Community Grants Hub
Improving your grant experience

Submission Reference:

Application Form
Building Excellence in Support and Training (BEST)

Application Information

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 AEST** on **Thursday 19 April 2018** .

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

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 form and all information will not be transferred in submission.

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

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 Documents. The Department of Veterans' Affairs 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 program, 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. The Community Grants Hub Privacy Policy and WCaG Accessibility Information and the Department of Veterans' Affairs Privacy Policy should also be read and understood.

Use of Information

Your Submission Reference is:

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

Under what type of arrangement is this application being made? *

○ An applicant applying for funding in its own right

○ A sponsor applicant applying on behalf of another organisation

NOTE: If applying as a sponsor, you must complete a separate grant application for each organisation you are sponsoring.

Please attach a Letter of Declaration confirming sponsorship – completed by the sponsored organisation on the template provided in the Grant Opportunity Documents which are available on the GrantConnect and Community Grants Hub websites. *

What type of entity is the organisation applying for funding? *

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.

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┌──────────────────────────────────────────────────────────────────────────┐
│                                                                            │
└──────────────────────────────────────────────────────────────────────────┘
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Please attach a copy of the Certificate of Incorporation here (It is mandatory to provide this document). *

What is the Australian Business Number (ABN) of the organisation that will enter into a Grant Agreement with the Department of Veterans' Affairs (should the application be successful)? *

Note: This must be the ABN belonging to the eligible ex service organisation. Please enter the ABN in the fields below then select 'Validate'

Enter your ABN into the Australian Business Number (ABN) field and click the Validate ABN button to retrieve your registration details.

Australian Business Number (ABN) *

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┌──────────────────────────────────────────────────────────────────────────┐
│                                                                            │
└──────────────────────────────────────────────────────────────────────────┘
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Note: If the Organisation details displayed are out of date or incorrect, please update them now via the Australian Business Register website then re-enter and validate the ABN.

Enter the ABN Branch Number relevant to the Applicant's ABN, if applicable. This is limited to 3 digits.

ABN Branch Number

```
┌──────────────────┐
│                  │
└──────────────────┘
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Legal/registered entity name *

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┌──────────────────────────────────────────────────────────────────────────┐
│                                                                            │
└──────────────────────────────────────────────────────────────────────────┘
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If you have Trading/Business Names registered, you can select the relevant Business Name. If you have not registered your Business Name, you can either select "Same as Legal Entity" or "Other" in the "trading name/business name" field. If "Other" is selected, you will be asked to provide the Applicant's trading/business name in another field that will become available.

Business name of the Applicant *

Date of registration of ABN

Australian Business Register (ABR) provided Entity Type

State   Postcode

☐ GST Registered - Checkbox is ticked if the Applicant is GST Registered.

☐ Registered as Charity - Checkbox is ticked if the Applicant is registered as a charity with the Australian Charities and Not-for-profit Commission (ACNC).

Note: If the Organisation details displayed are out of date or incorrect, please update them now via the Australian Business Register **website** then re-enter and validate the ABN.

Does the organisation have any form of Incorporation Number (ARBN, ACN, Registration Number or ORIC confirmed ICN)? *

◯ Yes   ◯ No

Is the organisation not-for-profit? *

Note: For further details about not-for-profit organisations, please refer to the Australian Taxation Office website.

◯ Yes   ◯ No

What is the registered business address of the organisation applying for funding? *

The business address must be completed in full and not be a PO Box. For example: Level 1 Main Building 220 Business Street Canberra City ACT 2601.

Note: the address fields accept the characters of A to Z, 0 to 9, ( ) . , ' & - / \ @, all other characters including carriage returns are not accepted.

Please note that if an Applicant selects 'Unable to validate' following an initial failed validation attempt, the Department will use this non-validated address for correspondence.

Floor / Building; Unit; Apartment

[ ]

Street number, name and type *

[ ]

Suburb/Town *

[ ]

State *

[ ]

Postcode *

[ ]

Address Validated

✓

[ ]

Main Telephone *

[ ]

Main email address *

[ ]

What is the postal address of the organisation applying for funding? *

The postal address must be completed in full. For example: Level 1 Main Building 220 Business Street Canberra City ACT 2601 Note: the address fields accept the characters of A to Z, 0 to 9, ( ) . , ' & - / \ @, all other characters including carriage returns are not accepted.

[ ] As Above

Nominate two contact persons for this application of the organisation applying for funding. *

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 that will enter into a Grant Agreement with the Department of Veterans' Affairs (should the application be successful) *

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 - Details of the Organisation that will Undertake the Grant Activity

The information required in this section is about the organisation which will undertake the grant activity. If you are applying as a sponsor, the information should be about the organisation you are sponsoring.

Is the organisation a bona fide ex-service organisation? *

Note: For the purpose of the Department of Veterans' Affairs grants a bona fide ex-service organisation is considered to be an organsation:

- whose membership consists primarily of veterans, past and present members of the Australian Defence Force and/or their dependants;
- which is established primarily to provide compensation and/or welfare advocacy assistance to veterans, past and present members of the Australian Defence Force and/or their dependants; and
- which does not operate as a business or charge any fee 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.

A. Does the entity's membership consist primarily of veterans, past and present members of the Australian Defence Force and/or their dependants? *

○ Yes   ○ No

B. Has the entity been established primarily to provide compensation and/or welfare advocacy assistance to veterans, past and present members of the Australian Defence Force and/or their dependants? *

○ Yes   ○ No

C. Does the entity operate as a business or charge any fee 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

Provide details of the organisation you are sponsoring below *

Organisation Name *

[ ]

Contact Name Title *

[ ]

Contact First Name *   Contact Last Name *

[ ]   [ ]

Position *

[ ]

Business Email *

[ ]

Floor / Building; Unit; Apartment

Street number, name and type *

Suburb/Town *   State *   Postcode *   *Address Validated*

✓

Business Phone Number

ABN (if applicable)

Part 3 - About the Grant Activity

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

WiIl the organisation applying for funding 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

Please provide details of other contributions in the table below.

Source of funding (List a maximum of 10)	Description (i.e. given goods, commodities, services, or financial support)	Amount of funding (exc GST) *If Applicable*	Status of Application (i.e. "To be submitted", Awaiting outcome" "Confirmed" or "Rejected")

Which type of practitioner(s) will the funding assist (select all that apply)? *

☐ Administrative assistant directly supporting advocate/s

☐ Compensation Advocate

☐ Welfare Advocate

Did all practitioners undertaking the workload recorded in this application have up to date training at the appropriate level under the Advocacy Training and Development Program (ATDP) and/or through the previous Training and Information Program (TIP)? *

◯ Yes   ◯ No

How many compensation advocates undertook work lodged in this application during the 2017 calendar year? *

[   ]

How many of these were volunteers? *

[   ]

How many welfare advocates undertook work lodged in this application during the 2017 calendar year? *

[   ]

How many of these were volunteers? *

[   ]

How many salaried advocates undertook work lodged in this application during the 2017 calendar year? *

[   ]

Please provide total numbers of all compensation and advocate work lodged during the 2017 calendar year *

Note: Multi Act Claims must include MRCA work, a claim cannot be counted both as a Multi Act claim and as a MRCA, VEA, or SRCA claim. A VEA or MRCA claim means one lodged claim, regardless of the number of claimed conditions. A SRCA claim equates to one condition.

VEA S31 Appeals should only be recorded where they have been successfully finalised during the reporting period (i.e. the claimant is not going to appeal further).

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

Type of Work	Total Number of Claims/Appeals
Number of lodged Multi Act Claims	
Number of lodged Primary Claims (VEA)	
Number of lodged AFIs (VEA)	
Number of successful S31 Appeals (VEA)	
Number of lodged VRB Appeals	
Number of lodged AAT Appeals (VEA)	
Number of lodged MRCA Claims	
Number of lodged MRCA Reviews	
Number of lodged VRB Appeals (MRCA)	
Number of lodged SRCA Claims	
Number of lodged Income Support Claims	

Please provide the total number of hours worked against each welfare activity during the 2017 calendar year *

Note: The number of hours a welfare practitioner undertakes on these duties in a week must be provided. An annual number of hours will be derived from the information provided below based on a 48 week working year.

Welfare Activity	Total Number of Hours Per Week
Visits	
Bereavement/Funerals	
Housing/Accommodation	
Problem/Crisis	
Overall Total Number of Hours Per Week	

Welfare Activity	Total Number of Hours Per Week
Transport	

Other (Limit: 50 characters)

Overall Total Number of Hours Per Week

Are you applying for salary assistance? *

○ Yes   ○ No

How much funding for salary assistance is being requested in this application? *

Note: Salary assistance can only be provided for administrative officers and compensation advocates. Salary assistance can not be provided for welfare practitioners and volunteers. Refer to the Grant Opportunity Documents available on the GrantConnect and Community Grants Hub websites.

Salary Assistance Type	Salary Amount Requested (GST exc)
Contribution to administrative officers	
Contribution to compensation advocates	
Total Annual Salary Amount Requested	

Are you applying for administration and equipment expenses assistance? *

○ Yes   ○ No

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

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

Applicants are required to select the item category/ies appropriate to the nature of the grant activity and that matches the item/s they want to buy. Applicants must then describe exactly what items, and how many if applicable, 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 want to buy, or select "Other" and provide details of the item/s you want to buy. Select all relevant categories, but only select a single category once. If you want to buy two or more items within a single category, note this in the quantity field, combine the costs of each item and enter the total cost.

You must state the funding requested for items within each category; this should be based on the retail cost of the items.

Item Category	Funding Requested for Items in each Category
Total Amount of Funding Requested	

Item Category	Funding Requested for Items in each Category

Please specify below (Limit: 50 characters) *

Total Amount of Funding Requested

Part 4 - Declaration

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

◯ Yes   ◯ No

Please provide details below *

(Limit: approx 150 words, 1000 characters)

Characters entered: ☐

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 I 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