

2021-22 Seniors Grants Application Form

Form Preview

Form Explanation

Introduction

Dear Applicant,

Before commencing an application please read the 2021-22 Seniors Grant Program Guidelines, which are available at <https://www.communityservices.act.gov.au/seniors/grants/2021-22-seniors-grant-guidelines>

For assistance with completing this application form, please contact Community Relations and Funding Support team by email: CSDGrants@act.gov.au or OSV@act.gov.au

Eligibility Requirements

* indicates a required field

Applications will remain open until 5:00pm, Tuesday 1 February 2022.

Is your organisation *

- a not-for-profit incorporated organisation
- a not-for-profit organisation with other legal status (please specify below)
- a not-for-profit organisation in an auspice arrangement with one of the above

For more information please refer to Item 5 of the Guidelines

Is the proposed project being delivered for the benefit of ACT residents over the age of 55? *

- Yes
- No

Does your organisation or your auspice organisation have any outstanding reporting requirements for any previous ACT Government Grants? *

- Not Applicable
- Yes
- No

If your organisation has previously received an ACT Government grant and you are unsure if acquittal obligations have been met, please contact Community Relations and Funding Support at CSDGrants@act.gov.au who can assist you to identify any outstanding acquittals.

Please provide details of any grants received in the last two years

2021-22 Seniors Grants Application Form

Form Preview

If your organisation has 'other legal status' please specify that status here *

Applicant Organisation Contact Details

* indicates a required field

Contact details of the organisation that will deliver the project

Name of organisation *

Organisation Name

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

Website

Must be a URL

Name of CEO/Chair/President or equivalent of applicant organisation *

Title First Name Last Name

Position title of CEO/Chair/President or equivalent *

Phone number of CEO/Chair/President or equivalent *

2021-22 Seniors Grants Application Form

Form Preview

Example 02 62078830 or mobile

Email address of CEO/Chair/President or equivalent *

Must be an email address

Does your organisation have Public Liability Insurance? *

- Yes
 No

Public Liability must be current at the time you are submitting your application.

Please upload a copy of your current Certificate of Currency or evidence that your insurance has been renewed.

Attach a file:

Details of project contact person

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Phone Number *

Example (02) 62078830 or mobile

Email *

Must be an email address

Is your organisation incorporated? *

- Yes
 No

IA or ACN Number *

Incorporated Association or Australian Corporation Number

Please upload your Certificate of Incorporation

Attach a file:

2021-22 Seniors Grants Application Form

Form Preview

Does your organisation have an ABN? *

- Yes
 No

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

Auspice Organisation Details

Auspice organisation name *

Organisation Name

Auspice organisation CEO/Chair/President or equivalent *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Position title of auspice organisation CEO/Chair/President or equivalent *

Auspice Telephone Contact *

Example 02 62078830 or mobile

Auspice Email Address *

2021-22 Seniors Grants Application Form

Form Preview

Must be an email address

Auspice Primary Address *

Address

Suburb State Postcode

Must be an Australian post code

Auspice Postal Address (if different from above)

Address

Suburb State Postcode

Must be an Australian post code

IA or ACN Number *

Incorporated Association or Australian Corporation Number.

Does the auspice organisation have an ABN number? *

- Yes
 No

Please attach a letter agreeing to be the auspice organisation on behalf of the organisation delivering the project/activity or event. As an auspice organisation you accept the responsibility detailed in Section 5 of the 2021-22 Seniors Grant Program *

Attach a file:

President, Chair, Secretary or Treasurer. Letter must include name, position, signature and date. Max 25mb

Does your organisation have Public Liability Insurance? *

- Yes
 No

Public Liability must be current at the time you are submitting your application.

Please upload a copy of your current Certificate of Currency or evidence that your insurance has been renewed.

Attach a file:

2021-22 Seniors Grants Application Form

Form Preview

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

Project Details

* indicates a required field

Project Title *

Must be no more than 20 words

What is the expected starting date of your project? *

Must be a date

What is the expected end date of your project? *

Must be a date

Please provide a brief summary of your project *

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

- Yes
- No

2021-22 Seniors Grants Application Form

Form Preview

Which of the following key priorities does your project deliver benefits? *

- Respect and Inclusion of Seniors
- Awareness of Elder Abuse and Supported Decision Making
- Aboriginal and Torres Strait Islander Seniors
- COVID-19 Response and Recovery

Please refer to Item 3 of the guidelines for information on the key priority areas <https://www.communityservices.act.gov.au/seniors/grants/2021-22-seniors-grant-guidelines>

Please describe the key benefits your project will deliver for the priority area/s you selected above. *

Why is this project important for your community/target group? *

Please include any consultation you have done with your community/target group.

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. *

Project Timeframe

Milestone Description	Completion Date
Please factor in to your project timeline the closing date of the Grant Round 1 February 2022.	Must be a date

Please provide an outline of how you plan to adapt the delivery of this project under different public health directions, should it be required. *

2021-22 Seniors Grants Application Form

Form Preview

How do you plan to collect information and evaluate benefits as a result of your project? *

Budget Information

* indicates a required field

Total amount of grant funding requested (GST Exclusive) *

\$

a dollar amount and no more than \$10,000

Total project cost (GST Exclusive) *

\$

What is the total budgeted cost (dollars) of your project?

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

- Yes
 No

If yes, please provide details

Will you receive in-kind support for the project? *

- Yes
 No

In-kind support is a donation of goods or services, time or expertise, rather than cash or appreciated property, which is converted into a dollar value and reported to the funding body

Income (GST Exclusive)

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

All amounts shown must be GST exclusive.

Funding Source	Has this funding been confirmed?	Income Amount
		Must be a dollar amount.

Funding Source	Has this funding been confirmed?	Income Amount
		Must be a dollar amount.

2021-22 Seniors Grants Application Form

Form Preview

Total Income

Total Income Amount

\$

This number/amount is calculated.

Expenditure Total (GST Exclusive)

Please refer to Item 6 of the Guidelines for a list of exclusions on the use of grant funding.

In the table below please provide a breakdown of the items you will spend the grant funding on. All amounts shown must be GST exclusive.

Expenditure Description	Funding Source	Expenditure Amount
		\$ <input type="text"/>
		\$ <input type="text"/>
		\$ <input type="text"/>
		\$ <input type="text"/>

Total Expenditure

Total Expenditure Amount

\$

This number/amount is calculated.

Quotes

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

Upload Quotes

Attach a file:

Please provide any additional information that may support your application

Please upload any additional documentation that may support your application

Attach a file:

Feedback, Review and Submit

* indicates a required field

2021-22 Seniors Grants Application Form

Form Preview

Certification Applicant Organisation

This declaration MUST be completed by the CEO/Chair/President or equivalent of the applicant organisation.

I certify that to the best of my knowledge the statements made within this application are 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 application and Letter of Offer.

I understand that all applications submitted to the Seniors Grant Program are accepted in confidence.

I understand the Inclusion and Participation Division may liaise with other ACT Government agencies regarding this application.

Certification must be of an authorised officer of the organisation. E.g. President, Chair, CEO or equivalent.

I agree *

- Yes
 No

**Name CEO/Chair/
President or equivalent ***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position title *

Date *

Must be a date

Certification Auspice Organisation

This declaration MUST be completed by the CEO/Chair/President or equivalent of the auspice organisation.

I certify that to the best of my knowledge the statements made within this application are 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 application and Letter of Offer.

I understand that all applications submitted to the Seniors Grant Program are accepted in confidence.

I understand the Inclusion and Participation Division may liaise with other ACT Government agencies regarding this application.

Certification must be of an authorised officer of the auspice organisation. E.g. President, Chair, CEO or equivalent.

I agree *

- Yes

2021-22 Seniors Grants Application Form

Form Preview

No

**Name CEO/Chair/
President or equivalent ***

Position title *

Date *

Must be a date

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.

For a copy of the Act, please visit: <http://www.legislation.act.gov.au/a/2014-24/>

Legislative Framework:

- The *Public Sector Management Act 1994*;
- The *Information Privacy Act 2014* (including the [Territory Privacy Principles](#) at Schedule 1 of the Act which set out rules for handling and managing personal information including collection, storage, use and disclosure);
- The *Health Records (Privacy and Access) Act 1997* (which provides for privacy and access rights to personal health information whether it is held in the public or private sector);
- The *Workplace Privacy Act 2011* (which regulates when an employer may conduct surveillance on an employee); and
- The *Human Rights Act 2004* (which outlines a person's rights to privacy).

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?

2021-22 Seniors Grants Application Form

Form Preview

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