

2024-25 Application Form

Form Preview

Innovation Grants Program

Introduction

Through the Innovation Grants Program, approved providers that manage a state-funded early childhood service in Victoria can apply for grants to implement innovative, place-based solutions designed to improve the retention of early career early childhood teachers (ECTs) and educators in the first 5 years of their careers.

Grants from \$5,000 (excl. GST) to \$50,000 (excl. GST) (unless an increased funding amount has been negotiated) are available.

Applications will only be successful if the department believes the proposed initiative can be designed and implemented within 12 months of the grant payment date (unless an extended funding period has been approved).

Before you begin

Applicants are strongly encouraged to review the [program webpage](#) and the [2024-25 Innovation Grants Guidelines](#) before applying.

As noted in the [guidelines](#), if requesting more than \$50,000 (excl. GST) and/or a funding period longer than 12 months, you must have contacted the department before submitting this application.

A Word version of the application form is available to help applicants draft high-quality responses and professional writing support is also available. Visit the [program webpage](#) for more information.

If at any time you need to leave this site, you can save your progress and return to complete your application at a later time or date.

Privacy Statement

The department is collecting information in this application form for the primary purpose of processing and assessing applications for the Innovation Grants Program. Information collected will be dealt with in accordance with the *Public Records Act 1973* (Vic) and the *Privacy and Data Protection Act 2014* (Vic). Information will be securely stored and only accessible by those department staff involved in the grants process. Applicants can access and amend the information provided upon request. For more information about privacy obligations, please see the department's [Privacy Policy](#).

Applicant and Approved Provider Details

* indicates a required field

Please provide information about yourself (the primary contact for this application) and the approved provider submitting this application.

If the application is being submitted by a consortium (more than one organisation), please provide the details of the approved provider that will be listed as the lead organisation.

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Approved provider name *

Organisation Name

Please use your organisation's full name. Check your spelling and make sure this response matches the approved provider name listed in the Kindergarten Information Management System (KIMS).

Approved provider number *

Must begin with "PR-"

Your name *

Title First Name Last Name

This is the person we will correspond with about this grant

Your position in the organisation *

For example, Funding Manager, Nominated Supervisor, Educational Leader

Your work phone number *

Must be an Australian phone number.

Your work email address *

This is the email address we will use to correspond with you about this application.

Is your application being submitted by a consortium (a group of organisations)? *

- Yes
 No

No more than 1 choice may be selected.

Consortium Details

Please list all collaborators / partner organisations in the consortium.

If a partner organisation is an approved provider, please provide their name as listed in the Kindergarten Information Management System (KIMS).

Project Details

* indicates a required field

Project title: *

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Please provide a name for your project that is short but descriptive.

Project synopsis: Briefly describe the project you are seeking funding to implement (500 word limit) *

Word count:

Must be no more than 500 words.

Service/s Involved

Please provide the name of each early childhood service that will be involved in the project. It could be 1 service or it could be multiple.

At least one of the early childhood services listed below must deliver a funded kindergarten program in Victoria and be managed by the approved provider seeking funding through this application.

Early Childhood Service Name/s

Please provide the full name/s, as noted in the Kindergarten Information Management System (KIMS).

Selection Criteria

The next few pages of the application will require you to address the selection criteria.

The selection criteria are:

- Innovation
- Focus on Retention
- Project Management
- Evaluation
- Scalability / Sustainability

Questions to help guide your responses to each of the selection criteria can be found in 'Attachment A - Selection Criteria' of the [2024-25 Innovation Grants Program Guidelines](#).

Selection Criteria

* indicates a required field

Criteria 1: Innovation (30% weighting)

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In what ways does the proposal outline an innovative response to support the retention of early childhood teachers and educators in the first 5 years of their career?

800 word limit

*

Word count:

Must be no more than 800 words.

Criteria 2: Focus on Retention (30% weighting)

How will the initiative support the retention of early childhood teachers and/or educators in the first 5 years of their careers?

800 word limit

*

Word count:

Must be no more than 800 words.

Criteria 3: Project Management (15% weighting)

Please outline how the organisation will manage the project and deliver it within the 12-month period (or extended funding period, if approved).

For example,

- who will be consulted as you develop a plan for the project?
- who will be involved in the project?
- what will be the key milestones during the 12-month implementation period?

400 word limit

*

Word count:

Must be no more than 400 words.

Criteria 4: Evaluation (15% weighting)

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Please outline how you would collect and provide evidence of success back to the department.

What data will be collected during the course of the initiative?

400 word limit

*

Word count:

Must be no more than 400 words.

Criteria 5: Scalability and Sustainability (10% weighting)

How could the project be sustained beyond the 12-month implementation period (or extended period, if approved)?

300 word limit

*

Word count:

Must be no more than 300 words.

Proposed Project Budget

* indicates a required field

For a 2024-25 Innovation Grants Program application to be eligible, a completed budget proposal must be submitted to assist the department to assess the level of planning and consideration reflected in each application.

The exact ways in which a grant recipient may ultimately use the grant funding are likely to differ slightly from what is outlined below. However, the department expects applicants to submit as accurate and realistic a Budget Proposal as possible.

Budget Summary

Please complete the section below to provide a summary of your budget proposal.

If you are requesting a grant amount of more than \$50,000, you must have discussed this with the department before submitting this application (as outlined in the [2024-25 Innovation Grants Program Guidelines](#)).

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Grant amount being requested *

\$
Must be a dollar amount.

Supplementary funding proposed (i.e., additional funding that would be used to implement the project) *

\$
Must be a dollar amount.
Please put 0 if no Supplementary Funding would be used.

Total Proposed Project Budget

\$
This number/amount is calculated.
What is the total amount your project is expected to cost??

Budget Proposal

Please outline in the below table how the **grant amount being requested** would be used to implement the proposed project.

Please provide clear descriptions for each budget item in the 'Expenditure Description' column.

Use the 'Notes' column for any additional information you think the department should be aware of.

Please ensure the total amount being requested in this table matches the **grant amount being requested** (the first amount noted) in the above 'Budget Summary'.

Note:

- All amounts should be GST exclusive.
- This should only be a breakdown of how any grant funding that was issued would be used.
- No commas should be used. For example, type 1000 not 1,000.

Description of Proposed Grant Funding Expenditure Expenditure Amount (\$) (excl. GST)

Description of Proposed Grant Funding Expenditure	Expenditure Amount (\$) (excl. GST)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

GST exclusive
Must be a dollar amount.

Estimated Total Grant Funding Expenditure (\$)

This number/amount is calculated.

Supplementary Funding

As you noted in the 'Budget Summary' above that other funding would also be used to implement your proposed project, please specify below:

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- how much supplementary funding will be used
- where the supplementary funding will be/has been sourced

It is important to note that applicants must not have received funding by other means (including Victorian Government funding) explicitly for the purpose of implementing the proposed project. In other words, this project must not be work that the approved provider has already committed to completing.

Note:

- All amounts should be GST exclusive.
- This should only be a breakdown of how any supplementary funding would be used to implement the proposed project.
- No commas should be used. For example, type 1000 not 1,000.

Supplementary Funding Type	Description of Proposed Supplementary Funding Expenditure	Expenditure Amount (\$) (excl. GST)
		GST exclusive Must be a dollar amount.

Estimated Total Supplementary Funding Expenditure Amount (\$)

This number/amount is calculated.

Reminder

As a condition of funding, grant recipients will be required to complete an acquittal at the conclusion of the funding period. To acquit the funding, they will be required to outline how the funding was used throughout the project period.

While the contents of this budget proposal are not binding, if your application is successful and funding will be used in a way that is materially different from that which is outlined in this budget proposal, department approval of this change would be required (as outlined in the 'Project alterations' section of the [program guidelines](#)).

Certify and submit

* indicates a required field

This section must be completed by an appropriately authorised person on behalf of the applicant organisation. For example, a Service Director or Funding Manager. (NB: this person may be different to the contact person listed earlier in this application form)

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Name of authorised person *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Must be a senior staff member, board member or appropriately authorised volunteer

Position of authorised person *

Position held in organisation (for example, Service Director, CEO)

Contact phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation.

Contact email address *

Must be an email address.
We may contact you to verify that this application is authorised by the applicant organisation.

Certification

I certify that to the best of my knowledge the statements made within this application are true and correct.

I understand that if the applicant organisation is approved for this grant, we will be required to use the funding in accordance with the 2024-25 Innovation Grants Program Guidelines.

*

Yes

Next Steps

Please click next to submit your application.

Thank you for your application. All applicants will be notified of the outcomes of their applications in approximately December 2024.