

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.

Community Grants Hub

Improving your grant experience



Submission Reference:

Application Form

Saluting Their Service Commemorations Program

Community Commemorative Grants

Application Information

The *Saluting Their Service* Commemorations Program is designed to preserve Australia's wartime heritage and to involve people throughout the nation in a wide range of projects and activities that highlight the service and sacrifice of Australia's service personnel in wars, conflicts and peace operations, and promote appreciation and understanding of the role that those who served have played in shaping the nation.

Under the Community Commemorative Grants component, grants up to a maximum of \$4000 are available for community-based commemorative projects and activities.

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 Australian Eastern Daylight Time (AEDT) Tuesday 26 March 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.

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. I.e. one person needs to have 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 Community Grants Hub will notify all Applicants of the grant funding outcome on completion of the assessment process.

National Relay Service (NRS)

The Community Grants Hub uses NRS 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 *

Details of the Entity Applying For Funding

For further information, please refer to the Grant Opportunity Documents on the [GrantConnect](#) and [Community Grants Hub](#) websites.

Under what type of arrangement is this application being made?

- An entity applying for funding in its own right.
- An entity applying as a sponsor on behalf of an individual or ineligible organisation.
- An entity applying as the lead agency of a consortium.

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.

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

- 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 applicant organisation? *

Note: If you are not sure about the organisation's legal entity status, please consult the treasurer or financial officer, or refer to the Australian Business Register [website](#) for further information. For further clarification see the Grant Opportunity Documents.

Is the organisation incorporated? *

Yes

No

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 organisation's registered business address?

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 *

Confirm email address *

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 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.

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 *

About the Project/Activity

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

Which project/activity type are you applying for? *

Note: you can apply for more than one project but a separate application must be submitted for each.

Provide a short title for the project/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.

Provide a detailed description of the project/activity (i.e. what you plan to do). *

You must respond to this question. 2000 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, () . , ' & -/ \ @. Other characters should not be entered as there is a risk of data corruption.

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

Characters entered:

What is the physical address where the project/activity will take place? *

Note: Provide the actual physical address of where the project/activity is 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. For digital projects use office location.

The address must not 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 Validated



Main Telephone *

Main email address *

Confirm email address *

What is the anticipated commencement date of the project/activity? *

What is the anticipated completion date of the project/activity? *

Have you received support from community stakeholders for your project/activity? *

Yes

No

Who have you received support from? *

(Limit: approx 150 words, 1,000 characters)

Characters entered:

Please select the category your application is in relation to *

- Restoration or upgrading of a community war memorial or immediate surrounds
- A new community war memorial
- Improvement of access to or safety of immediate surrounds of community war memorial
- Restoration of a commemorative plaque or honour board on display
- A new commemorative plaque for public display
- A new honour board for public display
- Flagpole

Which days of commemorations is/will the memorial be used for? *

(Limit: approx 150 words, 1,000 characters)

Characters entered:

Financial Information

What is the total amount of funding (GST excl) requested in this application for the project/activity? *

Please enter the total amount of funding requested from the Department of Veterans' Affairs for this project.

What is the total cost of the project/activity? *

Please include all costs for the project including those not covered by the funding requested in this application.

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 project / activity and that matches the item/s they want to purchase/hire.

Select all relevant categories. If you want to purchase/hire two or more items within a single category, 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 Amount Requested for Items in each Category (GST exc) | Do You Have a Quote for this Item |
|----------------------|---|--|
| <input type="text"/> | <input type="text"/> | <input type="radio"/> Yes <input type="radio"/> No |

Total Amount of Funding Requested

Please attach a quote for each item you indicated in the table above you have a quote for

You can attach up to ten separate documents. If you have more than ten quotes please scan multiple quotes together into single documents. 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 *

Please confirm you have attached all relevant quotes. *

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 confirmed contributions in the way of given goods, commodities, services, or financial support.

Yes No

If you are offered less funding than you are seeking in this application will you proceed with the project, either by securing alternative funding or reducing the project scope? *

Yes No

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 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

| | |
|--|--|
| | |
|--|--|