

## Eligibility

\* indicates a required field

Applicants: please note

Before completing this application form, you should have read the **Community Small Grant: [CSGRD10 Guidelines](#)**

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure you are not applying for an unsuitable grant.

If you have any questions in regard to these eligibility criteria, please contact the Communities for Children Program Coordinator on: [mary.yaxley@aohtas.org.au](mailto:mary.yaxley@aohtas.org.au)

## Confirmation of Eligibility

**I confirm that the applicant ...**

- can deliver the specified activity, event or short-term program in the Burnie statistical area.
- can deliver in the specified time frame (19 May 2025 to 10 October 2025)
- has the willingness and ability to register participants in the activity, event or short-term program.
- has the capacity to collect and enter required data on the proposed activity, event or short-term program onto the DSS Data Exchange (DEX) as determined by the Facilitating partner.
- has the capacity to collect and enter DEX data and SCORE outcomes into (DEX).
- has the capacity to provide an outcomes summary of the activity and acquit the grants funds at the end of delivery.
- can commit to obtaining all necessary permits related to the funded activity, event or short-term program.
- holds adequate public liability insurance to cover staff members and the general public.
- can meet current Working with Vulnerable People Checks and Child Safe Standards to meet funding requirements.
- can demonstrate that adequate measures have been taken to identify, document, mitigate and manage risk for the activity, event or short-term program.
- has completed all contractual requirements from previous Communities for Children funding or grants.
- is not - a project with a religious or political objective, not seeking retrospective funding for costs already incurred, not wanting funding for prizes or gifts, Federal, State or Local Government bodies.

**Please select below: \***

☐ Yes ☐ No

You must confirm that all statements above are true and correct.

## Contact Details

\* indicates a required field

### Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*.

### Applicant Organisation Details

#### **Applicant organisation name \***

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

#### **Applicant Primary Address \***

Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

#### **Applicant Postal Address**

Address

  

#### **Applicant website**

Must be a URL

#### **Primary contact person \***

Title      First Name      Last Name

            

This is the person we will correspond with about this grant

#### **Position held in organisation \***

e.g. Manager, Board Member, Fundraising Coordinator

#### **Primary phone number \***

Must be an Australian phone number.

### Back-up phone number

Must be an Australian phone number.

### Primary contact person's email address \*

This is the address we will use to correspond with you about this grant.

## Organisation Details

\* indicates a required field

### What is your organisation's purpose or mission? \*

Word count:

Must be no more than 200 words.

### 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO](#).

**Please upload completed Statement of Supplier Form:**

Attach a file:

Max 25mb

**Is your organisation endorsed as a Deductible Gift Recipient (DGR)?**

- ☐ Yes ☐ No

**Is your organisation registered with the Australian Charities and Not-for-Profits Commission (ACNC)?**

- ☐ Yes ☐ No

**What is your incorporation number?**

Incorporated Association or Australian Corporation Number

**What is your organisation's legal structure? \***

- ☐ Unincorporated association
- ☐ Incorporated association
- ☐ Cooperative
- ☐ Company limited by guarantee
- ☐ Indigenous corporation, association or cooperative
- ☐ Organisation established through specific legislation
- ☐ Trust
- ☐ Unknown

If your organisation is unincorporated it must have an auspice organisation

## Auspice Information

\* indicates a required field

**Is your organisation auspiced by another organisation for the purposes of this grant?**

- ☐ Yes ☐ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

## Auspice Organisation Details

**Name of auspicing organisation \***

Organisation Name

**Auspicing organisation's website**

**Primary contact person at auspicing organisation \***

Title

First Name

Last Name

**Auspice Primary Address**

Address

**Auspice Postal Address**

Address

**Position held in organisation**

e.g. Manager, CEO

**Contact person's primary phone number \***

**Contact person's back-up phone number**

**Contact person's email address \***

Must be an email address

**Please attach a letter from the auspicing organisation confirming this arrangement is valid and current \***

Attach a file:

Letter must be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and must include, name, position, signature and date.

**Does the auspicing organisation have an Australian Business Number (ABN)? \***

☐ Yes

☐ No

### ABN of auspicing organisation

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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

As the auspicing organisation does not have an ABN, please submit a completed ATO Statement by a Supplier form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from: [Statement by a supplier - ATO form](#)

### Please upload a completed Statement of Supplier form

Attach a file:

## Proposed Activity, Program or Event Details

\* indicates a required field

### Activity, Event or Short-term Program Name: \*

Provide a name for your activity, program or event. Your title should be short but descriptive

### Activity, Event or Short-term Program Location: \*

Provide street address e.g. Burnie Park 27 W Park Grove, Parklands or CatholicCare 108 Mount St, Burnie

Anticipated start date \*

Anticipated end date \*

# CSGRD10

## Form Preview

If unknown, provide your best guess. Must be after the 19 May 2025 Must end by 10 October 2025

**Priority Area: (tick relevant ones) \***

- ☐ Priority Area 1: Support and activities for children aged 5-12 and their families
- ☐ Priority Area 2: Community and Family Capacity
- ☐ Priority Area 3: Early Intervention
- ☐ Priority Area 4: Support and activities for children aged 0-5 and their families

More than 1 priority area can be selected. Further information on the priority areas can be found on page 3 of the guidelines.

**Target Group: \***

**Category \***

- ☐ DSS Evidence Based Program
- ☐ Non-Evidence Based Program

Link below has information about DSS Evidence Based Programs: <https://apps.aifs.gov.au/cfca/guidebook/>

**Focus Area: \***

Further information on focus areas can be found on page 2 of the guidelines.

**Activity Description: Provide a description of the proposed activity, event or short-term program including how it will be delivered. \***

**Word count:**

Must be no more than 300 words.

Be descriptive, but succinct. Describe the activity, event or short-term program, e.g. How many staff, facilitators or case workers will deliver the activity, event or short-term program? How will the targeted group be engaged. Go to the Funding Centre's Answers Bank at <https://explore.fundingcentre.com.au/help-sheets/answersbank#please-provide-a-short-summary-of-your-initiative> if you need some ideas about how to frame your response.

**Tell us briefly why this proposed activity, event or short-term program is needed? \***

\*

Must be no more than 200 words.

Is there anecdotal evidence of the need? Can you point to results of community need? Who has the identified the need? Go to the Funding Centre's Answers Bank at <https://explore.fundingcentre.com.au/help-sheets/answersbank#rationale-why-does-this-work-need-to-be-done-what-is-your-theory-of-change>

**How often will the proposed activity, event or short-term program be delivered? \***

**What will the minimum number of participants/clients be per activity, event or short-term program? \***

Other:

**What will the maximum number of participants/clients be per activity, event or short-term program?**

**What time and days of the week will the proposed activity, event or short-term program be held on? \***

E.g. The activity, event or short-term program will be held on Mondays (10 am to 12 noon) or held every month for 3 months on Thursdays (2pm - 3:30pm)

**Can the proposed activity, event or short-term program be adaptable and responsive to social disruption if necessary. E.g. Covid-19 \***

☐ Yes ☐ No

**Please give an explanation for your above response. \***

Word count:

Must be no more than 200 words.

For example: can be delivered on a digital platform, hard copy resources can be packaged up and given to participants, phone contact supports participants understanding of provided resources, cannot be easily delivered in an alternative way because ...

**CfC Strategic Objectives: (tick the most applicable) \***

- ☐ Improve the health and well-being of families and development of young children 0 - 12 years
- ☐ Create strong child-friendly communities that understand the importance of children and apply this capacity to maximise the health, well-being and early development of young children.
- ☐ Consider the needs of men and fathers and actively involve them in the activity to support children and their families.
- ☐ Engage Aboriginal and Torres Strait Island families and children 0 to 12 years.

## Activity Outcomes

**Tell us about the outcomes you expect as a result from the proposed activity, event or short-term program.**

Outcomes are the changes you expect to occur for the clients/participants in the activity, event or short-term program. Generally outcomes can be framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation, (these are generally **immediate** or short-term outcomes)
- Actions, behaviour, change in policy (these are generally **intermediate** or medium term outcomes)
- Social, financial, environmental, physical conditions (these are generally **long-term** outcomes)

If you need more help understanding what outcomes are, go to: <https://explore.fundingcentre.com.au/help-sheets/answersbank#what-outcomes-do-you-expect-to-result-from-this-initiative-what-change-do-you-seek>

**List your activity, program or event anticipated outcomes in the following table. .**



Anticipated Outcomes	Timeframe	Indicator	Verification Method
Outcomes are the changes that you expect to occur as a result of your activity, event or short-term program.	See description above	What you will use to measure this outcome - e.g. "change in teenage pregnancy rates from x to y"	e.g. survey; interviews; focus groups

**Evaluation of Activity: \***

Word count:

Must be no more than 300 words.

Describe the approach you will take to assess whether the activity, event or short-term program is improving outcomes. E.g. surveys, feedback forms, comments bank, testimonials, letters/emails, photos/videos. Data collection, entry and reporting will apply.

**Service Collaboration: \***

Who will you engage and collaborate with to ensure that clients/participants are referred to any further help they need? E.g. Strong Families Safe Kids - Advice/referral line, Burnie Child and Family Learning Centre, Primary Schools, etc.

**Does the proposed activity, event or short-term program have community support? \***

☐ Yes ☐ No ☐ Don't know ☐ Not Applicable

Evidence of community support is highly regarded.

**Do you have evidence that this proposed activity, event or short-term program has community support?**

Go to the Funding Centre's Answers Bank at <https://explore.fundingcentre.com.au/help-sheets/answersbank#does-this-initiative-have-community-support-do-the-beneficiary-and-or-geographic-communities-affected-by-this-project-program-support-the-activities-you-are-proposing> if you need some ideas about how to frame your response.

**Please upload letters of support (if available/relevant)**

Attach a file:

A maximum of 5 files can be attached

## Inputs (Budget)

\* indicates a required field

2 Community Small Grants to the maximum of \$22,500 each.

1 - Evidence Based Program x \$22,500

1 - Non-Evidence based Program x \$22,500

### Total Amount Requested

\*

\$

What is the total financial support you are requesting in this application?

### Total Activity/Program/ event Cost \*

\$

What is the total budgeted cost (dollars) of your activity/  
program/event?

## Budget (GST exclusive)

Please outline your activity, event or short-term program budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST exclusive.

Use the 'Notes' column for any additional information you think we should be aware of.

### Examples of income could include:

- 'council community grant'
- 'trivia fundraising night'
- 'organisational sponsorship'
- 'this grant'

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT).

Please **do not add commas** to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly.

### Income Budget:

Income Description	Income Type	Confirmed Funding?	Income Amount (\$)	Notes
			Must be a dollar amount.	
			\$	
			\$	
			\$	
			\$	

## Budget (GST exclusive)

### Examples of expenditure could include:

- 'onsite power & water'
- 'venue hire costs'
- 'office supplies' e.g. stationary, pens, envelopes, printing and photocopying.
- 'salary/wages/on-costs'
- 'promotion & marketing costs'
- 'permit costs'
- 'activity/program resources' e.g. workbooks, posters, mats, climbing equipment.
- 'activity/program consumables' e.g. paint, paper, craft materials, stickers, pencils.
- 'admin costs', e.g. data entry, intake assessment, acquittal & summary reporting
- 'telephones/mobiles/internet services'
- 'travel costs'
- 'catering or refreshments'
- 'cleaning services'

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT).

Please **do not add commas** to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly.

### Expenditure Budget:

Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Notes
		\$	
		\$	
		\$	
		\$	

## Budget Totals

#### Total Income Amount

\$

This number/amount is calculated.

#### Total Expenditure Amount

\$

This number/amount is calculated.

#### Income - Expenditure

This number/amount is calculated.  
If you have a balanced budget this column will equal zero.

**What in-kind inputs will you have in order to successfully carry out the activity, program or event?**

**Confirmed?**

**Estimated Contribution**

**Estimate the approximate dollar contribution of the listed in-kind inputs.**

		\$
		\$
		\$
		\$
		\$
Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, and other types of support.		Must be a dollar amount.

## Applicant Capacity

\* indicates a required field

**Now that we know about your activity, event or short-term program, we want to find out more about your organisation's ability to undertake the work you propose. Please provide some information about your organisation that will give us confidence that you can complete the work you've described in this application. \***

**Word count:**

Must be no more than 300 words.

Include in this section information about your organisation's governance arrangements for the proposal and relevant governance principles and processes. Include broad information about the structure of the organisation, business management, relevant expertise, skills, qualifications and experience in delivering this type of proposal. You may wish to provide information also about any past work that may demonstrate your organisation's capacity to undertake this work. Go to the Funding Centre's Answers Bank at <https://explore.fundingcentre.com.au/help-sheets/answersbank#please-provide-some-information-about-your-organisation-that-will-give-us-confidence-that-you-can-complete-the-work-youve-described-in-this-application> if you need some ideas about how to frame your response.

**Risk Management for the proposed activity, event or short-term program. \***

Attach a file:

Include in the risk management assessment the level of responsibility for children and level of risk of harm to children. Other actions for the safety of children e.g. mandatory reporting and relevant checks for staff and volunteers. Demonstrate that adequate measures have been taken to identify, document, mitigate and manage risk for the proposed activity, event or program. Blank template can be found [here](#).

## Certification and Feedback

\* indicates a required field

### Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

**I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the grant agreement.**

**I agree \***

☐ Yes

☐ No

**Name of authorised person \***

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

**Position \***

Position held in applicant organisation (e.g. CEO, Treasurer)

**Contact phone number \***

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

**Contact Email \***

Must be an email address.

**Date \***

Must be a date

### Applicant Feedback (Optional)

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

**How did you hear about the Communities for Children community small grants?**

**Please indicate how you found the online application process:**

☐ Very easy

☐ Easy

☐ Neutral

☐ Difficult

☐ Very difficult

**How many minutes in total did it take you to complete this application?**

Estimate in minutes i.e. 1 hour = 60

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

Word count:

Must be no more than 150 words.