

Anzac Community Grants Program Application Form - 2024

Form Preview

About the grant

* indicates a required field

Introduction

The Anzac Community Grants Program (ACGP) provides grants of up to \$3,000 for a range of projects that either promote appreciation and understanding of the service and sacrifice of military service personnel or support activities and services to enhance the wellbeing of the NSW veteran community. The program is proudly delivered by the [NSW Office for Veterans Affairs](#) (OVA).

Before starting your application

- **Please read and understand the Program Guidelines, which contain important information about the ACGP. It includes an overview of the program, information about the application process, the eligibility and assessment criteria, how the funds can and cannot be used and information for successful applicants.**
- Obtain your supporting documents, as outlined in the Program Guidelines.
- Preview the full application form using the 'Preview' button in SmartyGrants, to familiarise yourself with the questions and the format. You may also find it useful to prepare your answers in a word processing program first, before completing this form in SmartyGrants.

Funding amounts

The ACGP is valued at \$100,000 annually.

The maximum ACGP grant that will be awarded for any one application will be \$3,000 (excl. GST).

Please be aware

- Grant rounds are generally oversubscribed and not all applications are successful. Even if your application is successful, you may not be awarded the entire amount you requested. It may be helpful if you can secure other sources of funding to support your ACGP application. These are often referred to as co-contributions. The Assessment Committee may consider your application favourably if you have secured co-contributions, as this demonstrates your project has strong support. You will be asked about co-contributions in this application form.

Contact OVA

Please email OVA for further information about the ACGP or with questions about your project at veteransgrants@veterans.nsw.gov.au.

Instructions for Applicants

Before completing this application form, you should have read the program guidelines.

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

Funding is only provided for projects that are yet to take place, and **not** for costs already incurred.

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Applicants who have received funding from the ACGP for three consecutive years will be **ineligible** for funding in the subsequent fourth year.

If you have any questions please contact:

The NSW Office for Veterans Affairs via email -
veteransgrants@veterans.nsw.gov.au

Application Number

This field is read only.

Disclaimer

The Applicant acknowledges and agrees that:

- submission of this application does not guarantee funding will be granted for any project, and the Department expressly reserves its right to accept or reject this application at its discretion;
- it must bear the costs of preparing and submitting this application and the Department does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- it has read the Funding Guidelines for the Program and has fully informed itself of the relevant program requirements.

Use of Information

By submitting this application form, the Applicant acknowledges and agrees that:

- if this project application is successful, the relevant details of the project will be made public, including details such as the names of the organisation (Applicant) and any partnering organisation (state government agency or non-government organisation), project title, project description, location, anticipated time for completion and amount awarded;
- the Department will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked 'Commercial-in-confidence' or 'Confidential' is treated as confidential, however, such documents will remain subject to the Government Information (Public Access) Act 2009 (NSW) (GIPA Act); and
- in some circumstances the Department may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.

Privacy Notice

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By submitting this Application form, the Applicant acknowledges and agrees that:

- the OVQ is required to comply with the Privacy and Personal Information Protection Act 1998 (NSW) (the Privacy Act) and that any personal information (as defined by the Privacy Act) collected by the OVA in relation to the program will be handled in accordance with the Privacy Act and its privacy policy (available at: <https://dcj.nsw.gov.au/statements/privacy.html>);
- the information it provides to the OVA in connection with this application will be collected and stored on a database and will only be used for the purposes for which it was collected (including, where necessary, being disclosed to other Government agencies in connection with the assessment of the merits of an application) or as otherwise permitted by the Privacy Act;
- it has taken steps to ensure that any person whose personal information (as defined by the Privacy Act) is included in this application has consented to the fact that the OVA and other Government agencies may be supplied with that personal information, and has been made aware of the purposes for which it has been collected and may be used.

Eligibility Confirmation

Can you confirm that the applicant ...

- is able to demonstrate alignment between their project and the aims of the ACGP
- is not intending to make a profit from this project
- is located in NSW or is delivering a project which is of direct and substantial relevance to the State
- does not owe any reports or money to the NSW Office for Veterans Affairs as a result of previous funding or grants
- has the appropriate type and level of insurance for the activities that are the subject of this grant
- is not seeking funds to:
 - provide sponsorship or grants to third parties
 - cover indirect costs or routine operations e.g salaries, audit and accounting consumables, bank charges or taxes, legal or licensing fees, insurances, electricity, telecommunications, office rent or supplies, meeting expenses.
 - purchase prizes or gifts
 - cover expenses already incurred or project contingency funds
 - invest for profit
 - conserve, protect or improve an existing NSW war memorial (Veterans Affairs supports these type of projects through the [Community War Memorials Fund](#))

I confirm that the applicant and project is eligible according to the criteria outlined in the Program Guidelines *

Yes

Individual/Organisation Status

* indicates a required field

Are you applying on behalf of an organisation or an individual? *

Organisation

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Individual

Organisation Contact Details

* indicates a required field

Organisation Details

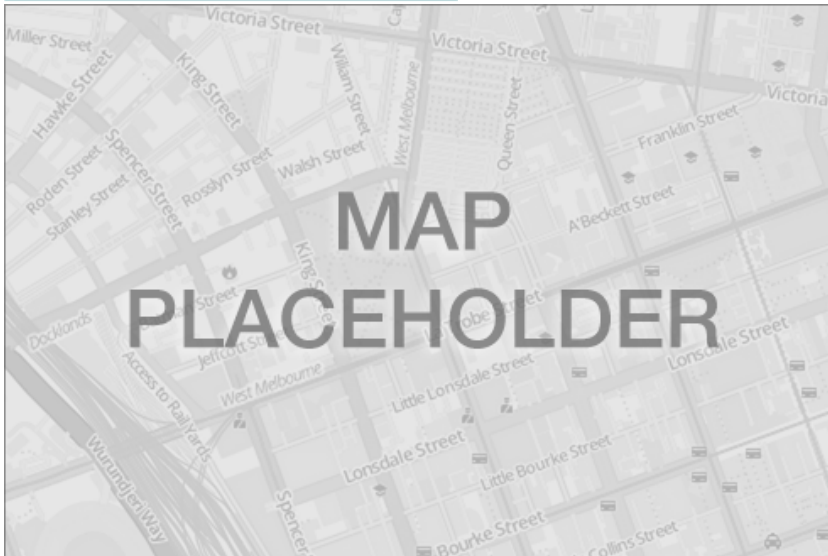
Organisation Name *

Organisation Name

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

Primary Address

Address



Postal Address

Address

Primary Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

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Other Phone Number

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Email Address *

Must be an email address.

Website

Must be a URL.

What do you / your organisation do? *

Must be no more than 200 words.

What type of not-for-profit organisation are you?

- General not-for-profit (i.e. none of the sub-types listed below)
- Educational institution (includes pre-schools, schools, universities & higher education providers)
- NGO
- Professional association
- Social enterprise

If your application is successful, your organisation will be required to take out appropriate insurance, as outlined in the Program Guidelines. Does the applicant organisation have or is the applicant organisation willing to obtain the required insurance? *

- Yes
- No, but willing to obtain

Has your organisation received a grant from NSW Veterans Affairs / ACGP in the past? *

- Yes
- No

What was the name of the project that received support? *

How much was your organisation awarded? *

Must be a dollar amount.

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Does the applicant organisation have an Australian Business Number (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.

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: <https://www.ato.gov.au/uploadedfiles/content/mei/downloads/statement%20by%20a%20supplier.pdf>

Please upload completed Statement of Supplier Form: *

Attach a file:

Primary Contact Details

Primary Contact *

Title First Name Last Name

This is the person we will correspond with about this grant.

Primary Contact Position *

e.g., Manager, Board Member or Fundraising Coordinator.

Primary Contact Phone Number *

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Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Other Phone Number

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Email *

Must be an email address.
This is the address we will use to correspond with you about this grant.

Applicant authorised signatory or their delegates

Please provide details for the person who is authorised to sign legal documents on behalf of the applicant organisation. If your application is successful, this is the person who would need to sign the Grant Funding Agreement to accept funding from the NSW Government.

Note: If this person leaves the organisation before you have been notified about the outcome of your application, it is your responsibility to notify OVA.

Name *

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

Position *

Are they an authorised signatory or a delegate?

Authorised signatory Delegate

Individual Contact Details

* indicates a required field

Applicant name *

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

Please use your full name. Check your spelling.

Postal address *

Address

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

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Local Government Area *

refer to [find your LGA](#)

Please provide your State electorate (not Commonwealth) *

refer to elections.nsw.gov.au

Website

Must be a URL.

Insurance

Please read and understand the 'Insurance' section of the Program Guidelines.

If your application is successful, your organisation will be required to take out appropriate insurance, as outlined in the Program Guidelines. Does the applicant organisation have or is the applicant organisation willing to obtain the required insurance? *

Yes

No

Have you received a grant from NSW Veterans Affairs / ACGP in the past? *

Yes

No

What was the name of the project that received support? *

How much were you awarded? *

Must be a dollar amount.

Project Details

* indicates a required field

Title *

Word count:

Must be no more than 25 words.

Provide a name for your initiative. Your title should be short but descriptive.

Brief description *

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Word count:

Must be no more than 50 words.

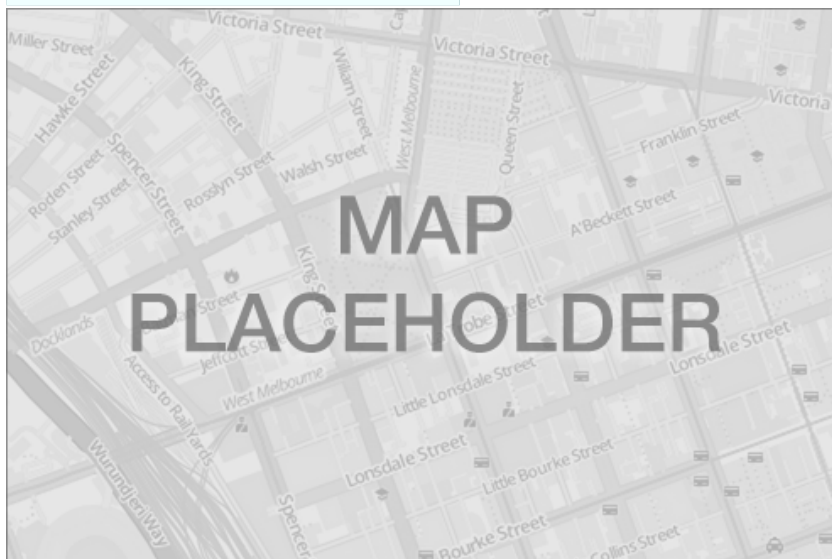
Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

Anticipated start date *

Anticipated end date *

Primary location of your initiative

Address



Primary location does not need to be a specific address, and can be postcode, suburb, state, etc. If delivered online, please specify the area of focus for delivery.

What ACGP category does your project fall under? *

How does your project align with the objectives of the ACGP category? *

Please consult the program guidelines for more information about our program and organisational goals - see <https://www.veterans.nsw.gov.au/commemoration/anzac-community-grants-program/>

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Please update anticipated start date

You have indicated above that your project either starts before the expected award date. The ACGP does not award grants retroactively. Please update the details to ensure your dates fit within these timeframes.

Activities

Please detail the activities expected to be completed as a result of the funding.

Activity	Expected delivery date
List the major activities you will undertake as part of this project. Must be no more than 25 words.	Must be a date.

Who is likely to benefit from your project?

Community groups likely to benefit from Timeframe your project

(e.g. your target audience)	(e.g. over life of program; per annum; per month)

Does the application have support from the community or beneficiary of the project? *

Yes No Don't know

Please provide evidence of the community support.

Please upload letters of support (if available/relevant)

Attach a file:

A maximum of 5 files can be attached

Budget

* indicates a required field

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Total Amount Requested

*

What is the total financial support you are requesting under this grant?

Total Project/Program Cost

*

Must be a dollar amount.
What is the total budgeted cost of your project?

Budget

Please list all sources of funding you have secured, or are seeking. This includes the grant you are applying for, other grants you have applied for, or will be applying for, donations and in-kind contributions.

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

Expenditure

Please include all expenditure items that you are seeking to fund under the grant.
Please note, these items must be eligible under the grant as according to the guidelines.

Expenditure description	Expenditure type	Expenditure amount (\$)	Notes
			Must be a dollar amount.

Budget Totals

Total Income

This number/amount is calculated.

Total Expenditure

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.

Please supply quotes *

Attach a file:

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Partial Funding

ACGP grant rounds are generally oversubscribed and not all applications are successful. Even if your application is successful, you may not be awarded the entire amount you requested.

The Assessment Committee may recommend to award your project partial funding. If so, would your organisation be willing to accept partial funding? *

Yes No

Declaration and Authorisation

* indicates a required field

Declaration

The Applicant represents and warrants that this application has been submitted by an authorised representative of the Applicant (e.g. CEO, Chief Financial Officer, General Manager, Director, Chair of the Board, President, authorised manager etc).

Where this Application is submitted in the course of employment by a representative of any kind (e.g. authorised representative or agent) of the Applicant, you: (i) acknowledge and agree that the Applicant is deemed to be jointly and separately bound by this application; and (ii) represent and warrant that you have the authority to represent and bind the Applicant as contemplated by this provision.

By submitting this application form I hereby declare that:

- I agree for my project to be automatically considered in other NSW funding programs;
- I have read and understood each of the acknowledgements, agreements, representations and warranties provided above, and that each of these are true and correct;
- All information provided including the responses to each question in the relevant sections of this application is true and correct to the best of my knowledge;
- Any information contained in this application may be disclosed to other Government agencies, staff administering the program, and to external stakeholders (including consultants, lawyers and other advisers) as part of the assessment of this application;
- I am authorised to submit this application on behalf of, and have the authority to represent and bind the Applicant;
- I understand that any false declaration may render this application ineligible/invalid; and
- All relevant conflicts of interest have been declared

Authorisation

I agree * Yes

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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)

Phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.

Applicant Feedback

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 find 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.