

Changing Places Funding Round 2021 Application

Form Preview

The 2021 Changing Places Funding Round

* indicates a required field

Welcome

Welcome to the 2021 Changing Places Funding Round Application Page.

IMPORTANT: Please read information below to assist you in completing your application online.

BEFORE YOU BEGIN

Welcome to the Department of Families, Fairness and Housing online grant application service, powered by SmartyGrants.

You are required to commence your applications by completing the questions on this page before progressing further in our application. Please ensure you save as you go.

Click [here](#) to view the Changing Places Funding Round Guidelines.

For queries about the program guidelines, deadlines, or questions in the application form, please contact the Community Building team by emailing changingplaces@dfmh.vic.gov.au and quote your submission number.

If you need any help using the SmartyGrants platform, please see the [SmartyGrants Help Guide for Applicants](#) or check out [Applicant Frequently Asked Questions \(FAQ's\)](#).

You are able to contact SmartyGrants technical support on (03) 9320 6888 should you require assistance re: logging in, resetting passwords, validation errors in forms etc.

APPLICATIONS CLOSE

Applications for the 2021 Changing Places Funding Round close at **5pm on Friday, 5th November 2021.**

NAVIGATING (MOVING THROUGH) THE APPLICATION FORM

On every screen (page of the form) you will find a Form Navigation contents box, this links directly to every page of the application. Click the link to jump directly to the page you want.

You can also click 'next page' or 'previous page' on the top or bottom of each page to move forward or backward through the application.

SAVING YOUR DRAFT APPLICATION

If you wish to leave a partially completed application, press 'save and close' and log out. When you log back in and click on the 'My Submissions' link at the top of the screen, you will find a list of any applications you have started or submitted. You can reopen your draft application and start where you left off.

You can also download any application, whether draft or completed, as a PDF. Click on the 'Download PDF' button located at the bottom of the last page of the application form.

SUBMITTING YOUR APPLICATION

You will find a Review and Submit button at the bottom of the Navigation Panel. You need to review your application before you can submit it.

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Once you have reviewed your application you can submit it by clicking on 'Submit' at the top or bottom of the screen or on the navigation panel. You will not be able to submit your application until all the compulsory questions are completed and there are no validation errors.

Once you have submitted your application, no further editing or uploading of support materials is possible.

When you submit your application, you will receive a confirmation email with a copy of your submitted application attached. This will be sent to the email you used to register.

If you do not receive a confirmation of submission email then you should presume that your submission has NOT been submitted.

Hint: also check the email hasn't landed in your spam or junk email folder.

ATTACHMENTS AND SUPPORT DOCUMENTS

You may need to upload/submit attachments to support your application. This is very simple, but requires you to have the documents saved on your computer, or on a storage device.

You need to allow enough time for each file to upload before trying to attach another file. Files can be up to 25MB each; however, we do recommend trying to keep files to a maximum of 5MB - the larger the file, the longer the upload time.

COMPLETING AN APPLICATION IN A GROUP/TEAM

A number of people can work on an application using the same log in details as long as only one person is working at a time. Ensure you save as you go.

SPELL CHECK

Most internet browsers (including Firefox v2.0 and above; Safari; and Google Chrome) have spell checking facilities built in - you can switch this function on or off by adjusting your browser settings.

Conditions of Funding for the Changing Places Funding Round 2021

1 The Changing Places facility must be completed within 18 months of receiving formal funding approval. **2** Recipients must reach agreement with the Department of Families Fairness and Housing on the location and design layout of the Changing Places facility prior to the commencement of the works. **3** Recipients of Changing Places funding must build a Changing Places facility according to: * designs set out in the [Changing Places Design Specification 2020](#) * any local/state planning permit/s issued for the works * the Building Act 1993 and regulations, the National Construction Code and all other applicable Australian standards. **4** Recipients must ensure the Changing Places facility is accredited and listed on the [Changing Places website](#) and the [National Public Toilet Map](#). **5** Recipients are responsible for engaging a [Changing Places Assessor](#) and must advise the department when the appointment has occurred. **6** Recipients must advise the department when each of the three stages of accreditation has been achieved: * Stage 1 Schematic Design Review * Stage 2 Construction Documentation Review * Stage 3 As Built Final Review. **7** Recipients must provide a copy of the Statement of Compliance (issued by the Changing Places Assessor) when the project is completed. **8** The venue owner must provide signage on the outside of the facility about who users can contact for cleaning/maintenance if required. **9** The venue owner must provide signage on the outside of the facility on how to obtain or borrow an MLAK key from a nearby location (e.g. from a reception desk or at a nearby

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shop). **10** Changing Places built at beach side locations, aquatic recreation locations or within swimming complexes must include a shower. **11** The Changing Places facility must be open to and accessible by the general public during normal venue operating hours. **12** The Changing Places facility must be maintained in safe working condition, kept in good repair and be available for use for a minimum period of five years from the completion. **13** The Changing Places facility must be kept in a clean, sanitary and hygienic condition with regular removal of waste for a minimum period of five years. **14** Recipients must, upon written request, provide the Department of Families, Fairness and Housing with access to the Changing Places facility to inspect the Changing Places facility.

Confirmation of reading Guidelines

I have read the 2021 Changing Places Funding Round Guidelines before commencing this application. *

Yes

Confirmation of reading Conditions of Funding

I have read the Changing Places Funding Round 2021 Conditions of Funding before commencing this application. *

Yes

Organisation details

* indicates a required field

Organisation details - Organisation name

Applicant organisation name *

Organisation Name

Legal name of organisation *

Organisation details - Australian Business Number (ABN)

To find your group's Australian Business Number, please go to [ABN Lookup](#)

ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register
ABN

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Entity name
ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type More information
ACNC Registration
Tax Concessions
Main business location

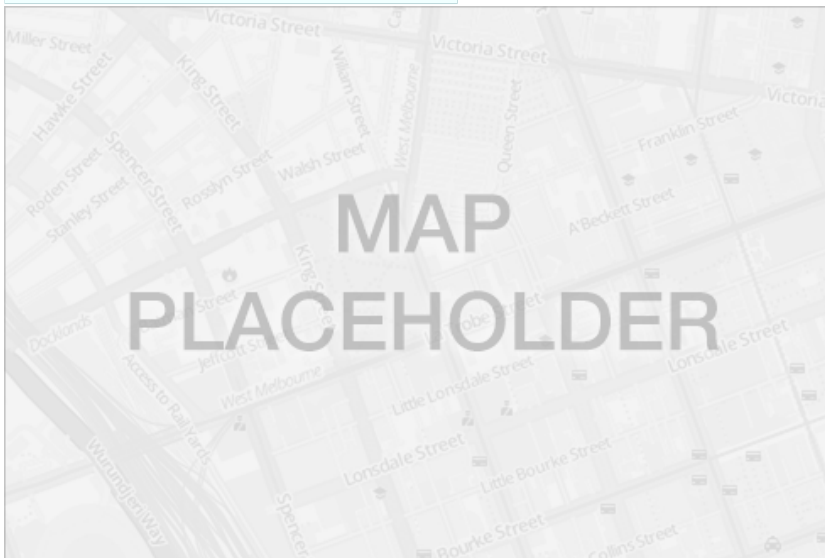
Must be an ABN.

Organisation details - Organisation address

If entering a Locked Bag or P O Box, please click "Can't find your address?" and enter your address manually.

Primary Address *

Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
Primary address of organisation

Postal address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
If entering a Locked Bag or P.O.Box, please click "Can't find your address?" and enter your address manually.

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Organisation details - Authorised Person

This is the person who is authorised by the organisation to make the application on their behalf.

Name *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Preferred title such as Mr / Ms / Mrs / Miss / Dr / Prof / Other

Position *

Main phone contact *

Must be an Australian phone number.
Enter numbers only with no spaces.

Secondary phone contact

Must be an Australian phone number.
Enter numbers only with no spaces.

Email *

Must be an email address.

Organisation details - Project Contact

This is the person who will be managing the project and is to be the first point of contact for the Department of Families, Fairness and Housing.

Name *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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preferred title such as Mr / Ms / Mrs / Miss / Dr / Prof / Other

Position *

Main phone contact *

Must be an Australian phone number.
Enter numbers only with no spaces.

Secondary phone contact

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Must be an Australian phone number.
Enter numbers only with no spaces.

Email *

Must be an email address.

Project details

* indicates a required field

Project Name

We will use this name on all correspondence. Please use 10 words or less.

For example, a previous funded Changing Places project was titled the Hadfield Park All Abilities Adventure Playground.

Project name *

Must be no more than 10 words.

Project Description

Describe the project in 100 words or less. NOTE: We may use this description in reports and other publications. *

Must be no more than 100 words.

Provide a short description of your project - what do you want to build?

Type of Facility

What type of toilet are you building? *

- Changing Places facility
- Portable toilet such as a Marveloo or Placeable pod.

Portable toilets

This section is for applications for portable toilets such as Marveloos or Placeable pods.

Consideration will be given to applicants seeking funding to construct a mobile Changing Places facility such as a Marveloo, Placeable or other portable toilet designs. Applications for portable accessible toilet facilities must include:

- A rationale as to why a mobile facility is preferred over a permanent Changing Places facility;

- A schedule of anticipated events and festivals where the mobile facility will be in operation; and
- Details of where the mobile facility is to be stored when not in use.

NOTE: With the exception of Marveloos or Placeable pods (which have approved designs), all applications seeking funding for portable toilets must include full

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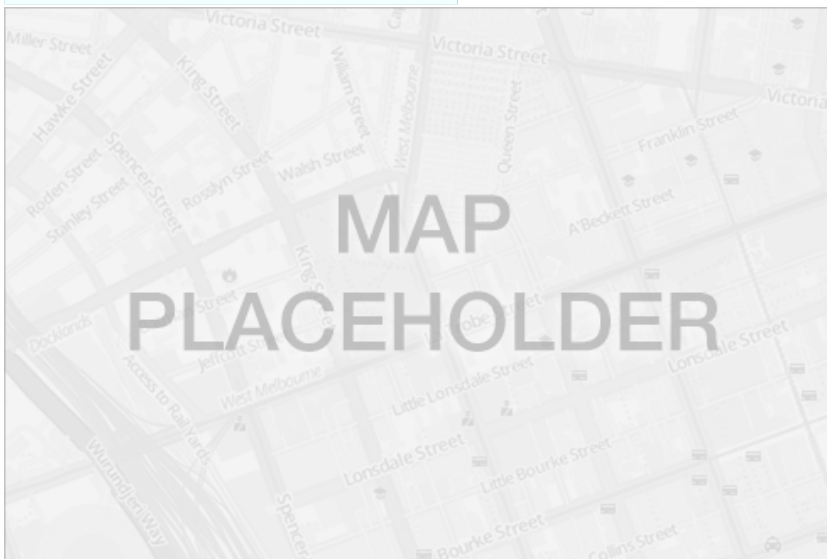
construction drawings which have been reviewed by a Changing Places Assessor, with full costings for the works to be undertaken.

Base location name

For example, council depot.

Base Address *

Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. This is the address the portable accessible toilet will be based when it is not being hired out.

What local government area will the portable toilet be based? *

Why is a portable facility preferred over a permanent Changing Places facility? *

Word count:

Must be no more than 500 words.

Full construction drawings reviewed and endorsed by a Changing Places Assessor

Attach a file:

Required for applications for portable toilets which are not "Marveloo" or "Placeable pods".

Schedule of events and festivals *

Attach a file:

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Operating hours

What are the proposed operating hours of your Changing Places facility? *

- 24/7
- Building or precinct operating hours
- Other

Other operating hours

If other, please describe your operating hours *

Project Location & site ownership

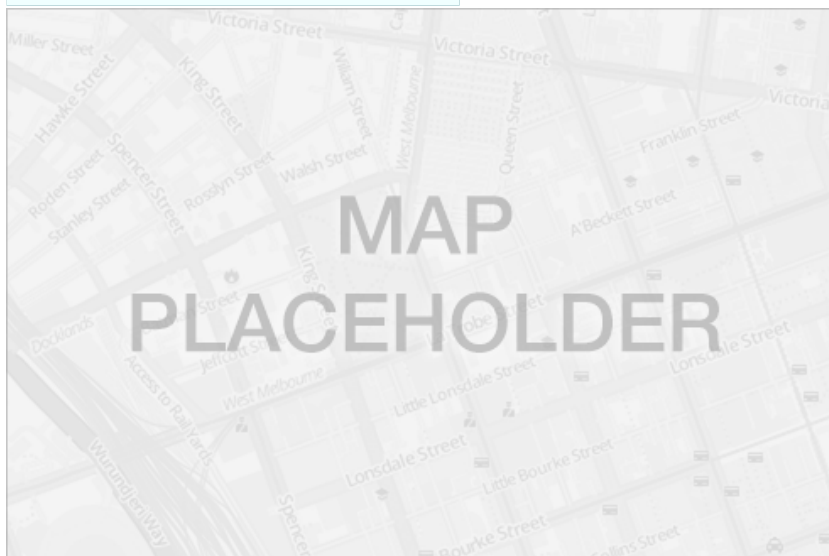
This section is about the project location and ownership including the address of the proposed Changing Places project.

Location name

For relevant projects where the Changing Places is located in a precinct or park. For example, "Lions Park".

Address *

Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

What local government area is your Changing Places facility located in? *

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Describe the location of the project including information about ownership of the land on which the Changing Places facility is to be built, and if a lease is required.

*

Must be no more than 100 words.

Is the site owned by the applicant? *

- Yes
 No

Site not owned by the applicant

This section is for projects where the site is not owned by the applicant. You have indicated that your site is not owned by your organisation.

Who is the owner of the site? *

In instances where the site is not owned by the applicant, please attach a copy of the relevant lease. *

Attach a file:

Larger projects or developments

Is the Changing Places facility part of a larger project or development? *

- Yes
 No

Changing Places as part of a larger project or development

This section is for applicants who have indicated there Changing Places facility is part of a larger project or development.

Describe the relationship between the Changing Place and the larger project

Must be no more than 100 words.

Site Plan & Permits

Please attach a copy of your proposed Site Plan *

Attach a file:

A minimum of 1 file must be attached.

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Please provide information on any relevant permits and other licences you will require in order to construct your Changing Places facility. *

Response to Assessment Criteria

* indicates a required field

Project Focus

What is the core focus of your project ? *

- Identified need from people with disability, their families, friends and carers for a Changing Places facility in their local community
- Accessible tourism, whole of journey outcomes, bushfire recovery or economic development
- Both

Criterion 1 - Why do you want to build a Changing Places facility and how have you consulted with your local community ? (40%)

a) Briefly describe how your project addresses needs identified by people with disability, their families and carers for a Changing Places facility in your community and how you have consulted with people with a disability in choosing this particular location. Please provide evidence of consultations or surveys and how you have assessed community needs such as Disability Action Plans, Toilet Strategies or demographic data (maximum 500 words). *

Word count:

Must be no more than 500 words.

b) Briefly outline the expected social, economic and accessibility benefits your project will deliver to people with disability, their families and carers in the community. *

Word count:

Must be no more than 500 words.

Attach additional information if required.

Attach a file:

Beach and waterside locations

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All Changing Places constructed in beach or waterside locations are required to include a shower in their design.

Is your Changing Places facility located in a beachside or waterfront location? *

- Yes
- No

Designs with shower

All Changing Places constructed in beach or waterside locations are required to include a shower in their design.

You have indicated that your project is located in a beachside or waterfront location.

Does your Changing Places design include a shower? *

- Yes
- No

Criterion 2 - Where are you going to build your Changing Places facility? (40%)

a) Describe why this particular location is a good choice for building a Changing Places facility, and why this particular site was preferred over other sites. *

Word count:

Must be no more than 500 words.

Examples include popular local or tourist destination, proximity to other community facilities, complements other nearby accessible infrastructure, or that there are no other Changing Places nearby.

b) Describe how your project meets the needs of people with disability and complies with universal design principles. This may include: the overall site design which incorporates clear continuous accessible paths of travel to/ from the facility; designated accessible parking bays situated within close proximity. Projects at beachside locations are required to outline what beachside accessibility initiatives or features they have included in the project. *

Word count:

Must be no more than 500 words.

c) Provide information about how your Changing Places facility will be accessed. For example, if an MLAK is to be used, provide details of how and where the public can borrow an MLAK from a nearby location. *

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Word count:
Must be no more than 500 words.

Additional information if required.

Attach a file:

Criterion 3 - How will you deliver your Changing Places project ? (20%)

a) Provide evidence of your organisations ability to deliver the project. Include details of how you will manage the project, such as a project plan. *

Word count:
Must be no more than 500 words.

Project Plan

Attach a file:

Additional documentation if required

Attach a file:

b) Please outline how you will successfully deliver your project in a timely manner, including your estimated project timelines. *

Word count:
Must be no more than 500 words.

Additional documentation if required

Attach a file:

c) Outline how you will promote the Changing Place facility to your local community. Please attach copies of your communications strategy or plan and your organisations complaints handling process.

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Communication Strategy or Plan

Attach a file:

Complaints Handling Process

Attach a file:

Requested Funding Amount for Changing Place

Total Amount of funding requested *

\$

Must be a whole dollar amount (no cents) and no more than 110000.
What amount of funding are you applying for? Maximum of \$110,000.

Anticipated total project cost for stand-alone Changing Places (GST inclusive)

\$

Must be a whole dollar amount (no cents).

Anticipated total project cost in instances where the Changing Place is part of a larger project (GST inclusive)

\$

Must be a dollar amount.

Changing Places Budget

Please populate the below table with your Changing Places Project budget, detailing the income and expenditure for your project, **including GST**.

Include details of other income sources and note that in your project budget, the total income must equal total expenditure.

NOTE: If the Changing Place is part of a larger project, information must be provided about the larger project at **Page 3 Section 9 - Changing Places as part of Larger Projects** and this information must correspond with the information provided here.

Income	\$	Expenditure	\$
	\$		\$

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Budget Totals

Total Income Amount\$

This number/amount is calculated.

Total Expenditure Amount\$

This number/amount is calculated.

Income - Expenditure\$

This number/amount is calculated.

Changing Places Budget documentation

Attach a file:

Additional Funding

Have you applied for, or received any additional funding as part of the Changing Places project? *

- Yes
 No

Additional funding sources

You have indicated your project has secured or applied for additional funding from other sources.

Please include all State and Federal Government funding noting the name of the program and funding amount.

Source of funding**Amount of funding secured or applied for:**\$

Must be a dollar amount.

Source of funding 2**Amount of funding secured or applied for #2**\$

Must be a dollar amount.

Source of funding 3**Amount of funding secured or applied for #3**\$

Must be a dollar amount.

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Key Project Dates

Estimated date to COMMENCE construction of the Changing Places facility *

Must be a date.

Estimated date for COMPLETION of the Changing Places facility *

Must be a date.

Project Dependencies

Is the project dependent on any other activities? *

- Yes
 No

List specific project dependencies

For example, you may be awaiting funding confirmation, heritage approvals or works are dependent on completion of an earlier stage of the broader construction project.

Project Dependency documentation

Attach a file:

Additional Information

Please provide any additional information you feel is relevant to your application.

Attach a file:

Changing Places in your local government area

Are there any Changing Places facilities within your local government area?

- Yes
 No

Please provide details of the number and location of other Changing Places within your municipality.

Must be no more than 100 words.

To find your nearest Changing Places go to: <https://changingplaces.org.au/find-a-toilet/find-changing-places-toilet/>

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Declaration and Privacy Statement

* indicates a required field

Privacy Statement

Privacy

Any personal information about an applicant, an applicant's staff or a third party in an application will be collected by DFFH for the purpose of assessing the application, and may be used for subsequent grant administration. This information may be disclosed to other Victorian Government agencies for the purposes of assessing applications, and otherwise as required or permitted by law. If personal information about third parties is included in the application, please ensure those third parties are aware you are providing their information and the contents of this privacy statement.

Any personal information about the applicant or a third party in an application or related correspondence will be collected, held, managed, used, disclosed or transferred in accordance with the provisions of the *Privacy and Data Protection Act 2014 (Vic)*, *Health Records Act 2001 (Vic)* and other applicable laws.

DFFH is committed to protecting the privacy of personal information.

The department's privacy policy is available here. For further information how DHHS manages privacy, please contact the Privacy Unit:

- Postal Address: GPO BOX 4057, Melbourne VIC 3001
- Street Address: 50 Lonsdale Street, Melbourne VIC 3000
- Ph: 1300 884 706

Email: [Privacy unit](#)

Enquiries about access to information about you held by DFFH should be directed to DFFH's Freedom of Information Unit, which may be contacted on:

Tel: (03) 9096 8449 or 1300 884 706

Email: [FOI](#)

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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Declaration

NOTE: This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the person listed earlier in this application form).

I certify that the Chief Executive Officer has endorsed this application and 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 accept the terms and conditions of the grant as outlined in the letter of approval.

I agree *

- Yes
- No

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Name *

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

Position *

Applicant Organisation Name *

Organisation Name

Phone Number *

Must be an Australian phone number.
Enter numbers only with no spaces.

Email *

Must be an email address.

Name of CEO *

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

Applicant feedback

* indicates a required field

Applicant Feedback

You are nearing the end of this application process. Before you review your application and click the submit button, please take a few moments to provide some feedback.

Applicant Feedback *

Very Easy Easy Neutral Difficult Very Difficult

How many hours in total did it take to complete this application? *

Please provide us with your suggestions about any improvements or additions to the application process or form that you think we need to consider.

Word count:

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Must be no more than 500 words.