***PLEASE NOTE: This worksheet is provided to assist you with your offline planning. The worksheet cannot be uploaded. You will need to copy all information into the online form field by field***

*As an alternative, you can develop your responses directly in the online system, save there, and make edits until you are ready to submit your application*

# 2025 Expansion Grants Worksheet

## What to Upload

To complete the application, you will need to upload your organisation's most recent **audited Financial Report** (or equivalent).

## Organisation Information

|  |  |
| --- | --- |
| Does your organisation currently deliver financial counselling services in Australia? | *Choose: Yes / No**If No: Please note: Organisations not currently providing financial counselling services are less likely to meet our assessment criteria. We acknowledge, however, that in rare cases there may be a compelling reason why an organisation not currently providing financial counselling services is able to meet our assessment criteria. To accommodate these exceptional circumstances, grants are open to such organisations. We strongly encourage you to apply only if you have a compelling case.* |
| [If no to above question]Please explain why you think your application is strong, even though you are not currently delivering financial counselling services. | *Max 150 words* |

## Grant contacts

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Prefix** | **First name** | **Last name** | **Email** | **Preferred contact no** | **Position** |
| ***Organisation Authorised Representative****The Organisation's Authorised Representative should be the person who has legal responsibility for the organisation's application, For example, CEO or Company Secretary.* |
|  |  |  |  |  |  |
| ***Primary Contact for the Grant*** *(can be as above)**The Primary Contact for the grant will be the person who receives all grant communications.* |
|  |  |  |  |  |  |
| ***Secondary Grant Contact*** *(optional)* |
|  |  |  |  |  |  |
| Would you like the Secondary Grant Contact to receive copies of all grant communications? | *Choose: Yes / No* |

## Organisation details

|  |  |
| --- | --- |
| Organisation Overview | Please provide a brief description about your organisation, the work that you do and the services you provide within the financial counselling sector. (Max 100 words) |
| Organisation legal name |  |
| Australian Business Number (ABN) |  |
| Australian Company Number (ACN) |  |
| Registered Address |  |
| Postal address |  |
| Are you an Indigenous Organisation? (i.e. at least 51% Indigenous owned or controlled) | *Choose: Yes / No**If no, you are ineligible to apply for an Indigenous Organisation Expansion Grant and your application will not be considered if submitted under this grant type.* |
| Are you registered for GST? | *Choose: Yes / No* |

## Grant details

|  |  |
| --- | --- |
| Which grant type are you applying for? | *Choose grant type* |
| Location picker | *Depending on the grant type, you will need to select the state and/or SA4 where the grant will be delivered or confirm that your service is nationwide.* |
| What financial counselling services will you provide under this grant? | *Select one or more of:** *Helpline (phone/chat services)*
* *Financial counselling casework services*
* *Financial capability casework services*
* *Other (please specify)*

*You will also need to specify an approximate percentage for each service type.* |
| Grant Description | *Provide a summary of your plans for this grant.**For example: “FCIF will use the grant funds to employ one part time financial counsellor for 2 days a week, one part time financial capability worker for 2 days per week and travel expenses for both to deliver service at three remote locations twice a year."* *This description will form part of the grant agreement. (Max 50 words)* |
| Who will be eligible to access the services provided under this grant? | *Please be as specific as possible about eligibility criteria to access services or restrictions on clients' presenting issues. For example, "Our services are limited to people experiencing family violence and need legal support."* *(Max 50 words)* |

### Assessment Criteria

**Describe how your organisation is experiencing unmet demand for financial counselling services in the grant's service delivery area.**

Please tell us about the people knocking at your 'door' who cannot get in, or are waiting too long, to get in. Please be as specific as possible. (Max 300 words)

**What impact will this grant have on your unmet demand?**

Please be as specific as possible about the anticipated benefits of the grant. (Max 300 words)

**Describe your organisation’s capability to deliver the grant activities**

Please include details of your organisation’s track record, service delivery approach and the efficiency measures you have in place to deliver value for money. (Max 300 words)

### Grant Outcomes

|  |  |
| --- | --- |
| Does your application relate to activities that are currently funded by another funding source? | *Choose: Yes / No**If yes: Please only include service delivery outcomes that will be directly attributed to FCIF funding.**For example, if your current funding expires on 31 December 2026, we would expect that your outcomes in the table below for Year 1 will be “0” in the 0-6 month period, and limited to services offered from 1 January 2027 in 7-12 months period.* |
| *Outcomes* *Provide the estimated number of additional service delivery hours that you anticipate this grant would allow your organisation to provide. (enter numbers only)**Your response will form part of the progress reports.*

|  |  |  |
| --- | --- | --- |
|  | *0-6 months* | *7-12 months* |
| *Year 1* |  |  |
| *Year 2* |  |  |
| *Year 3* |  |  |

 |
| What Key Performance Indicators do you have in place to measure client outcomes? | *For example, you may wish to reference your use of the Financial Counselling Australia's Outcomes Framework or other metrics you have in place to measure service quality. (Max 100 words)*  |

### Service Delivery Data

*The following questions relate to the grant's service delivery area.*

**Unmet Demand in the Grant Service Delivery Area**

|  |  |
| --- | --- |
| What type of service delivery does your unmet demand for financial counselling mainly relate to? | *Choose:-Helpline services (phone/chat)**-Casework services* |
| If chosen Helpline services:*What is the average number of minutes a client waits to get through?**If you do not collect this data, please leave blank**What is the successful helpline call back rate**If you do not collect this data, please leave blank**Please provide an approximate percentage**What is the abandonment percentage rate from your call queue?**If you do not collect this data, please leave blank**Please provide an approximate percentage* |
| If chosen Casework services:*What is the current average wait time for people who are deemed suitable for casework services to access their first appointment with a financial counsellor?**Choose one option**What is the maximum waiting period for financial counselling appointments?**Choose one option**What percentage of people seeking your financial counselling services are turned away due to capacity constraints?**Choose one option**Approximately what percentage of your clients are currently waiting more than two weeks for their first financial counselling session?**If you do not collect this data, please leave blank* |

**Service Delivery in the Grant Service Delivery Area**

|  |  |
| --- | --- |
| How many financial counsellors (Full-Time Equivalent) do you currently employ? | *Enter a number*  |
| How many financial capability workers (Full-Time Equivalent) do you currently employ? | *Enter a number*  |
| Which population group(s) does your financial counselling service support?*You may choose multiple options* | *Select:**-Aboriginal and Torres Strait Islander peoples**-Culturally and linguistically diverse (CALD) communities**-People affected by gambling or addiction**-People escaping family violence**-People living in social housing**-People living with a disability**-People recovering from natural disasters**-People who are incarcerated or living in rehabilitation centres**-Regional and remote communities**-Small business owners**-Other (please specify)**-Not applicable* |

**Please complete the following table based on your service delivery in FY2024-25.**

|  |  |  |
| --- | --- | --- |
| How many hours of financial counselling services did you provide in FY2024-25? | *Do you collect this data? Choose: Yes / No* | *If yes - Enter a number*  |
| How many financial counselling sessions were delivered in FY2024-25? | *Do you collect this data? Choose: Yes / No* | *If yes - Enter a number*  |
| How many clients did you provide with financial counselling services in FY2024-25? | *Do you collect this data? Choose: Yes / No* | *If yes - Enter a number* |

### **Please complete the following client impact table based on your service delivery in FY2024-25.**

|  |  |  |
| --- | --- | --- |
| Clients have reported that they feel less stressed about their financial situation | *Do you collect this data? Choose: Yes / No* | *If yes – enter %* |
| Clients achieved their financial goals developed with their financial counsellor | *Do you collect this data? Choose: Yes / No* | *If yes – enter %* |
| Clients have reported that they felt more confident to address their financial situation | *Do you collect this data? Choose: Yes / No* | *If yes – enter %* |
| Clients have reported that they felt that their wellbeing has improved | *Do you collect this data? Choose: Yes / No* | *If yes – enter %* |

### Risk Assessment

### **What are the main risks associated with your grant?**

*Example*



|  |  |  |  |
| --- | --- | --- | --- |
| **Category**  | **Risk** | **Rating** | **Mitigation** |
| Choose an item. | *Eg Inability to recruit an experienced financial counsellor* | Choose an item. | *Eg Recruit a trainee financial counsellor* |
| Choose an item. | *Eg Decline in service delivery standards* | Choose an item. | *Eg Provide adequate professional supervision and professional training* |
| Choose an item. | *Eg Unauthorised disclosure of a client's personal information to a third party* | Choose an item. | *Eg Ensure secure storage of sensitive information and provide staff training on privacy obligations* |

Risk Information

|  |  |
| --- | --- |
| Has your organisation experienced difficulties recruiting financial counselling or capability staff in the last 12 months? | *Choose: Yes / No* *If yes, choose from multiple options what recruitment challenges have you experienced.* |
| How do you track client interactions? | *Please specify which Client Management System (CMS) you use or give details of other system(s) used* |

Compliance

|  |  |
| --- | --- |
| Do you hold adequate Public Liability Insurance for your organisation? | *Choose:* *-We hold adequate Public Liability Insurance* *-We will obtain adequate Public Liability Insurance before commencing the project**-We are not willing to obtain adequate Public Liability Insurance* |
| Does your organisation have child safety policies and practices consistent with the Commonwealth Child Safe Framework?  | *Choose: Yes / No* |
| Will the FCIF funded roles in this grant be paid in accordance with the relevant Industrial Award? | *Choose: Yes / No / Not Applicable* |
| Will the FCIF funded financial counsellors employed under this grant maintain membership of a relevant financial counselling professional association? | *Choose: Yes / No / Not Applicable* |

## Budget

|  |  |
| --- | --- |
| Does your application relate to activities that are currently funded by another funding source? | *Choose: Yes / No If yes: Please only include budget items that will be directly attributed to FCIF funding.**For example, if your current funding expires on 31 December 2026, we would expect that your FCIF grant costs for Year 1 will be limited to amounts incurred from 1 January 2027 to 28 February 2027, and therefore will be a relatively small amount*. |



Please note that yearly budgets will run from 1 March 2026 (Grant Commencement) to end February 2027 and so on for the following years. If you have no costs in a particular year please enter "0".

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget item** | **Description** | **Amount - Year 1** | **Amount - Year 1** | **Amount - Year 3** |
| Choose an item. |  |  |  |  |
| Choose an item. |  |  |  |  |
| Choose an item. |  |  |  |  |
| Choose an item. |  |  |  |  |
| Choose an item. |  |  |  |  |

## Declaration

**Conflict of Interest**

|  |  |
| --- | --- |
| Does your organisation or any personnel involved in this application have a conflict of interest related to the grant application?A conflict of interest may arise if a staff member, board member or partner organisation has a personal, professional or financial relationship with FCIF, its board members, or any other related parties. Conflicts of interest do not automatically disqualify an application but must be disclosed. | *Choose: Yes / No* |
| [If YES to question above]Please provide details of any conflicts of interest |  |

**Declaration**

By submitting this form I declare that:

* The information in this Grant Application is accurate and complete,
* I am authorised to submit this Grant Application,
* Any conflicts of interest have been disclosed truthfully and will be managed in accordance with ethical best practices,
* I understand and agree that FCIF may contact the organisation for further information about this Grant Application, and,
* I understand and agree that FCIF may disclose information in this Grant Application to other parties for assessment, evaluation and reporting purposes in line with our probity commitments.

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Date |  |