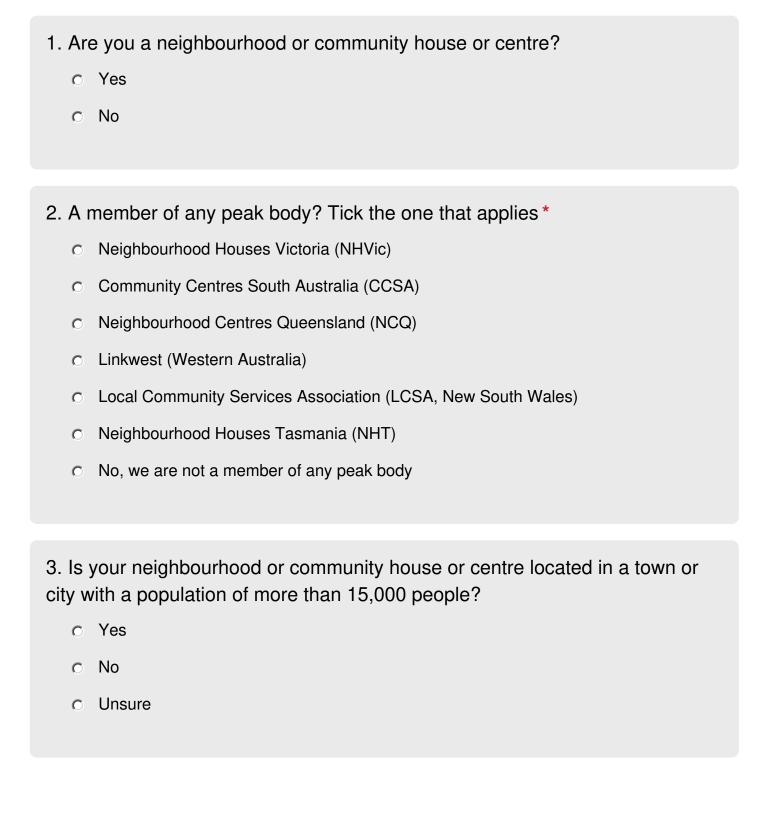
Supporting Stronger Communities grant application form - copy

Eligibility



4. Are you applying for funding to promote equality and inclusion in your local community?
o No
5. Have you received funding through this grant program in the last 2 years?
© Yes
O No
6. Is this funding for a new program or project? *
 No, it is for an existing project
7. What are you changing or adding to your current program with this application? (150 words) *
Existing programs may be eligible for funding if changes are made to meet new community needs.
Contact details

8. Name of organisation *
9. Organisational address *
10. Postcode *
11. State * NSW SA TAS VIC WA QLD
12. Primary contact first name *
13. Primary contact last name *

14. Position *
15. Primary contact phone number
This must be an Australian phone number including area codes (e.g. 03 1234 5678) *
16. Alternative phone number
This must be an Australian phone number including area codes (e.g. 03 1234 5678)
17. Primary contact email *
Taxation status
18. Australian Business Number (ABN)
You can search for your organisation's ABN here *

19. Are you an incorporated entity? *
o Yes
o No
20. Are you a registered not-for-profit organisation?*
C Yes
o No
21. Are you applying for this grant in partnership with another organisation?
If you are, the lead role will need to be the neighbourhood or community house or centre *
o Yes
o No
Information about partner organisation
22. Name of funding partner organisation *

First name Last name Title Position 24. Australian Business Number (ABN) You can search for the partnering organisation's ABN here. * Project information 25. Project name * 26. Project summary (100 words) *	23. Primary contact *	
Position 24. Australian Business Number (ABN) You can search for the partnering organisation's ABN here. * Project information 25. Project name *	First name	Last name
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25. Project name *	You can search for the partnering	ng organisation's ABN here . *
25. Project name *		
25. Project name *		
	Project information	
	25. Project name *	
26. Project summary (100 words) *		
26. Project summary (100 words) *		
20. I Toject Summary (100 words)	26 Project summary (100 words	c) *
	26. Froject Summary (100 words	>)

27. Project start date *
Must be a date. Please make this date at least 2 months after the closing date of the grant round
28. Project end date *
Must be a date. Please make this date no more than 12 months after the start date
29. Primary street address *
This is where your activities will take place. It your project will be held online, fill in 'online'
Custoinable Davidanment Casla (CDCa)

Sustainable Development Goals (SDGs)

0	ind poverty
0	Zero hunger
0	Good health and wellbeing
0	Quality education
0	Gender equality
0	Clean water and sanitation
0	Affordable and clean energy
0	Decent work and economic growth
0	Industry, innovation and infrastructure
0	Reduced inequalities
0	Sustainable cities and communities
0	Responsible production and consumption
0	Climate action
0	Life below water
0	Life on land
0	Peace, justice and strong institutions
0	Partnership for the goals

30. What is the main SDG that your project will address? Select ${\bf one}$ only *

31. Which other SDGs will your project address? Tick all that apply*	
☐ No poverty	
☐ Zero hunger	
☐ Good health and wellbeing	
☐ Quality education	
☐ Gender equality	
☐ Clean water and sanitation	
☐ Affordable and clean energy	
☐ Decent work and economic growth	
☐ Industry, innovation and infrastructure	
☐ Reduced inequalities	
☐ Sustainable cities and communities	
☐ Responsible production and consumption	
☐ Climate action	
☐ Life below water	
☐ Life on land	
☐ Peace, justice and strong institutions	
☐ Partnership for the goals	
☐ No others	

Assessment criteria

32. What are the needs of your local community that your program will address? (200 words) *
Hint: include use of statistics and anecdotal evidence obtained from working your community.
33. Describe what you plan to do in this project? Please include details about what activities will take place (300 words) *

34. Provide a brief project outline (150 words)*
Example February 2024: recruit project coordinator. March 2024: plan relevant stakeholder engagement. April 2024: start promoting project
35. How will the partnership work in the delivery of this project? (100 words)*

36. V	Vhat are your target cohorts for this program? Tick all that apply*
	Aboriginal and Torres Strait Islanders
	CALD community
	Carers
	Children
	Farmers
	International and/or domestic students
	LGBTQIA+ community
	People with a disability
	People with low digital literacy
	People with no/limited access to technology
	People who are socially isolated
	Seniors
	The broader community
	Young parents
	People from migrant and/or refugee background
	Young people
	Other - write in
	*

37. How many people from your community are you expecting to engage with? *
Be realistic about the number you will engage. Remember that it is important to show that you can deliver outcomes for the number you have selected.
O 0 - 20
o 21 - 40
O 41 - 60
© 61 - 80
© 81 - 100
C 101 - 150
o more than 150
38. What outcomes do you hope to achieve through this project in terms of promoting equality and inclusion and how will this benefit your local community? (200 words) *

39. How will you evaluate your success in delivering this project? (100 words) *
Funding request
40. Total funding amount requested*
Budget
41. Please upload a copy of your budget using this template * Browse
42. Does your total income equal your total expenditure? *YesNo
Supporting documentation
43. Attach a copy of the most recent audited financial statement / balance sheet for your house/centre * Browse

44. Attach a copy of your current certificate of currency for your Public Liability Insurance * Browse
45. Attach a letter of support from the community organisation outlining their partnership commitment to delivering this project * Browse
Working with children and young people
46. Is your application for a project/program working with children and young people? *YesNo
47. Is your organisation compliant with the National Child Safe Standards? *YesNo
Declaration

. . .

48. By signing this document, I agree to the above declaration.*
Clear
Sign name using mouse or touch pad
Signature of
49. Position held *
50. Date of declaration *
51. Please nominate an email address to receive a copy of your application.*