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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? * O Yes O No
A consortium is a group of organisations working together on a single project.
Are you being auspiced? * O Yes O 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
O 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? * O Yes O No O 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 Leadership 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? *

Do you live in the Canberra region? *

O Yes

O 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
- \bigcirc 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.

requirements.		
Please upload evidence of y identity. * Attach a file:	your Aboriginal and/or Torr	es Strait Islander cultural
Overdue reporting or acquittal make your application ineligible		Services Directorate grants will
To check the status of a previous My Submissions link near the t		Services Directorate click the
If a different user has previous not be able to see these outstadiscuss further at CSDGrants@cstarter	anding acquittals. Please conta	
	received previously received a grant from the state of th	ne Community Services Directorate en please contact the CSD Grants
Please provide details of a received.	ny Community Services Dire	ectorate grants you have
Grant Programs	Grant ID Number	Funding acquitted?

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 *

Must be an email address.
Is the CEO/Chair/President or equivalent the primary contact person for thi project? *
O Yes O No Details of project contact person
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:
Doos your Organisation have an Australian Business Number (ABN)3 *
Does your Organisation have an Australian Business Number (ABN)? *○ Yes○ No

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Аp	nli	ca	nt	ΔB	N

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	0	No	
Please provide a copy of evidence that the insurar Attach a file:		s current Certificate of Currenced. *	y or
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	
Subuib State Postcode	
Must be an Australian post code	
Auspice Postal Address (if different fro Address	n above)
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	n Number
Please upload your Certificate of Incorp Attach a file:	oration

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

Attach a file:	
President, Chair, Secretary or Treasurer. Letter	must include name, position, signature and date.
Does the Auspice Organisation have a Number? *	n Australian Business Number (ABN)
○ Yes	○ No
Auspice ABN. *	
The ABN provided will be used to look up to check that you have entered the ABN corre	he following information. Click Lookup above to ectly.
Information from the Australian Business Regis	iter
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type More info	<u>rmation</u>
ACNC Registration	
Tax Concessions	
Main business location	
Must be an ABN	
Appropriate insurance cover must be held	by the organisation implementing a funded
	no less than \$10 million, Personal Accident,
Evidence of insurance may be required as	a condition of the grant.
Does the auspice organisation have P O Yes	ublic Liability Insurance? * O No
Please provide a copy of the auspicing Currency or evidence that the insurar Attach a file:	g Organisation's current Certificate of ice is being renewed *
Cortificate of Currency	
Certificate of Currency.	
Insurance evniry date *	

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Must be a	date.							
Applica	nt Indiv	vidual E	Detail	S				
Individua	l applicar	its must k	oe over	r the ag	e of 18	to ap	ply for	this grant.
Applicar Title	ıt * First Nar	me	Last N	lame				
Residen Address	tial Addı	ess *						
Suburb	State	Postcode	2					
Suburb	State	- OSCOGO						
Postal A Address	ddress (if differe	ent fro	m abo	ve)			
Suburb	State	Postcode	9					
Primary	Contact	Phone N	lumbe	er*				
Email Ac	ddress *							

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

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.
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 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 init	
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 d	emonstrates the current need in the
community for this initiative, project, or	activity. *
Word count:	
You may like to describe why you need this grant.	Use consider what would bannon if you didn't
receive a grant now, or in the future. Also, what are	
your life, the lives of your family or those you provi	
Strait Islander Community	de services to and the ACT Aboriginal and Torres
Strait Islander Community	
Aboriginal and Torres Strait Islander part	
Aboriginal and Torres Strait Islander peo	ple are actively participating in this
activity or event. *	
\M_=	
Word count:	
Word count:	
Project Timeframes	
Project Timeframes	Completion Date
	Completion Date
Project Timeframes	Completion Date Must be a date
Project Timeframes	
Project Timeframes Milestone Description	
Project Timeframes	
Project Timeframes Milestone Description Budget Information	
Project Timeframes Milestone Description	
Project Timeframes Milestone Description Budget Information * indicates a required field	
Project Timeframes Milestone Description Budget Information	
Project Timeframes Milestone Description Budget Information * indicates a required field	
Project Timeframes Milestone Description Budget Information * indicates a required field GST Component	Must be a date
Project Timeframes Milestone Description Budget Information * indicates a required field GST Component As there are no goods or services being excha	Must be a date
Project Timeframes Milestone Description Budget Information * indicates a required field GST Component	Must be a date
Project Timeframes Milestone Description Budget Information * indicates a required field GST Component As there are no goods or services being excha contribution to your project, GST is not application.	nged and the funding is intended as a lible to grant payments.
Project Timeframes Milestone Description Budget Information * indicates a required field GST Component As there are no goods or services being excha contribution to your project, GST is not application. Are you (or your auspicing organisation)	nged and the funding is intended as a lible to grant payments.
Project Timeframes Milestone Description Budget Information * indicates a required field GST Component As there are no goods or services being exchacontribution to your project, GST is not application. Are you (or your auspicing organisation) tax)? *	nged and the funding is intended as a ble to grant payments. registered for GST (goods and services
Project Timeframes Milestone Description Budget Information * indicates a required field GST Component As there are no goods or services being excha contribution to your project, GST is not application. Are you (or your auspicing organisation)	nged and the funding is intended as a lible to grant payments.

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organisation provide or sell services or quider this project?) *	
○ Yes	○ No
Have you applied for any other grants to ○ Yes	o fund this project? * ○ No
If yes please provide details	
Will you receive any other support for the	nis project? *
○ Yes	○ No
If yes please provide details	
If offered a grant less than the amount y proceed with your project? *	you have requested, would you be able to
○ Yes	○ No
Does your project require the support of Directorate? *	f another organisation or ACT Government
○ Yes	○ No
If yes please attach a letter of support for Attach a file:	rom that organisation.
Actuen a me.	
Budget	
Individuals can apply for a grant up to \$5,000	J.
Organisations can apply for a grant up to \$10	,000.
In the table below please provide a breakdow project.	n of all funding you expect to contribute to this
All amounts should be inclusive of GST.	
For consortium partnerships, item descr details for each Organisation.	iptions must clearly identify the budget
How to complete the expenditure of	description

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Please refer to the below example 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 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 eamount.	Must be a dollar amount This number/ amount is calculated.
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$

Budget Totals

Total Grant Amount Requested	Total Other Funding Sources and	Total Project Amount	
\$	Contributions Amount	¢	
Ψ	\$	Ψ	
This number/amount is	This number/amount is calculated.	This number/amount is	
calculated.		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.

Quotes will strengthen your application

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	plication.	cional information	n or documentation that may support
If you wo	uld like to include	website links for fu	urther information, please include in the table.
Item/Su	pplier		Website
			Must be a URL.
Feedba	ack, Review	and Submit	
* indicate	es a required field		
Certific	ation		
		my knowledge the true and correct.	statements made within this application and
required		ns and conditions o	Directorate approves the grant, I will be if the grant as outlined in the grant guidelines,
I underst	and the Territory	may wish to contac	t me to seek feedback on the application form
Name *			
Title	First Name	Last Name	
Position	title *		
Chief Exec	cutive Officer, Chair	, President or equival	ent
Date *			
			nay contact me to seek permission to n and how the grant benefited me. *
Certific	ation - Individ	luals	

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 Na	ime			
Date *						
						ek permission to enefited me. *
Privacy	Notice					
this form be used f personal related to circumsta	may be store for statistical information ro this applica ances, persor	ed in the Com research, info nay be disclo tion and/or m	munity Sommation posed to other order of the contraction of the contra	ervices Di provision a per agenci compliand be disclo	rectorate record and evaluation of es and third pa se with the Act.	al information on ds and may also of services. Your rties for purposes Except in these ties with your consent
Feedba	ack					
					cess and before o provide some	e you REVIEW and feedback.
We would process.	d value any fe	eedback you r	may have	regarding	g our online gra	nts application
Please i		you found t Easy	the onlin		ation process: O Difficult	Very difficult
How lon	g did it take	you to com	plete th	is applica	ation?	
e.g. 1 hou	r, 30 minutes					
□ Socia □ News □ ACT (□ Comr □ ACT (□ CSD \ □ Word	I Media letter Government (munity Partne Government '	Grants Portal r Update Staff News'		nd Torre	s Strait Island	ler Grants Program?

□ Other:	
Please provide us with any improvements and process/form that you think we need to consi	
Word count:	
Must be no more than 100 words.	
Additional Information	
Please upload any additional information or docum application. For applicants applying as individuals possible of support/ referee reports to support the application	lease consider attaching a CV and letter
Attach a file:	