# Community Grants Hub
## Improving your grant experience

Submission Reference:
**PXT5X8G4**

# Veteran & Community Grants 2018

## Application Information

The objective of the Program is to maintain and improve the independence and quality of life for members of the veteran community by providing funding for projects that support activities and services to sustain or enhance health and wellbeing.  The expected outcomes of the Program are to: deliver projects that are sustainable, financially viable and have an ongoing benefit for members of the veteran community; and deliver projects that increase opportunities for members of the veteran community, associated with social activity and community participation and/or improve health behaviours and support healthy places.

## Community Grants Hub

This grant round is being administered by the Community Grants Hub, on behalf of the Department of Veterans' Affairs.

## Closing Date/Time

Applications must be submitted by **2:00pm AEDT** on **Thursday 28 February 2019** .

## Grant Opportunity Documents

Read all information in the Grant Opportunity Documents before completing this Application Form. The Grant Opportunity Documents are available on the **GrantConnect** and **Community Grants Hub** websites.

## Making Sure Your Application is Saved

The 'Continue' button will not save your Application. For your Application to be saved, you will need to click on:

- 'Save and Exit', and
- 'Confirm'.

You will know that your application is saved when you are taken from the current form process to the 'Form Saved' page.

Note that the 'Save and Exit' button will ask that you 'Confirm' that you wish to save the Application, which you must do to complete the save process. If this is not done, your Application will not be saved.

 You can return to your Application with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details.

# Application Help

Information about the application process is available on the **GrantConnect** and **Community Grants Hub** websites. Applicants must submit any questions relating to the Program or this application process in writing to **Support@communitygrants.gov.au** . Applicants may submit these questions up until five Business Days prior to the Closing Time and Date. A response will be provided within five business days.

Applicants may direct any requests for general enquiries, technical help or support in using and/or submitting the Application Form by:

- phone 1800020283
- email to **Support@communitygrants.gov.au**

# Attachment Limits

This Application Form has been set up to allow users to attach files within the form. The maximum size allowable for individual attachments is no larger than 2MB and the form will not accept individual attachments above this size. In some areas of the form there are limits to the numbers of attachments being entered in a particular section.

Please read individual question instructions carefully to be informed of these limits. The total size of all of the attachments combined in the form will not be allowed to exceed 15MB. Please plan to modify your attachment files accordingly if necessary.

**Accepted file types**
.bmp, .doc and .docx, .gif, .jpeg, .Jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsb, .xlsx.

Note: Compressed files, such as .zip, .rar, are not accepted and foreign characters should not be used in file names

# Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

# Submitting Application Form

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

**Please note:** there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

Following electronic submission, a message with your Submission Reference ID will appear on your screen. An email will be sent to the main email contact provided in the Application Form. A function is also available on the submission page to allow you to send a receipt email to the address of your choosing. Please save this email receipt for future reference and use it in all correspondence about this Application.

**Note**: Applications will be assessed using the process outlined in the Grant Opportunity Guidelines. The Department will notify all Applicants of the grant funding outcome on completion of the assessment process.

# National Relay Service (NRS)

NRS is used to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1800 555 677 to access the NRS.

# Privacy

The Department uses an integrated Smartform service assisted by the Department of Industry, Innovation and Science on www.business.gov.au.

If you are providing information to access a non-Department of Industry, Innovation and Science programme, that information will not be accessed by Department of Industry, Innovation and Science employees. The only exception to this is where Senior Analysts within the Department of Industry, Innovation and Science require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

The Community Grants Hub will be able to access the Application as part of the form support services. For more information about how the Department of Industry, Innovation and Science protects your privacy and personal information, please see the Department of Industry, Innovation and Science's Privacy Policy External Site. The Community Grants Hub Privacy Policy and WCaG Accessibility Information and the individual Department Privacy Policy should also be read and understood.

# Use of Information

Your Submission Reference is:

## PXT5X8G4

Please note that your saved form, if not updated or submitted within a set period of time, will be deleted.

**Please send yourself a link to this saved form by entering your email address below. This email will detail your Submission Reference, the date and time this application process will close, and a link to access your saved form. If you have any questions relating to this Application phone 1800 020 283 or email support@communitygrants.gov.au.**

Your email address *

Confirm your email address *

## Use of Information

The Community Grants Hub may use the information, other than personal information, provided in this Application Form to assist the Department of Veterans' Affairs to:

- comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website,

- inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program, and/or

- inform future assessments for Applications.

You can only apply if you agree to the Department of Veterans' Affairs using the information (not personal information) you provide in this form for the purposes listed above.

☐ I agree *

# Part 1 - Details of the Organisation Applying For Funding

For further information, please refer to the Grant Opportunity Documents on the **GrantConnect** and **Community Grants Hub** websites.

# Is the Applicant an existing Grant Recipient? *

Select 'No' if the Applicant is not an existing recipient of a grant through the Community Grants Hub.

Select 'Yes' if the Applicant is an existing recipient of a grant through the Community Grants Hub.

○ Yes          ○ No

**If Yes, provide the Organisation Id number as it appears on your Grant Agreement and then click 'Verify number' to confirm the details are correct**

Tip: Copy and paste the Organisation Id number from the Grant Agreement to avoid errors.

*If you are an existing recipient of a grant through the Community Grants Hub and do not know your organisation ID please contact support@communitygrants.gov.au*

Organisation Id *

Applicant Legal Name

Applicant Trading Name

| Entity Type | ABN | State | Postcode |
|---|---|---|---|
| | | | |

☐ GST Registered          ☐ Charity

☐ For Profit          ☐ Withholding Tax Exempt

# What type of entity is the organisation? *

You must respond to this question. Choose the legal entity type that is relevant to the Applicant from the list.

NOTE: Use the field's scroll-bar or the keyboard's down-arrow to view all available options.

If you are unsure about the Applicant's legal entity type, please seek independent advice (e.g. from your Accountant) or refer to http://www.abr.business.gov.au/ for further information.

# Does the organisation have a Registration Number or ORIC confirmed ICN? *

○ Yes          ○ No

# Nominate two contact persons of the legal entity for this application.

**Note:** These contacts must have authority to act on behalf of the organisation. These are the people who will be contacted for all matters regarding the application. Please notify the Community Grants Hub via email at support@communitygrants.gov.au if the nominated contacts and/or contact details change in this application period.

**Contact Person 1**

Title *

First name *

Last name *

Position *

Telephone *

Mobile

Email address *

Confirm Email address *

**Contact Person 2**

Title *

First name *

Last name *

Position *

Telephone *

Mobile

Email address *

Confirm Email address *

# Provide the bank account details of the legal entity.

**Note:** The bank account nominated will be directly credited should this application be successful under Veteran & Community Grants.

The funding will only be paid into a bank account in the name of the organisation applying. The Department will not make payments to third parties, individuals or personal bank accounts.

Details should include a 6-digit BSB, an account number between 2 and 9 digits and the correct account name. The account name must clearly relate to the name of the organisation applying for funding. Do not provide personal, an individual's or another organisation's bank account details.

You can validate your BSB information via the [official website here](#).

BSB number *

Account number *

Account name *

[ ]

# Part 2 - About The Organisation

Complete **ALL** questions in Part 2.
The information required in this section is about the organisation which will undertake the grant activity.

Is the organisation receiving any Australian Government funding, either directly or indirectly via a third party for the same purpose? *

○ Yes          ○ No

How many members are there in the organisation? *

[ ]

Will the organisation deliver the grant activity as part of, or as the lead agency of, a consortium, or use subcontractors? *

○ Yes          ○ No

# Part 3 - About the Grant Activity

The information required in this section is about the grant activity and requested items.

## Provide a short title for the grant activity. *

You must respond to this question. 75 character limit (approximately 10 words). The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, ( ) . , ' & -/ \ @, all other characters including carriage returns are not accepted.

[ ]

## Select the best option that describes the nature of the grant activity *

○ Communicating by newsletter

- ◯ Community garden

- ◯ Community transport

- ◯ Cooking and nutrition classes

- ◯ Craft groups and wood and metal workshops

- ◯ Day clubs

- ◯ Men's sheds

- ◯ Socialising and addressing social isolation

- ◯ Strength training classes

- ◯ Upgrade of facilities (where appropriate to the grant activity and not part of normal on-going maintenance and/or refurbishment)

- ◯ Volunteering lawn mowing service

- ◯ Other

## Provide a more detailed description of the grant activity (i.e. what you plan to do). *

You must respond to this question. 2,000 character limit (approximately 300 words). The character count includes letters, numbers, spaces, paragraph marks, bullet points etc.

NOTE: This field accepts the characters of A to Z, 0 to 9, ( ) . , ' & -/ \ @, all other characters including carriage returns are not accepted.

*(Limit: approx 300 words, 2,000 characters)*

Characters entered: [    ]

## What is the physical address where the grant activity will take place? *

**Note:** Provide the actual physical address of where the services being delivered are most active. This address may be different from the organisation's business address.
If the grant activities are undertaken in an environmental location; this address must be provided, such as street, community hall, park, reserve etc.
The address must <u>not</u> be a PO BOX and must be completed in full. For example:
88 Anzac Parade Canberra City ACT 2601

Floor / Building; Unit; Apartment

Street number, name and type *

Suburb/Town *    State *    Postcode *    *Address NOT Validated*

☐ Unable to validate

Has a needs assessment been conducted for the grant activity? *

◯ Yes        ◯ No

Will the grant activity provide one or more of the following outcomes to the veterans' community? (select all that apply) *

☐ Promote and enhance healthy lifestyles

☐ Support quality living at home

☐ Encourage involvement in community activities

☐ Reduce social isolation

☐ Encourage supportive and safe communities

☐ Increase access to community services

☐ Address gaps in local services

☐ Support carers

☐ Increase nutrition

☐ Increase social connectedness

☐ Increase mental wellness

Will the organisation receive and/or contribute to any in-kind or financial contributions other than those requested in this application (including commercial borrowings, donations and co-contributions)? *

**Note:** This includes contributions in the way of given goods, commodities, services, or financial support.

◯ Yes        ◯ No

# Who are the primary beneficiaries of the grant activity? *

- ☐ Veterans
- ☐ Younger Veterans
- ☐ Veteran's carers
- ☐ Veteran's dependants
- ☐ Veteran's spouses and/or partners
- ☐ Veteran's widows and widowers
- ☐ Other members of the ex-service community

# Will the project or services of the grant activity continue beyond the conclusion of this grant funding? (select all that apply) *
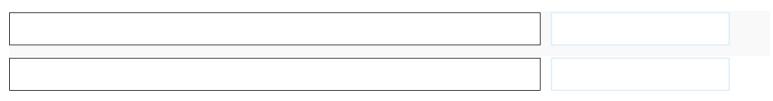
○ Yes          ○ No

# Will the grant activity be promoted/advertised? *

○ Yes          ○ No

Select the option/s that best describes how the activity will be promoted / advertised (select all that apply)

- ☐ Local / regional media (newspapers, radio, etc.)
- ☐ Social media
- ☐ Organisation newsletter
- ☐ Email
- ☐ Website
- ☐ Other

# How much funding for each item is being requested in this application? *

Applicants are required to select the item/s for funding using the categories below. You can use more than one category if relevant and should only include the total funding required under each category.

If you require further information about eligible items for funding please refer to the Grant Opportunity Documents available on the GrantConnect and Community Grants Hub websites.

| Item Category | Funding Requested for Items in each Category |
|---|---|
|  |  |
|  |  |

**Total Amount of Funding Requested**

**Item Category**

Funding Requested for
Items in each Category

**Total Amount of Funding Requested**

## Are any of the items requested above replacements for items previously funded under Veteran's and Community Grants? *

◯ Yes          ◯ No

## Please attach a quote for each requested item included in the table above. *

You can attach up to ten separate documents. If you have more than ten quotes please scan them into a single document. Note the 2mb limit per attachment. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

**Attachment 1 ***

# Part 4 - Declaration

## Are there any conflicts of interest that may occur from submitting this application? *

◯ Yes          ◯ No

## Please read and complete the following declaration.

This declaration must be completed by an authorised representative of the applicant (or, if this application is a joint/consortium application, authorised representative of the lead organisation. The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the applicant.

I declare that:

- The information contained in this form is true and correct.

- I have read, understood and agree to abide by the Guidelines.

- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.

- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding if this Application is successful.

- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application.

- I give consent to the Department of Veterans' Affairs to make public the details of the Applicant and the funding received, should this Application be successful.

☐ I understand and agree to the declaration above. *

☐ I acknowledge that giving false or misleading information to the Community Grants Hub/Department of Veterans' Affairs is a serious criminal offence. Persons who do so, may be prosecuted under Section 137.1 of the *Commonwealth Criminal Code Act 1995*. *

☐ I confirm the information we have provided in this application is true and correct. *

| Full name of Authorised Officer * | Position of Authorised Officer * | Date |
|---|---|---|
| | | |

## Please provide an estimate of the time taken to complete this Application Form, including:

- actual time spent reading the guidelines, instructions and questions;
- time spent by all employees in collecting and providing the information and;
- time spent completing all questions in the Application Form.

Hours

Minutes