THE PURPOSE OF THIS SAMPLE APPLICATION FORM IS TO PROVIDE POTENTIAL APPLICANTS THE OPPORTUNITY TO PREVIEW THE FULL CONTENTS.

THE PDF SAMPLE APPLICATION FORM IS FOR DEMONSTRATION PURPOSES ONLY AND CANNOT BE USED TO APPLY FOR FUNDING. ANY COMPLETED PDF SAMPLE APPLICATION FORM WILL NOT BE ACCEPTED.



Submission Reference: **SKM7VLW**

Application Form Grants In Aid

Application Information

This program, open to bona fide national ESOs, also provides funding to encourage cooperation and communication between the ex-service community, ESOs and the Australian Government. Funding for national ESOs aims to encourage the advancement of the objectives of ESOs.

Community Grants Hub

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

Closing Date/Time

Applications must be submitted by 2. Quanta Australian Eastern Standard Time (AEST) on Tuesday 31 December 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 <u>GrantConnect</u> and <u>Community Grants Hub</u> websites. Applicants must submit any questions relating to the Program or this application process in writing to <u>support@communitygrants.gov.au</u>. 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, .xlst, .xlsx

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

Sharing this Form

Please note that more than one person should not be accessing this form at the same time.

If this is done then there is a risk that information may be lost in the formation will not be transferred in submission.

If you wish to share this form and the access details, please ensure that body one user at a time is accessing and saving information. Ie. one person needs to be completed their updates and have saved end exited the form prior to another starting on their updates in the same form.

Submission Reference ID

Each Application Form is allocated a varique 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 Documents. 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 Community Grants Hub 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 <u>Department of Industry, Innovation and Science's Privacy Policy</u>. The Community Grants Hub <u>Privacy Policy</u> and <u>WCaG Accessibility</u> Information and the <u>Department of Veterans' Affairs Privacy Policy</u> should also be read and understood.

Use of Information

Your Submission Reference is:
SKM7VLW
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 *
Confirm Your Email Address **

Use of Information

The <u>Community Grants Hub</u> may use the information, after 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 dant 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 exis	ting recipient of a gra	int through the Con	nmunity Grants Hub.		
Select 'Yes' i	f the Applicant is an existin	g recipient of a grant	through the Comm	nunity Grants Hub.		
Yes	No					
If Yes, provi	ide the Organisation Id r are correct	umber as it appear	rs on your Grant <i>F</i>	Agreement and ther	n click 'Verify number' to con	firm
Tip: Copy and	d paste the Organisation Id	number from the Gra	ant Agreement to a	void errors.		
If you are ar support@com	n existing recipient of a gra nmunitygrants.gov.au	nt through the Comm	unity Grants Hub a	nd do not know your	organisation ID please contact	
Organisation	Id *					
Application Lo	egal Name					
Application T	rading Name				•	
			•			
Entity Type		ABN		State	Postcode	
GST Regi	stered		☐ Charit	ту		
For Profit			Withh	olding Tax Exempt		
What typ	e of entity is the o	organisation?				
You must res	pond to this question. Choo	ose the legal entity ty	that is relevant t	to the Applicant from	the list.	
NOTE: Use th	ne field's scroll-bar or the	yboard's down-arrow	to view all availab	le options.		
If you are ur www.abr.bus	nsure about the Applicantiness.gov.au/ for further in	legal entity type, plea ormation	ase seek independe	nt advice (e.g. from y	our Accountant) or refer to	

Please enter the ARBN, ACN, Registration Number or ORIC confirmed ICN and the State/Territory in the fields below *
State *
Is the organisation a bona fide national ex-service organisation?
Note: For the purposes of Grants in Aid a bona fide national ex-service organisation is considered to be an organisation:
 which has direct links to the ex-service community; whose membership consists primarily of veterans, past and present members of the Australian Defence Force (ADF) and/or their dependents;
dependants; • which is established primarily to provide pensions, advocacy and/or welfare assistance to veterans, past and present members of
the ADF and/or their dependants; which does not operate as a business or charge any fee for acting on behalf of the veterans, past and present members of the AD
and/or their dependants in the provision of claims or welfare services;which has objectives that aim to benefit the welfare of its members nationally; and
which is incorporated.
A. Does your entity have direct links to the ex-service community? *
○Yes ○No
P. Description of the form of the second of
B. Does your entity's membership consist primarily of veterans, past and present members of the Australian Defence Force and/or their dependants? *
○Yes ○No
C. Has your entity been established primarily to provide pensions, advance and/or welfare assistance to veterans, past and present members of the Australian Defence Force and/or their dependance.
Yes No
D. Does your entity operate as a business or charge any lee for acting on behalf of the veterans, past and present members of the
Australian Defence Force and/or their dependants in the provision of compensation or welfare services? *
○Yes ○No
E. Does your entity's objectives aim to beneat the worfare of its members nationally? *
○Yes ○No
List the services the organisation provides to members of the ex-service community
(select all that apply) *
Annual general meetings
Annual reports
Camaraderie
Liaison with the Department of Veterans' Affairs
Liaison with the office of the Minister for Veterans' Affairs
Newsletters Newsletters
Other
Please specify below (Limit: 50 characters) *

Describe how your na previous question. *	ational office financi	ally supports the se	ervices you identified in the
(Limit: approx 300 words, 2000	O characters)		Characters entered:
Nominate two contact			
Note: These contacts must have regarding the application. Pleas contacts and/or contact details	se notify the Community Grant	s Hub via email at support@	the people who will be contacted for all matters communitygrants.gov.au if the nominated
Contact Person 1			
Title *			
First name *	Last name *		
Position *	J		
Telephone *	Mobile		
Email address *			
Confirm Email address *	6		
Contact Person 2 Title *			
nue			
First name *	Last name *		
Position *			
Telephone *	Mobile		

Email address *	
Confirm Email address *	
	int details of the legal entity.
	d will be directly credited should this application be successful under Grants in Aid.
The funding will only be paid into a third parties, individuals or person	a bank account in the name of the organisation applying. The Department will not make payments to all bank accounts.
	B, an account number between 2 and 9 digits and the correct account name. The account name must rganisation applying for funding. Do not provide personal, an individual's or another organisation's bank
You can validate your BSB inform	ation via the official website here.
BSB number *	Account number *
Account name *	
Part 2 - About 1	the Project/Activity
The information required in this se	ection is about the project/activity and requested items.
The information required in this se	ction is about the violect/activity and requested items.
Provide a short title for	the project/activity *
	. 75 character limit (approximately 10 words). The character count includes letters, numbers, spaces,
paragraph marks, bullet points etc carriage returns are not accepted.	NOTE: This field accepts the characters of A to Z, 0 to 9, () . , $^{\prime}$ & -/ \ @, all other characters including
Provide a detailed desc	ription of the project/activity (i.e. what you plan to do). *
	. 2000 character limit (approximately 300 words). The character count includes letters, numbers,
NOTE: This field accepts the chara	acters 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:
Will the project/activity provide one or more of the following outcomes to the veteran community? (select all that apply) *
Assist national ex-service organisations to support their branches, sub-contractors and affiliated organisations in performing welfare advocacy and compensation work.
Assist national ex-service organisations to advance the objectives of all ex-service organisations more generally.
Assist national ex-service organisations to improve co-operation and communication on repatriation and military compensation matters.
Encourage co-operation and communication between the ex-service community, ex-service organisations and the Australian Government.
Is the project/activity targeted at addressing a specific issue rather than supporting business as usual running costs? *
Yes
What is the anticipated commencement date of the project/activity? *
Note: Funding is not available as a reimbursement for costs already inturred. Projects/activities that have already been completed will rebe funded.
Is the organisation receiving any other Government funding, either directly or indirectly for the project/activity? *
How much funding for each term is being requested in this application? *

Note: The total funding requested must not be more than \$10,000.

Grant funding can only be used for eligible terms. Refer to the Grant Opportunity Documents available on the GrantConnect and Community Grant Hub websites.

Applicants are required to select the item category/ies appropriate to the nature of the project/activity and that matches the item/s they are seeking funding for. The examples are a guide only and are intended to help applicants select the most appropriate category. If a specific item is not listed, select the category that most closely matches the item you are seeking funding for, or select "Other" and provide details of the item/s you are seeking funding for. If you are seeking funding for two or more items within a category, combine the costs of each item and enter the total cost.

The funding requested for items within each category should be based on the retail cost of the items.

Item Category	Funding Amount Requested for Items in each Category (GST exc)		
Total Amount of Funding Requested			
Part 3 - Declaration			
Are there any conflicts of interest that may occur from sumitting	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, authorised representative of the lead organisation). The authorised representative show empowered to enter into contracts and commitments on behalf of the applicant.			
I declare that:			
The information contained in this form is true and contect.			
 I have read, understood and agree to ablee by the Guidelines. 			
I have read, understood and agree to the Grant Terms and Conditions, should this Application	on be successful.		
I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding if this Application	n is successful.		
 If and where any personal details of a third party are included, the third party has been made for those details to appear in this Application. 	de aware of, and given their permission		
 I give consent to the Department of Veterans' Affairs to make public the details of the A should this Application be successful. 	pplicant and the funding received,		
☐ I understand and agree to the declaration above. ★			
I acknowledge that giving false or misleading information to the Community Grants Hub/Depart criminal offence. Persons who do so, may be prosecuted under Section 137.1 of the <i>Commonw</i>			
☐ I confirm the information I have provided in this application is true and correct. ★			

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

Position of Authorised Officer *

Date

Full name of Authorised Officer *

- 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

