

2023-24 Cultural Grant Application Form

Form Preview

Form Explanation

Before commencing an application, please read the 2023-24 Aboriginal and Torres Strait Islander Grant Program Guidelines, which are available at <https://www.act.gov.au/money-and-tax/grants-funding-and-incentives>

The aim of the grants program is to support 3 of the Core Focus Areas from the ACT Aboriginal and Torres Strait Islander Agreement 2019-2028. The first is *Cultural Integrity*, where a society supports the aspirations of all Aboriginal and Torres Strait Islander people and contributes to the building of respectful, fair, and sustainable communities. The second is *Community Leadership*, where Aboriginal and Torres Strait Islander people have a strong voice, are decision makers on issues that impact them and lead in the achievement of positive life outcomes. Finally, *Lifelong Learning*, where respect is given to preserving the world's oldest living cultures which enhances social inclusion and empowers Aboriginal and Torres Strait Islander people to fully engage in lifelong learning and positive generational experiences.

If you have any questions about the application process or require assistance in filling out the form please contact the ACT Office for Aboriginal and Torres Strait Islander Affairs by email OATSIA.Grants@act.gov.au.

Eligibility Requirements

* indicates a required field

Entity Type

You need to read the 2023-24 Aboriginal and Torres Strait Islander Grant Program Guidelines before you start your application. The Guidelines are available here: <https://www.act.gov.au/money-and-tax/grants-funding-and-incentives>

You can only apply for a grant if you meet the eligibility criteria. Please do not complete this application form if you do not meet all of the eligibility criteria.

You can contact the ACT Office for Aboriginal and Torres Strait Islander Affairs by email: OATSIA.Grants@act.gov.au

Are you applying as an *

- ☐ Individual
- ☐ Organisation

Organisation Eligibility

The following section **MUST** be completed by the Applicant Organisation:

What entity type *

- ☐ Incorporated association
- ☐ Registered not-for-profit or charitable organisation
- ☐ Community group or organisation auspiced by an incorporated association

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Profit making groups, education institutions, government entities and registered political parties are not eligible to apply.

Are you applying as a consortium? *

- ☐ Yes
- ☐ No

A consortium is a group of organisations working together on a single project.

Are you being auspiced? *

- ☐ Yes
- ☐ No

An auspicing body is an organisation who manages grant funding on your behalf. For example, a small community group which is not incorporated could seek the support of a larger Not-for-Profit Organisation as their auspice. The larger organisation will receive and manage the grant funding, with the community group undertaking the actual project work.

Does your Organisation operate in the ACT? *

- ☐ Yes
- ☐ No

The program, project, or activity must demonstrate it will be of benefit to ACT Aboriginal and Torres Strait Islander community and must demonstrate a strong connection the ACT Aboriginal and Torres Strait Islander Community.

Have you received funding from another source to deliver or provide the same or similar project/program? *

- ☐ Yes
- ☐ No
- ☐ Not sure

If yes, please provide details

Has your organisation received any grant funding previously from the Community Services Directorate? *

- ☐ Yes
- ☐ No
- ☐ Unsure

Organisation Consortium

The following section **MUST** be completed if applying on behalf of a Consortium Organisation:

Please outline your consortium arrangement: *

Please upload letters of support from the Consortium Organisations *

Attach a file:

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Individual Eligibility

Individuals that are applying for a Cultural Grant must be 18 years or older.

Please note a lack of detail and supporting evidence may deem your application ineligible.

Do you live in the Canberra region? *

- ☐ Yes ☐ No

The Canberra Region is defined in the Canberra Region Local Industry Participation Policy as the area comprising the Australian Capital Territory and the New South Wales Member Councils including Bega Valley, Eurobodalla, Goulburn-Mulwaree, Hilltops, Queanbeyan-Palerang, Snowy Monaro, Upper Lachlan and Yass Valley.

Please upload a copy of an ACT or NSW Driver's License or Proof of Identity Card.

*

Attach a file:

Please upload evidence of Canberra region residency. *

Attach a file:

Evidence of residency must state your current address, have a date of issue displayed and must not be older than 6 months. For example a copy of a recent rates notice, rent or utility statement or drivers licence.

Are you an Aboriginal and/ or Torres Strait Islander person? *

- ☐ Yes ☐ No

Applicants must provide confirmation of their Aboriginal and/or Torres Strait Islander identity as a requirement of grant eligibility criteria.

Have you received funding from another source to deliver or provide the same or similar project/program? *

- ☐ Yes
☐ No
☐ Not sure

If yes, please provide details:

Have you received any grant funding previously from the Community Services Directorate? *

- ☐ Yes
☐ No
☐ Unsure

Cultural identity

Determination of Aboriginal and/or Torres Strait Islander cultural identity is confirmed by a person meeting the following criteria:

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- being of Aboriginal and/or Torres Strait Islander descent;
- identifying as an Aboriginal and/or Torres Strait Islander person; and
- are accepted as being of Aboriginal and/or Torres Strait Islander descent in the community where they currently or have previously lived.

Applicants may submit one or more of the below methods of confirmation:

- Confirmation of Aboriginality (COA) This is a document issued by a registered Aboriginal Community Controlled Organisation (ACCO) in accordance with the legal definition.
- Letter of recognition from a registered ACCO identifying that the person is known and accepted as an Aboriginal and/or Torres Strait Islander person.
- Letter from a recognised Elder who has relevant cultural authority, that identifies that the person is known and accepted by the community as an Aboriginal person.
 - Communal recognition as an Elder, generally through a registered ACCO, will be considered in determining the relevance of the claims in line with the grant requirements.

Please upload evidence of your Aboriginal and/or Torres Strait Islander cultural identity. *

Attach a file:

Overdue reporting or acquittals for any previous Community Services Directorate grants will make your application ineligible.

To check the status of a previous grant with the Community Services Directorate click the My Submissions link near the top left of the screen.

If a different user has previously lodged grant applications for your Organisation, you may not be able to see these outstanding acquittals. Please contact the CSD Grants Team to discuss further at CSDGrants@act.gov.au

Have you met acquittal conditions for previous funding received from the Community Services Directorate? *

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ No previous grant funding received

If you or your organisation have previously received a grant from the Community Services Directorate grant and you are unsure if acquittal obligations have been met, then please contact the CSD Grants Team at CSDGrants@act.gov.au for assistance to identify any outstanding acquittal reporting.

Please provide details of any Community Services Directorate grants you have received.

Grant Program	Grant ID Number	Funding acquitted?

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Contact Details

* indicates a required field

Applicant Organisation Details

Applicant Organisation Name *

Organisation Name

Primary (Physical) Address *

Address

Suburb State Postcode

Must be an Australian post code

Postal Address (if different from above)

Address

Suburb State Postcode

Must be an Australian post code

Applicant Website

Must be a URL

Applicant - Head of Organisation *

Title

First Name

Last Name

Applicant - Head of Organisation Position *

Applicant - Head of Organisation Primary Phone Number *

Must be an Australian phone number.

Applicant - Head of Organisation Primary Email *

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Must be an email address.

Is the CEO/Chair/President or equivalent the primary contact person for this project? *

☐ Yes ☐ No

Details of project contact person

Applicant - Contact Person *

Title First Name Last Name

Applicant - Contact Person Position *

Applicant - Contact Person Primary Phone Number *

Must be an Australian phone number.

Applicant - Contact Person Primary Email *

Must be an email address.

Is your Organisation Incorporated? *

☐ Yes ☐ No

If no, you must be auspiced by an incorporated organisation

IA or ACN Number *

Incorporated Association or Australian Corporation Number

Please upload your Certificate of Incorporation *

Attach a file:

Does your Organisation have an Australian Business Number (ABN)? *

☐ Yes

☐ No

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Applicant ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Insurance

Appropriate insurance cover must be held by the organisation implementing a funded project. This may include Public Liability of no less than \$10 million, Personal Accident, Volunteer Cover and or Directors Professional Indemnity.

Evidence of insurance may be required as a condition of the grant.

Does your Organisation have public liability insurance? *

☐ Yes ☐ No

Please provide a copy of your organisation's current Certificate of Currency or evidence that the insurance is being renewed. *

Attach a file:

Certificate of Currency.

Insurance expiry date *

Must be a date.

Auspice Organisation Details

An auspicing body is an organisation who manages grant funding on your behalf. For example, a small community group which is not incorporated could seek the support of a larger Not-for-Profit Organisation as their auspice. The larger organisation will receive and manage the grant funding, with the community group undertaking the actual project work.

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Auspice Organisation Name *

Organisation Name

Auspice Address *

Address

Suburb State Postcode

Must be an Australian post code

Auspice Postal Address (if different from above)

Address

Suburb State Postcode

Auspice Project Contact *

Title

First Name

Last Name

Auspice Project Contact Position. ***Auspice Project Contact Primary Phone Number. *****Auspice Project Contact Primary Email Address ***

Must be an email address

IA or ACN Number. *

Incorporated Association or Australian Corporation Number

Please upload your Certificate of Incorporation

Attach a file:

Please attach support letter from the auspicing Organisation signed by an authorised person agreeing to their obligations and responsibilities as outlined in the Guidelines. *

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Attach a file:

Chief Executive Officer, President, Chair, Secretary or Treasurer. Letter must include name, position, signature and date.

Does the Auspicing Organisation have an Australian Business Number (ABN) Number? *

☐ Yes ☐ No

Auspice ABN. *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

Appropriate insurance cover must be held by the organisation implementing a funded project. This may include Public Liability of no less than \$10 million, Personal Accident, Volunteer Cover and or Directors Professional Indemnity.

Evidence of insurance may be required as a condition of the grant.

Does the auspice organisation have Public Liability Insurance? *

☐ Yes ☐ No

Please provide a copy of the auspicing Organisation's current Certificate of Currency or evidence that the insurance is being renewed. *

Attach a file:

Certificate of Currency.

Insurance expiry date *

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Must be a date.

Applicant Individual Details

Individual applicants must be over the age of 18 to apply for this grant.

Applicant *

Title First Name Last Name

Residential Address *

Address

Suburb State Postcode

Postal Address (if different from above)

Address

Suburb State Postcode

Primary Contact Phone Number *

Email Address *

Insurance

You may need to secure public liability, professional indemnity or other appropriate insurances to host your proposed activity.

If your grant application is successful, the CSD Grants Team may contact you to provide details.

Venues may cover your activity with their insurances.

If you already have insurance, please attach the certificate of currency below.

Please note that the certificate of currency must show that you or your organisation are covered for your proposed activity.

Public liability and other insurances

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Attach a file:

Certificate of Currency.

Project Details

* indicates a required field

Project Summary

Project/activity title

Project Start Date *

Must be a date.

Project End Date *

Must be a date.

What is the aim of your activity or project? *

- ☐ Community Awareness
- ☐ Collaboration
- ☐ Cultural Milestones
- ☐ Performances

Please provide a brief description of your activity/project. *

What do you plan to do? Please limit your response to 200 words.

Assessment Criterion

Please provide a response demonstrating how your proposal meets the following criteria (please limit each response to 200 words).

Capacity: Please demonstrate how the individual or organisation has the capacity to manage the funding and deliver or complete the initiative, project or activity. *

Word count:

Please provide an outline of the project delivery including a proposed methodology, milestones and the capacity of the organisation to deliver the project and manage the funding. For Individuals applying, you may want to describe any skills, knowledge, experience or connections that will help you to share your culture with the community. For Organisations, you may want to describe if you have

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dedicated staff with the skills, experience and time to manage the activity, any existing connections with the ACT Aboriginal and Torres Strait Islander community and plans for continued engagement with the community to delivery culturally appropriate services.

Outcomes - Please outline how the proposal demonstrates a clear outcome for the initiative, project, or activity. *

Word count:

You may want to describe the benefits that this initiative, project, or activity will have on your life, and the Aboriginal and Torres Strait Islander community, and how that contributes to the Agreement Core Focus Area of Cultural Integrity.

Need - Please outline how the proposal demonstrates the current need in the community for this initiative, project, or activity. *

Word count:

You may like to describe why you need this grant. Also consider what would happen if you didn't receive a grant now, or in the future. Also, what are the expected long-term benefits of this activity on your life, the lives of your family or those you provide services to and the ACT Aboriginal and Torres Strait Islander Community

Aboriginal and Torres Strait Islander participation: Please demonstrate how Aboriginal and Torres Strait Islander people are actively participating in this activity or event. *

Word count:

Project Timeframes

Milestone Description	Completion Date
	Must be a date

Budget Information

* indicates a required field

GST Component

As there are no goods or services being exchanged and the funding is intended as a contribution to your project, GST is not applicable to grant payments.

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Are you (or your auspicing organisation) registered for GST (goods and services tax)? *

☐ Yes

☐ No

Will you provide a taxable supply under this project? (i.e. will your group or organisation provide or sell services or goods directly to the ACT Government under this project?) *

☐ Yes

☐ No

Have you applied for any other grants to fund this project? *

☐ Yes

☐ No

If yes please provide details

Will you receive any other support for this project? *

☐ Yes

☐ No

If yes please provide details

If offered a grant less than the amount you have requested, would you be able to proceed with your project? *

☐ Yes

☐ No

Does your project require the support of another organisation or ACT Government Directorate? *

☐ Yes

☐ No

If yes please attach a letter of support from that organisation.

Attach a file:

Budget

Individuals can apply for a grant up to \$5,000.

Organisations can apply for a grant up to \$10,000.

In the table below please provide a breakdown of all funding you expect to contribute to this project.

All amounts should be inclusive of GST.

For consortium partnerships, item descriptions must clearly identify the budget details for each Organisation.

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How to complete the expenditure description

Please refer to the below information of how to complete the expenditure description of all items you are seeking funding for the activity/project.

Item of Expenditure - Please provide a description of each item/activity that will be purchased as part of this project.

Grant Amount Requested (\$) - Please advise the grant funding amount for each item/activity you are aiming for.

Other Funding Sources and Contributions - Please advise how the listed item will be funded using the drop-down to select the most appropriate funding source.

Other Funding Sources and Contributions Amount (\$) - Please advise the funding amount being contributed from other sources.

Total Project Amount (\$) - Total value/cost of each item listed.

** Your budget should be broken down to show what the grant funding will be spent on and supported by things like quotes, links to websites etc to demonstrate the costs for the items you are requesting.*

Expenditure description

Please don't add commas to figures, eg. write \$1000 not as \$1,000.

Item of Expenditure	Grant Amount Requested	Other Funding Sources and Contributions	Other Funding Sources and Contributions Amount	Total Project Amount
Such as venue hire, fees, catering, advertising	Must be a dollar amount.	Select from the dropdown list where this funding is coming from	Must be a dollar amount.	Must be a dollar amount This number/amount is calculated.
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$

Budget Totals

Total Grant Amount Requested

\$

This number/amount is calculated.

Total Other Funding Sources and Contributions Amount

\$

This number/amount is calculated.

Total Project Amount

\$

This number/amount is calculated.

Quotes and Supporting Information

Quotes may take the form of catalogue price lists or similar and may be scanned and uploaded as part of the application.

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Quotes will strengthen your application.

Please upload any additional information or documentation that may support your application.

Attach a file:

If you would like to include website links for further information, please include in the table.

Item/Supplier	Website
	Must be a URL.

Feedback, Review and Submit

* indicates a required field

Certification

I certify that to the best of my knowledge the statements made within this application and the information provided is true and correct.

I understand that if the Community Services Directorate approves the grant, I will be required to accept the terms and conditions of the grant as outlined in the grant guidelines, application form and Letter of Offer.

I understand the Territory may wish to contact me to seek feedback on the application form.

Name *

Title First Name Last Name

Position title *

Chief Executive Officer, Chair, President or equivalent

Date *

I agree if I am successful, the Territory may contact me to seek permission to publish information about my application and how the grant benefited me. *

☐ Yes

☐ No

Certification - Individuals

I certify that to the best of my knowledge the statements made within this application and the information provided is true and correct.

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I understand that if the Community Services Directorate approves the grant, I will be required to accept the terms and conditions of the grant as outlined in the grant guidelines, application form and Letter of Offer.

I understand the Territory may wish to contact me to seek feedback on the application form.

Name *

Title

First Name

Last Name

Date *

I agree if I am successful, the Territory may contact me to seek permission to publish information about my application and how the grant benefited me. *

☐ Yes

☐ No

Privacy Notice

In compliance with the *Information Privacy Act 2014* (the Act) personal information on this form may be stored in the Community Services Directorate records and may also be used for statistical research, information provision and evaluation of services. Your personal information may be disclosed to other agencies and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.

Feedback

You are now coming to the end of your application process and before you **REVIEW** and click the **SUBMIT** button please take a few moments to provide some feedback.

We would value any feedback you may have regarding our online grants application process.

Please indicate how you found the online application process:

☐ Very easy

☐ Easy

☐ Neither

☐ Difficult

☐ Very difficult

How long did it take you to complete this application?

e.g. 1 hour, 30 minutes

How did you find out about Aboriginal and Torres Strait Islander Grants Program?

☐ Social Media

☐ Newsletter

☐ ACT Government Grants Portal

☐ Community Partner Update

☐ ACT Government 'Staff News'

☐ CSD Yuma

☐ Word of mouth

☐ In the news (online, radio, newspaper)

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☐ Other:

Please provide us with any improvements and/or additions to the application process/form that you think we need to consider:

Word count:

Must be no more than 100 words.

Additional Information

Please upload any additional information or documentation that may support your application. For applicants applying as individuals please consider attaching a CV and letter of support/ referee reports to support the application.

Attach a file: