**This Girl Can - Victoria**

Local area marketing grant application form

Section 1: Contact information

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| --- | --- |
| **Organisation details** | |
| Name­­­ |  |
| Postal address |  |
| ABN |  |
| **Contact details** | |
| Name |  |
| Position |  |
| Phone number |  |
| Email address |  |
| **Banking details** | |
| Account name |  |
| BSB |  |
| Account number |  |

Section 2: Local area marketing proposal

Please confirm the following:

I have registered as a This Girl Can – Victoria Campaign Supporter via [www.thisgirlcan.com.au](http://www.thisgirlcan.com.au)

I have read and understand the This Girl Can – Victoria local area marketing grant guidelines

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| Q1: Promote the This Girl Can – Victoria campaign |
| ***Please outline how you will promote the campaign to women in your local community.*** *Consider local ad space (newspaper, social media, outdoor, cinema), facilities, sporting clubs, community centres etc. (300 words max.)* |
|  |
| Q2: Promote local opportunities for women to get active |
| ***Please outline the local opportunities for women to get active that you will promote through the local area marketing program. Include information on activities you will run during This Girl Can Week.*** *Consider local facilities, sporting clubs, informal or social physical activity opportunities, etc. Opportunities should focus on beginner-friendly and inclusive environments, and could include special offers and come-and-try sessions. (200 words max.)* |
|  |
| Q3: Support facility operators to help women get active |
| ***Please outline how you will utilise campaign resources and share the* Helping Women and Girls Get Active *Guide to support facility operators to actively help women and girls get active.*** *Consider professional development for customer service staff and trainers, running facility tours, promoting the guide to physical activity providers in your LGA. (300 words max.)* |
|  |
| Q4: Proposed participants |
| ***Please outline any specific communities you may target through your activities****. Include any information about specific communities targeted, such as Indigenous, LGBTIQ+, culturally diverse or women with disability* |
|  |
| **Q5:** **Partner organisations** |
| ***Please outline how you may partner with any organisations and businesses to deliver the activities.*** *Include any information about how you will work together.* |
|  |

Section 3: Itemised Work Plan

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| --- | --- | --- | --- | --- |
| Q7: Proposed promotional activities | |  |  |  |
| ***Promotional Activity*** | ***Date*** | ***Details*** | ***Anticipated reach*** | ***Budget*** |
| *What promotional channel will you use?* | *When will this be delivered?* | *What content will you use? Consider materials available on the campaign supporter hub as well as local physical activity opportunities.* | *How many women do you expect this activity to reach/engage? Note any subgroups that you will target, such as culturally diverse or women with disability.* | *How much will you spend on this activity* |
| Choose an item. |  |  |  | $ |
| Choose an item. |  |  |  | $ |
| Choose an item. |  |  |  | $ |
| Choose an item. |  |  |  | $ |
| Choose an item. |  |  |  | $ |
| Choose an item. |  |  |  | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| Q6: Proposed resource plan | | | |
| ***Resourcing*** | ***Hours*** | ***External Providers and partner organisations*** | ***Budget*** |
| *Staff - who will deliver your activities program (provide position/s)* | *How many staff hours will be required* | *Please list any external providers and partner organisations who may support this* | *How much budget is required for staff hours, if any* |
|  |  |  | *$* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Q8: Proposed programs and activities | | | | | |
| ***Activity*** | ***This Girl Can Week*** | ***Date*** | ***Partner Organisations*** | ***Anticipated Participant Numbers*** | ***Budget*** |
| *What is the activity?* | *Is this a This Girl Can Week Event?* | *When will this be delivered* | *List any local clubs, facilities or other group to deliver this program, if applicable* | *How many women do you expect this activity to reach/engage?* | *How much budget is required for room hire etc* |
| Choose an item. | Choose an item. |  |  |  | *$* |
| Choose an item. | Choose an item. |  |  |  | *$* |
| Choose an item. | Choose an item. |  |  |  | *$* |
| Choose an item. | Choose an item. |  |  |  | *$* |
| Choose an item. | Choose an item. |  |  |  | *$* |
| Choose an item. | Choose an item. |  |  |  | *$* |
| Q3: Proposed total budget | | | | | |
| Total grant requested (total of promotional, activity and staff costs detailed above) | | | | | $ |