente	-		act person for this a	pplication is the same a	s the Organisation Prin	nary Contact as
This is the pe	rimary Conta erson who will be ck the "Add New	the main conta			cessful, the approved gi	rant and all associated	requirements and
Prefix	First name	Last name	Suffix	Email address	Office telephone	Mobile telephone	Contact title
<u>Initiativ</u>	e Details	<u> </u>					
	ative/collabo						
Funding P	urpose * ey purpose of your control of the control	our funding requ	uest? If your re	quest is successful, enable young peop	this one line summary r le aged 12-18yrs to par	may feature in material ticipate in Foyer leader	published by the ship circles
	nd that some init grant money for t ar ars ars ars				application. We are inte	rested in how long you	are intending to use

Link to ACNC *

Anticipated start date of the initiative/collaboration *
Anticipated end date of the initiative/collaboration *
Focus area * The Brian M. Davis Foundation prioritises four funding streams (see our Strategy for more details). One stream is safe spaces/safe relationships which focuses on every child and young person having safe places to live, learn, and play as well as safe relationships to thrive. Within this lens, your initiative may focus on a particular angle (e.g., housing, family unification, child abuse/neglect). Please select the most appropriate focus area(s) to which your project aligns. We encourage applicants to select only one choice, however, if needed, you may select multiple options. Select multiple
[Safe] 1. Supporting children and young people to have places to live, learn and play and safe places to thrive/1.2 Addressing childhood poverty, abuse, and neglect [Safe] 1. Supporting children and young people to have places to live, learn and play and safe places to thrive/1.3 Keeping families together [Safe] 1. Supporting children and young people to have places to live, learn and play and safe places to thrive/1.5 Ensuring safe housing
Initiative type * How would you classify your initiative stage? <i>You may select up to two, particularly if your initiative spans up to five years.</i> Select multiple
 1. Seed (just starting or building something) 2. Testing/piloting concepts in the field (proof of concept) 3. Scaling out (expanding footprint) 4. Scaling up (policy/legislative shifts) 5. Scaling deep (community readiness, leadership, network building, advancing new narratives) 6. Other
Other initiative type * If you selected "other", please fill in the textbox below
Briefly describe your initiative, including the 'good design' elements. * What are you going to do? How does your initiative incorporate good design? <i>Max. 300 words, see help text.</i>
Coalition partnerships * Please list partners who will work together on the design, planning, convening, implementation and evaluation of this initiative. If you are a peak body or existing collective, please describe your membership.

Youth leadership *

The Brian M. Davis Foundation actively promotes the Convention to the Rights of the Child, notably the key principle of <i>Respect for the views of the child: Children have the right to express their opinions and have them taken seriously, especially in matters affecting them.</i> bescribe how children and young people will be involved in planning, design, delivery and accountability of your initiative/collaboration. <i>Limit 200 words. </i>

Alignment with BMDCF's investment approach *

We work flexibly and collaboratively to support organisations and collectives to tackle the <i>root causes of systemic challenges. </i>Briefly outline how your proposed initiative/collaboration addresses root causes of systemic challenges. <i>Limit 200 words. </i>

Is there anything else you would like to add in support of your application? <u>Demographic & Geographic</u>

We collect data to help inform our grantmaking and to report back on our activities.

Which population groups will this initiative/collaboration be targeting? * ou may select up to 3 relevant population groups. elect multiple
At risk children/youth Economically disadvantaged people Homeless people Indigenous people Migrants/Refugees Offenders/ex-offenders Parents/Families People with disabilities Unemployed people Youth in Out of Home Care No specific target
/hich age group/s will this initiative/collaboration be targeting? * elect multiple
Children (3-9) Preteens (10-12) Adolescents (13-18) Young Adults (19-25)

Location - state/territory *
Please select up to three states/territories where the initiative will take place. Please select "Australia-wide" for nation-wide initiatives or initiatives in more than three states. You will have the chance to provide detailed information if you progress to the full application stage. Select multiple
 □ ACT □ NSW □ NT/Alice Springs □ QLD □ SA □ TAS □ VIC □ WA □ Australia-wide □ International
Remoteness *
You may select up to 5 geographic categories. See help text. Select multiple
☐ Metropolitan
☐ Inner regional☐ Outer regional
☐ Remote
☐ Very remote
<u>Budget</u>
Budget Information
Please provide an estimated budget
• Maximum of \$250,000 per year for up to five years.
 The grant amount requested must be exclusive of GST. You will be able to update this budget if your Expression of Interest progresses to a second stage of application.
Total amount requested from BMDCF *
Total cost of the initiative *
Requested \$\$ Yr1 *

Requested \$\$ Yr2
Requested \$\$ Yr3
Rquested \$\$ Yr4
Rquested \$\$ Yr5
For what purposes will you use this funding? * Choose only those activities that this parcel of funding will be used to support. Pick from the dropdown menu all that apply. Select multiple
 □ [UK0100] Advocacy □ [UD0000] Capacity building □ [UF0000] Capital costs □ [UA0000] Core costs □ [ACT00005] Equipment/vehicle costs □ [ACT00008] Fundraising costs □ [ACT00012] Legal costs □ [ACT00010] Monitoring and evaluation □ [UJ0000] Network building and collaboration □ [ACT00002] Project/program costs □ [UM0000] Research and development □ [ACT00011] Travel □ [ACT00013] Unknown or not classified
Is your project planned to be on-going? * Select one
☐ Yes ☐ No
Consent
Consent for AI This thematic analysis will not influence the assessment of my individual application and is intended to support learning and improvement for future funding rounds. - Strong Please tick this box to confirm you consent to your Expression of Interest responses being uploaded into AI. - Strong Please tick this box to confirm you consent to your Expression of Interest responses being uploaded into AI. - Strong Please tick this box to confirm you consent to your Expression of Interest responses being uploaded into AI.
☐ True ☐ False

Position of Endorser *

Name of Endorser *

Please complete with the name of the person who completed this form.
 Please note that you will be directed to a separate signature page to complete this form when you click the orange "Sign and submit" button below.