

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:

## Information, Linkages and Capacity Building (ILC) - Jurisdictional Based Grants - Under \$10,000

### Application Information

Information, Linkages and Capacity Building (ILC) is all about inclusion of people with disability. It is about creating connections between people with disability and their communities. One way the National Disability Insurance Agency (NDIA) wants to help create those connections is through providing grants to organisations.

The objective of the second ILC Jurisdictional Based Grants - New South Wales, South Australia and Australian Capital Territory grants round is to facilitate the further roll out of ILC in the Australian Capital Territory, and extend it into New South Wales and South Australia.

This objective will be achieved by funding organisations to implement activities that deliver outcomes for people with disability, their families and carers in each of the following four Activity Areas of the ILC Policy:

- Information, linkages and referrals
- Capacity building for mainstream services
- Community awareness and capacity building
- Individual capacity building.

The NDIA encourages applications from organisations for proven and/or innovative models of delivery across all Activity Areas that increase the independence, social and community participation of people with a disability. The activities funded will meet identified needs and interests of people with disability, and will reflect a contemporary, positive and progressive approach to inclusion.

### Community Grants Hub

This grants round is being administered by the Community Grants Hub, on behalf of the National Disability Insurance Agency.

### Closing Date/Time

Applications must be submitted by **2:00pm** Australian Eastern Daylight Time (AEDT) on **Thursday 30 November 2017** .

## 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.

## 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. Applications will be assessed using the process outlined in the Guidelines.

## Application Help

Information about the Application process is available on the Grant Opportunity Documents are available on the [GrantConnect](#) and [Community Grants Hub](#) websites.

Applicants must submit any questions relating to this Application process in writing to [support@communitygrants.gov.au](mailto: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 general enquiries, requests for technical help or support in using and/or submitting the Application Form by:

- Phone **1800020283**
- Email to [support@communitygrants.gov.au](mailto:support@communitygrants.gov.au)

## Attachment Limits

This Application Form allows users to attach files to support their application, where directed to do so. The maximum size for individual attachments is no larger than 2MB and the form will not accept individual attachments above this size.

**Accepted file types:** .bmp, .gif, .img, .jpeg, .jpg, .msg, .pdf, .txt

Please plan to modify your attachment files accordingly if necessary.

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 be completed their updates and have 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 websites.

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)

Community Grants Hub uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1800555677 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](http://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.

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

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Your Submission Reference is:

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 1800020283 or email [support@communitygrants.gov.au](mailto:support@communitygrants.gov.au).

Your email address \*

## Use of Information

National Disability Insurance Agency may use the information, other than personal information, provided in this Application Form to assist National Disability Insurance Agency to:

- comply with the Australian Government requirement to publish the details of all grant recipients on the National Disability Insurance Agency 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 National Disability Insurance Agency using the information (not personal information) you provide in this form for the purposes listed above.

Check this box if you agree to the National Disability Insurance Agency using the information (not personal information) you provide in this Application Form.

I agree \*

# Existing Grant Recipient

## Is the Applicant an existing Grant Recipient? \*

You must respond to this question.

Select 'No' if the Applicant is not an existing National Disability Insurance Agency Grant Recipient.

Select 'Yes' if the Applicant is an existing National Disability Insurance Agency Grant Recipient. If yes is selected you then must enter your organisation ID number in the next field. The Applicant's organisation ID number should be entered as it appears on the National Disability Insurance Agency Grant Agreement. After entering the organisation ID, click on the 'Search' button to validate the ID to bring back key organisation details for this Application. Should there be any issues with validation, a message will be returned to give a choice on actions to progress. If you require assistance, please call 1800020283.

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 a current ILC Grant recipient you can find your Organisation Id on the top right hand corner of your grant agreement, if you are a current recipient, and unable to locate it, please email the Community Grants Inbox at [support@communitygrants.gov.au](mailto:support@communitygrants.gov.au) for assistance.**

Organisation Id \*

Application Legal Name

Application Trading Name

Entity Type

ABN

State

Postcode

GST Registered

Charity

For Profit

Withholding Tax Exempt

## Are updates required to the Applicant's Information? \*

You must respond to this question.

Select 'No' if updates are not required to the Applicant's details as currently held by the National Disability Insurance Agency.

Select 'Yes' if updates are required to the Applicant's details as currently held by the National Disability Insurance Agency. You will be required to contact your National Disability Insurance Agency Grant Agreement Manager to update your details.

Yes  No

# Eligibility Requirements

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## What is the Applicant's legal entity type? \*

For a list of eligible legal entity types, refer to the Guidelines.

If you are unsure about the Applicant's legal entity type, please seek professional advice (e.g. from your lawyer or accountant) or refer to the Australian Business Register website for further information.

What is the Applicant's legal entity type?

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.

## Is the Applicant able to provide documentation to support the legal entity type? \*

You must respond to this question. At least one attachment must be provided if the response to "Does the Applicant have an Australian Business Number (ABN)?" was 'No'.

Select 'No' if the Applicant is not able to provide documentation to support the legal entity type.

Select 'Yes' if the Applicant is able to provide documentation to support the legal entity type. If 'Yes' is selected, click the 'Click to Upload' button to add the file in each attachment section and then click the 'Add Attachment' button to add sections for subsequent attachments. Note: the maximum size permitted per attachment file is 2mb. Once a file has been uploaded or an attachment section has been added, select the appropriate 'X' symbol button to delete.

Yes  No

## Is your organisation a registered provider of supports with the NDIA? \*

A provider is an individual or organisation delivering a support or a product to a participant of the National Disability Insurance Scheme (NDIS). Organisations or individuals can apply to be a registered provider with the National Disability Insurance Agency (NDIA). Registered providers of supports have met requirements regarding qualifications, approvals, experience and capacity for the approved supports.

Yes  No

## Does your organisation provide services through the NDIS Partners in the Community Program?

Select Yes if you are an organisation partnering with the NDIA as a Local Area Coordinator (LAC) and/or Early Childhood Early Intervention (ECEI) Services Partner.

Select No if you are NOT an organisation partnering with the NDIA as a Local Area Coordinator (LAC) and/or Early Childhood Early Intervention (ECEI) Services Partner.

Yes  No

# Applicant information

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Please identify the size of your organisation? \*

Number of full time equivalent staff (FTE) \*

Number of Volunteers \*

Does the Applicant plan to deliver the Activity as part of, or as the lead agency of, a consortium or use subcontractors? \*

An Applicant may determine that service delivery is best achieved through the use of a consortium arrangement or use subcontractors.

If yes, you will be required to provide the details of each consortium member/subcontractor details. Up to 10 consortium members/subcontractors can be included in the Application Form by clicking the add button at the end of this question.

Yes  No

An Applicant may determine that service delivery is best achieved through the use of a consortium arrangement.

**If the Application is successful, the Applicant will be offered a Grant Agreement with National Disability Insurance Agency as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.**

The panel of consortium members does not enter into a Grant Agreement with National Disability Insurance Agency. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the consortium arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

## Activity Details (includes coverage and funding requested)

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Provide a short title of your Application for this Activity. \*

You must respond to this question. 250 character limit. 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 ILC Activity Area this application relates to (refer to the Grant Opportunity Guidelines for information): \*

Information, linkages and referrals

- Capacity building for mainstream services
- Community awareness and capacity building
- Individual capacity building

Select the primary ILC Outcome that the activity in this application will make a contribution to: \*

The activity proposed must contribute to at least one ILC Outcome described in the Grant Opportunity Guidelines. How this will be monitored must be outlined in your response to Selection Criterion 3

- People with disability are connected and have the information they need to make decisions and choices
- People with disability have the skills and confidence to participate and contribute to the community and protect their rights
- People with disability use and benefit from the same mainstream services as everyone else
- People with disability participate in and benefit from the same community activities as everyone else
- People with disability actively contribute to leading, shaping and influencing their community

If required, select a secondary ILC Outcome that the activity in this application will make a contribution to: \*

The activity proposed may contribute to more than one of the ILC Outcomes described in the Grant Opportunity Guidelines. How this will be monitored must be outlined in your response to Selection Criterion 3

- No secondary ILC Outcome
- People with disability are connected and have the information they need to make decisions and choices
- People with disability have the skills and confidence to participate and contribute to the community and protect their rights
- People with disability use and benefit from the same mainstream services as everyone else
- People with disability participate in and benefit from the same community activities as everyone else
- People with disability actively contribute to leading, shaping and influencing their community

Select the ILC Focus Area(s) this application relates to (refer to the Grant Opportunity Guidelines for information. How the activity relates to the Focus Area must be demonstrated in the Description of the ILC Activity): \*

- Specialist or expert delivery
- Cohort-focussed delivery
- Multi-regional delivery
- Remote/rural delivery
- Delivery by people with disability, for people with disability (including delivery in each of the preceding Focus Areas)

If you selected Specialist or expert delivery as the Focus Area, select the primary and secondary (if required) disability group(s) this application relates to: \*

Primary group \*



Secondary group \*

If you selected Cohort-focused delivery as the Focus Area, select the primary and secondary (if required) cohort(s) this application relates to: \*

Primary group \*

Secondary group

Description of ILC Activity: \*

Provide a brief but detailed summary of the proposed Activity. In your description, tell us:

- what you plan to do
- how many people you expect will benefit from the proposed activity
- the geographic location/s of your activity
- the duration of the proposed activity
- what you expect to achieve

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, ( ) . , ' & - / \ @, all other characters including carriage returns are not accepted.

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

Characters entered:

In which coverage area/s is the Applicant proposing to deliver the Activity? Please indicate the State/Territory, and if applicable, ABS SA3 where this Activity will take place.

**NOTE: You must not select more than one State/Territory per application form completed. If you intend to submit applications for more than one State or Territory, you must do this on separate application forms. Your application may be non-compliant if it includes more than one State/Territory in the coverage area. Please see the Grant Opportunity Guidelines for information.**

**IMPORTANT:**

- If applicable and your form has more than **40** coverage areas available for selection, note that Applicants can only select up to **40** coverage areas per Application form due to the large amount of data required for a detailed response.
- If you wish to apply for more than **40** coverage areas, a separate form/s will need to be completed. If you wish to reuse data from your first form submission for this purpose, upon submission of your first form immediately open a new copied form off the submission page using the **'Start and new form prefilled with the same data'** link. This will open the same form data with only the coverage area and attachment information removed. You must open and save this form immediately as the previously submitted data will not be captured in any new form if not done this way.
- If the **'Start and new form prefilled with the same data'** option is not done at the time of the initial form submission then a new Application form will need to be completed for all information, as well as the extra coverage areas.

**Instructions:**

- The Coverage type field below indicates the areas used in this Application form.
- If applicable, select a State to refine the available coverage area values.
- A list of values will appear in the Available coverage area/s for selection. Choose the appropriate value/s and click Add to insert the highlighted value/s into the Chosen coverage area/s. Repeat the process as required.

**Tips:**

- To choose multiple values to add at one time, use Shift+Left-Click to select a group of values, or use
- Ctrl+Left-Click to select a range of alternating values, and then click Add.
- To delete from the 'Chosen coverage area/s', highlight the value in the box and click the minus symbol.

**Coverage Areas**

## Area Financial Details

Please identify the number of funding years for which you are applying for: \*

- One Financial Year
- Two Financial Years

Provide a breakdown of the proposed grant funding by the chosen coverage type/s. \*

Provide a breakdown of the proposed National Disability Insurance Agency grant funding by the chosen coverage type/s.

You must complete a separate row for each chosen coverage area.

Please note that you must complete the "In which coverage types is the Applicant proposing to deliver the Activity?" question before you can commence this question.

You must enter an amount for each financial year – if you are not applying for funding for a particular year you will need to enter \$0.00

Amount(\$ exc GST)	Amount(\$ exc GST)	Total funding	Approx.% of Total
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**Total funding**

	Amount(\$ exc GST)	Amount(\$ exc GST)	Amount(\$ exc GST)	Amount(\$ exc GST)	Amount(\$ exc GST)	Total funding	Approx.% of Total
Financial year	2018-2019	2019-2020					
<b>Total funding</b>							

Please indicate the expected duration of your activity.

Activity Start Date \*

Activity End Date \*

Does the Activity rely on any contributions other than those requested in this Application (including commercial borrowings, donations and co-contributions)? \*

Include any other Applications for funding that you have submitted in relation to this Activity and indicate that these are pending the outcome of an Application.

If Yes, you will be required to provide the details of the other funding submissions. Up to 10 records can be included in the Application Form by clicking the add button at the end of this question.

Yes

No

## Selection Criteria

### **SC1 - Demonstrate the suitability of the proposed activity\***

Applicant's response **must**:

- Describe the need or issue that the proposed activity will address, including the particular group/s that will be targeted
- Explain how the proposed activity will effectively address the need or issue among the particular group/s (you may wish to refer to relevant data or research to support your explanation).

(Limit: approx 300 words, 2000 characters)

Characters entered:

3

## SC2 - Demonstrate Stakeholder Engagement\*

Applicant's response **must**:

- Describe the involvement of people with disability in:
  - developing the proposed activity
  - the governance, management, delivery or other aspect of the proposed activity
- Describe the involvement of other organisations identified in the proposed activity including:
  - the nature of the relationship/s with other organisations (e.g. informal agreement; partnership)
  - their specific role in relation to the proposed activity.

(Limit: approx 300 words, 2000 characters)

Characters entered:

## SC3 - Demonstrate the contribution of the proposed activity to ILC Outcomes and how progress will be monitored\*

Applicant's response **must**:

- Explain the connection between the proposed activity, the expected results of the activity and the ILC Outcomes you have nominated
- Describe how progress toward the ILC Outcome/s will be measured and monitored.

(Limit: approx 300 words, 2000 characters)

Characters entered:

## Financial Viability and Governance

Do any of the following legal situations apply to the Applicant?

Has the Applicant been involved in any litigation or prosecution in the past three years? \*

You must respond to this question.

Select 'No' if the Applicant has not been involved in any litigation or prosecution in the past three years.

Select 'Yes' if the Applicant has been involved in any litigation or prosecution in the last three years. If 'Yes' is selected, you must then provide details and/or explanation of why the litigation or prosecution should not be considered relevant to the Application in the 2000 character limit (approximately 300 words) field provided. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. If the Applicant has settled a claim on confidential terms, please indicate this in your response. National Disability Insurance Agency may request further information as part of the assessment process. NOTE: This field accepts the characters of A to Z, 0 to 9, ( ) . , ' & - / \ @, all other characters including carriage returns are not accepted.

Yes  No

Has any senior official or person directly involved in delivering the Activity (should the Application be successful) been involved in any litigation or prosecution that may reasonably be considered to be relevant to the Application? \*

You must respond to this question.

Select 'No' if no senior official or person directly involved in delivering the Activity (should the Application be successful) has been involved in any litigation or prosecution that may reasonably be considered to be relevant to the Application.

Select 'Yes' if any senior official or person directly involved in delivering the Activity (should the Application be successful) has been involved in any litigation or prosecution that may reasonably be considered to be relevant to the Application. If 'Yes' is selected, you must then provide the details of any senior official or person directly involved in delivering the Activity and details of the litigation or prosecution in the 2000 character limit (approximately 300 words) field provided. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. If the Applicant has settled a claim on confidential terms, please indicate this in your response. National Disability Insurance Agency may request further information as part of the assessment process. NOTE: This field accepts the characters of A to Z, 0 to 9, ( ) . , ' & - / \ @, all other characters including carriage returns are not accepted.

Yes  No

Has there been any significant financial matter which may impact on the Applicant in the performance of the Activity? \*

You must respond to this question.

Select 'No' if there has not been any significant financial matter which may impact on the Applicant in the performance of the Activity.

Select 'Yes' if there has been any significant financial matter which may impact on the Applicant in the performance of the Activity.

Note: you may be required to provide documentation upon request. \*

Yes  No

Are there any future commitments or contingent liabilities that might materially affect the Applicant in the performance of the Activity? \*

You must respond to this question.

Select 'No' if there are not any future commitments or contingent liabilities that might materially affect the Applicant in the performance of the Activity.

Select 'Yes' if there are any future commitments or contingent liabilities that might materially affect the Applicant in the performance of the Activity.

Note: you may be required to provide documentation upon request. \*

Yes

No

## Does the Applicant have the following documents?

Note: You may be required to provide copies of the documentation within 7 days upon request.

A 'Yes' or 'No' response to all sub questions on whether the Applicant is able to provide the following documents is Mandatory.

1. Documented organisational & financial policies & procedures. \*

Yes

No

2. Business plan and/or strategic plan. \*

Yes

No

3. Risk management plan. \*

Yes

No

## Provide bank account details for receipt of grant payments should the Application be successful.

You must respond to this question.

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant's nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant's nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant's nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. 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.

BSB number \*

Account number \*

Account name \*

## Applicant Contacts

### Who is the Applicant's preferred authorised contact person for this Application?

Who is the Applicant's preferred authorised contact person for this Application?

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title \*

First name \*

Last name \*

Position \*

Telephone \*

Mobile

Email address \*

Provide an alternate authorised contact for this Application. \*

Provide an alternate authorised contact for this Application.

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title \*

First name \*

Last name \*

Position \*

Telephone \*

Mobile

Email address \*

## Applicant Referees

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Provide the name and contact details of two referees who can support the Applicant's claims made against the selection criteria as outlined in this Application.

**Referee One**

Title \*

First name \*

Last name \*

Position \*

Organisation \*

Relationship \*

Telephone \*

Mobile

Email address \*

**Referee Two**

Title \*

First name \*

Last name \*

Position \*

Organisation \*

Relationship \*

Telephone \*

Mobile

Email address \*

**Declaration**

Please read and complete the following declaration.



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 **National Disability Insurance Agency** to make public the details of the Applicant and the funding received, should this Application be successful.

Describe any conflicts of interest that may occur from submitting this Application. Please refer to the Grant Opportunity Guidelines for more information.

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

Characters entered:

I understand and agree to the declaration above. \*

I acknowledge that giving false or misleading information to the Department is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). \*

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