

ISABELLE LAKE MEMORIAL FUND APPLICATION & PROCESSING POLICY



WA AIDS Council



APPROVAL AUTHORITY	WAAC BOARD OF MANAGEMENT
REVIEWER/ENDORSER/S	FINANCE & AUDIT SUBCOMMITTEE
AUTHOR/EDITOR/S	POLICY DEVELOPMENT & ADVISORY OFFICER, FREEDOM CENTRE COORDINATOR
KEY STAKEHOLDERS	FREEDOM CENTRE VISITORS, ILMF & BEQUEST SUBCOMMITTEE
CONTACT OFFICER	FREEDOM CENTRE COORDINATOR

SCOPE

This document provides details about the way in which applications for funding from the Isabelle Lake Memorial Fund (ILMF) are to be handled and processed by the Western Australian AIDS Council (WAAC/the organisation), the managing organisation of Freedom Centre.

This policy has been developed to ensure that the organisation uses the funds in accordance with the wishes of the Lake family, whilst ensuring the ILMF and Bequest Subcommittee, and other staff members responsible for submitting and processing applications, are able to deal with requests in the most efficient manner possible.

The policy sets out the purpose for which the funding has been provided to the organisation, the specific criteria that must be met in order for applicants to be eligible for the funding, as well as details of the application process.

INTRODUCTION

A donation from the family of Isabelle Lake has been received by the WA AIDS Council's Freedom Centre to go towards enhancing the wellbeing of trans* young people in Western Australia. The terms of the fund have been approved by the family of Isabelle Lake.

Trans* is used to refer to anyone whose identity or innate sense of their sex and/or gender does not match their sex assigned at birth.

GENERAL PRINCIPLES OF USE

The following general principles of use apply to the ILMF:

1. The ILMF will meet a charitable purpose, namely the advancement of health, education, and/or the alleviation of poverty for young people who are trans* in Western Australia.
2. Regardless of the number of successful applicants for funding, the total amount of money from the ILMF which can be distributed in any one financial year will be limited to \$2,000.
3. Individuals (i.e. natural persons) who live in Western Australia or projects and programs occurring in Western Australia may apply to receive funding from ILMF.
4. In the event of competing demands for funding, the ILMF will fund projects and programs that provide the greatest good to the greatest number of people rather than individuals.
5. The ILMF is managed by WAAC.
6. The ILMF will generally award funding to projects and programs where there is no other funding available and/or there is a paucity of access to services.
7. The ILMF will be held by WAAC and will be placed in separate interest-bearing accounts.
8. Applicants can apply for and receive up to \$300 per financial year.

9. After a previously successful application, applicants can apply for further funding. The cumulative funds available over multiple years to an applicant is capped at \$1000.
10. The ILMF and Bequest Subcommittee assigned to consider ILMF applications may, in the interests of fairness to all actual and potential applicants, refuse an application from a person who has received funds in prior financial years, despite not exceeding the maximum amount for the current financial year.
11. The outgoings and balance of ILMF the will be reported annually.

APPLICATION CRITERIA

INDIVIDUALS

General application criteria apply to the use of the ILMF. These criteria require that individual applicants:

1. Be a person who is trans*, under the age of 30 and resides in Western Australia.
2. Be a person in receipt of a Department of Human Services (this includes Centrelink) benefit or hold a Health Care Card or provide other evidence of financial hardship. This ensures the fund is allocated to those who are experiencing financial hardship.

Additional application criteria for specific types of funding also apply and are set out below.

HEALTH NEEDS

Individuals who are trans* and meet the general application criteria above can seek funding for health care services where those services are:

1. not publicly funded;
2. have a waiting period of longer than six months; or
3. the individual's specialist confirms in writing that treatment is urgently needed.

Examples of services for which funding can be sought are:

- Psychiatry appointments
- Hormone treatment costs
- Surgery costs
- Other Health costs
- Non-medical resources that promote the wellbeing of trans* individuals, and are related to gender transition such as binders, packers, prosthetic breasts etc.
- Costs towards independent accommodation due to being at risk of homelessness.

A support letter stating the benefit of such treatment from a qualified support worker or certified medical practitioner must accompany the application.

EDUCATION FOR RETURNING TO WORK NEEDS

Individuals who are trans* who are seeking assistance towards education to allow them to return to work and who meet the general application criteria above are able to apply for funding. Examples of assistance that may be provided are:

- Funding towards course fees. This will only be considered if the applicant is not eligible for other tertiary assistance, such as HELP.
- Purchase of course books.
- Purchase of a computer to be used in undertaking a course.

Supporting materials required are:

1. Confirmation of eligibility for enrolment into a training course through a certified TAFE, University or training group.
2. Confirmation of passing previous modules, evidenced on a statement of academic record, where subsequent funding is being sought.

PROJECTS OR PROGRAMS

General application criteria apply to the use of the ILMF. These criteria require that project/program applicants:

1. Are applying for funding for a project/program which is driven by trans* young person/s in Western Australia and includes a trans* young person throughout the planning and implementation of the project/program.
2. Can demonstrate that the project/program is not already receiving funding and cannot access funding from other appropriate sources.

Projects or programs that are eligible to be funded for groups may include, but are not limited to:

- Retreats for trans* people;
- Educational forums/conferences where external speakers or facilitators are funded;
- Updating a library and resources for target groups;
- Funding videoconferencing for trans* people living in rural and remote regions and facilitated groups via teleconferencing, etc.

The fund does not cover costs associated with individuals attending conferences, or travel.

APPLICATION PROCESS

The following application process applies to funding applications for individuals as well as programs and projects aimed at providing services to both individuals and groups:

1. Applications will be assessed on a monthly basis (by face to face meeting or electronically) by the ILMF & Bequest Subcommittee assigned by the Board of Management to approve funding applications.
2. The Subcommittee will consist of a Board Member (other than the Chairperson) and the Accountant.
3. Application details are to be provided by the applicant on the Isabelle Lake Memorial Fund Application Form – Individual, or the Isabelle Lake Memorial Fund Application Form – Project, on the appropriate form (both are attached to this policy document). As part of completing the project application form, applicants must also fill out the Project Questionnaire (also attached). For both types of applicants, all required supporting documentation is to be attached to the application.
4. For individual funding applicants, a minimum of two quotes should be supplied where practicable, taking in to account the ease of accessibility to multiple suppliers for the item being funded. In the event that two quotes cannot be provided, one quote or an invoice must be provided. Acceptance of the application based on a single invoice/quote will be at the discretion of the Fund Committee, who may request further information if they consider it necessary. Where the funding application is for a product or service which is sold online and has a fixed price, a printout or screen grab showing the product (including shipping costs) or service is an acceptable format for quotes.
5. A letter of support must also be provided for all individual applicants. Where possible, this letter should be obtained by the applicant from a doctor, counsellor or other support person of the applicant. This letter may be provided by the Freedom Centre Coordinator or other Freedom Centre staff. For project or program applications, the applicant will need to demonstrate support for the project. A template Support Letter is available from the Freedom Centre website.
6. Decisions will be relayed to the applicants in a timely manner.
7. Funding will only be paid out on the production of evidence that an expense will incur, or has been incurred, e.g. by providing an invoice/quote.
8. Funds can only be paid to a third party. For approved individual applications, the funds may be transferred to a WAAC Corporate Credit Card in cases where a credit card is the only possible means for purchasing the product or service. The Freedom Centre Coordinator is then responsible for ensuring the transaction occurs correctly.

9. An individual applicant for funds to assist with pharmaceutical expenses must demonstrate significant financial hardship.
10. Except in the case of individuals at risk of homelessness, applications must be received by the 10th day of the month in order to be considered by the ILMF & Bequest Subcommittee and, if approved, processed in that month. Applications received after this date may not be considered by the ILMF & Bequest Subcommittee until the following month.
11. Any grievances with the process or decision are to be addressed to the Chairperson of WAAC.
12. Applications are to be submitted to the Freedom Centre Coordinator.

FUNDING APPLICATION FORMS

There are two different application forms available which should be used for the funding application. One form is required for individual applicants and the other is for project/program applicants (the latter form includes the compulsory Project Questionnaire). The forms are attached to this policy document and are also available separately as forms. A template Support Letter and Application Checklist are available from the Freedom Centre website.

Submit your Isabelle Lake Memorial Fund Application to;

Attention: Freedom Centre Coordinator
Regarding: Isabelle Lake Memorial Fund Application
Post: WA AIDS Council
PO Box 1510
West Perth WA 6872
Fax: (08) 9482 0001
Email: info@freedom.org.au

ISABELLE LAKE MEMORIAL FUND APPLICATION FORM - INDIVIDUAL



WA AIDS Council

Personal Details			
Application Date:			
Freedom Centre Coordinator:			
Applicant's Name:			
Date of Birth:		Phone Number:	
Email Address:			
Address:	<hr/> <hr/> <hr/>		
Details of Application			
Amount requested:			
Payment to be made to:			
Please state what the funding is for (Supporting documents to be attached):	<hr/> <hr/> <hr/>		
Have alternative funds been sought? If so, what?:	Yes/No (please circle) <hr/>		
Have you ever made an application previously? If so, please state when, for how much and for what purpose.	Yes/No (please circle) <hr/> <hr/> <hr/>		
Signed:	<hr/> <hr/> Name: _____ Name: _____		
Payment Details – Office Use Only			
Approved:	Yes/No	Approval Date: _____	
Payment Date:		Cheque Number/EFT:	
Processed by:			
Financial Record Updated by:			

Submit to: Freedom Centre Coordinator

Post: PO Box 1510 West Perth WA 6872 | fax: (08) 9482 0001 | email: info@freedom.org.au

ISABELLE LAKE MEMORIAL FUND APPLICATION FORM - PROJECT



WA AIDS Council

Applicant/Organisation Details			
Application Date:			
Applicant's Name:			
Organisation Name:			
Applicant's Phone Number:		Organisation's Phone Number:	
Applicant's Email Address:			
Address:	<hr/> <hr/> <hr/>		
Details of Application			
Amount requested:			
Payment to be made to:			
Please state what the funding will be used for in the project/program	<hr/> <hr/> <hr/>		
Has the Project Questionnaire been completed?	Yes/No		
Have alternative funds been sought? If so, what?:	Yes/No <hr/> <hr/> <hr/>		
Signed:	<hr/> <hr/> Name: _____ Name: _____		
Payment Details – Office Use Only			
Approved:	Yes/No	Approval Date: _____	
Payment Date:		Cheque Number/EFT:	
Processed by:			
Fund Financial Record Updated by:			

Submit to: Freedom Centre Coordinator

Post: PO Box 1510 West Perth WA 6872 | fax: (08) 9482 0001 | email: info@freedom.org.au

Project Questionnaire

PROJECT DETAILS

1. What is the title or name of this project?
2. What is the issue the project will address?
3. Why is it important? *(Justify with supporting data where possible)*
4. What will the project entail?
5. How do you know this is the best approach?
6. How long will the project take?
7. When will it take place?
8. How many people will benefit from the project?
9. How will they benefit from the project?
10. What geographical area will the project serve?
11. Please complete the following table concerning the objectives of the project.

Your objectives should describe the changes the project will bring about, which should be specific and measurable. List the strategies and activities that will be used to achieve your objectives. Finally, your evaluation should measure the achievement of your objectives. Ensure each strategy is addressed.

OBJECTIVES What are you wanting to achieve?	STRATEGIES How will you achieve it?	EVALUATION How will you know if you have achieved it?
<p>Example: Increase accessible and local information about trans young people's experiences, clinical pathways and wellbeing related issues, and provide an opportunity to have their experiences heard and writing/art distributed in the community</p>	<p>1. through facilitating workshops that create written and visual works to create a trans youth zine 2. Through distributing the zine through local trans community networks like Freedom Centre, Cross Campus Queer Network</p>	<p>1. The Zine will be produced (including printing and pdf formats) 2. the Zine will be distributed to the relevant networks and community spaces.</p>

	<i>et al.</i>	

12. How will you disseminate the results of your project back to the community, WAAC and others?
13. Will the project or aspects of the project continue after this funding is spent? If so, how?
14. Why are you / your organisation the most appropriate to undertake or lead this project?

WORKING IN PARTNERSHIPS WITH OTHERS

Please list the details of key groups with whom you have consulted and collaborated during the development of this project (for example - local business, local government, community organisations, community, corporate sector or service groups) and indicate by ticking the box if they are directly involved in the project/event (for example - regular ongoing advice, funding etc.).

Consulted	Direct Involvement please tick
1.	
2.	
3.	
4.	
5.	

REFEREES

Please provide contact details of at least two referees from outside of your organisation who can be contacted about this application for funds.

BUDGET

Please provide a specific breakdown of how the money will be spent:

Budget Items	Amount requested from WAAC	Amount contributed in kind or by other funding source*

TOTAL	\$	\$

OTHER DOCUMENTS

Please attach to your application any other documents you may have which demonstrate support for the project and/or expand on the information you have provided in the Project Questionnaire (eg a project plan).