



Saluting Their Service Commemorative Grants Program 2022-23

Submission Reference:

Application Information

The objective of the program is to commemorate the service and sacrifice of Australia's service personnel in wars, conflicts and peacekeeping operations.

The intended outcome of the grant opportunity is to provide funding for projects and activities that:

- Promote appreciation and understanding of the experiences of service and the roles that those who served have played
- Preserve, add to the sum of knowledge on, or provide access to information about, Australia's wartime heritage.

There are two categories of grants available under the program:

1. Community Grants (CG)

Grants to a maximum of \$10,000 are available for local, community-based projects and activities.

2. Major Grants (MG)

Grants between \$10,001 and \$150,000 are available for major commemorative projects and activities that are significant from a national, state, territory and/or regional perspective.

Community Grants Hub

This grant round is being administered by the Community Grants Hub, on behalf of the Department of Veterans' Affairs.

Closing Date/Time

Applications must be submitted by **9:00pm Australian Eastern Daylight Time (AEDT) Tuesday 7 February 2023**.

Making Sure Your Application is Saved

Upon exiting the form please ensure that you use the 'Save and Close' button. The 'Continue' button should only be used as you intend to progress through the form. For your Application to be saved when exiting, you will need to click on:

- 'Save and Close', and
- 'Confirm'.

You will know that your application is saved when you are taken from the current form process to the 'Form Saved' page.

Note that the 'Save and Close' button will ask that you 'Confirm' that you wish to save the Application, which you must do to complete the save process. If this is not done, your Application will not be saved.

You can return to your Application with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details.

Grant Opportunity Documents

Read all information in the Grant Opportunity Documents before completing this Application Form. The Grant Opportunity Documents are available on the [GrantConnect](#) and [Community Grants Hub](#) websites. Applications will be assessed using the process outlined in the Guidelines.

Application Help

Information about the Application process is available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites.

Applicants must submit any questions relating to the Program or this Application process in writing to support@communitygrants.gov.au [□](#). Applicants may submit these questions up until five business days prior to the Closing Time and Date. A response will be provided within five business days.

Applicants may direct any general enquiries, requests for technical help or support in using and/or submitting the Application Form by:

- Phone 1800020283
- Email to support@communitygrants.gov.au [□](#)

Attachment Limits

This Application Form allows users to attach files to support their application. You must provide an attachment where indicated. Use the 'Upload File' button to select your file from a local drive.

Accepted file types: .bmp, .doc, .docx, .gif, .jpeg, .jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsb, .xlsx.

Note: There is a 2048.0KB limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

Sharing this Form

More than one person should not access this form at the same time. If this is done there is a risk that information entered in the form may be lost and not transferred upon submission. If you wish to share this form and access details, please ensure that only one user edits the form at any given time.

To avoid any issues with your submission, ensure each contributor has completed their updates, saved their changes and exited the form prior to another person accessing the same form.

Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

Submitting Application Form

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

Following submission, a message with your Submission Reference ID will appear on your screen and you will be provided a PDF receipt of your submission via email you are also able to send a receipt to an additional email address of your choosing. Please save this email receipt for future reference and use it as all correspondence about this application.

Note: Applications will be assessed using the process outlined in the Grant Opportunity Documents. Applicants will be notified of the grant funding outcome on completion of the assessment process.

National Relay Service (NRS)

The Community Grants Hub uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1800555677 to access the NRS.

Australian Tax Office Reporting

The Department will need to report details of payments made to the Australian Taxation Office (ATO) as part of the taxable reporting obligations for government entities.

In general terms, the types of payments to be reported to the ATO are:

- Payments made for grants to entities with an Australian Business Number (ABN)
- Payments made for services.

If you receive a payment from the Department that meets the ATO criteria, it will be reported to the ATO as part of the Taxable payments annual report.

Further information is available on the Australian Taxation Office [□](#) website.

Privacy

The Community Grants Hub uses an integrated Smartform service assisted by the Department of Industry, Science, Energy and Resources on www.business.gov.au .

If you are providing information to access a non-Department of Industry, Science, Energy and Resources program, that information will not be accessed by Department of Industry, Science, Energy and Resources employees. The only exception to this is where Senior Analysts within the Department of Industry, Science, Energy and Resources require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

The Community Grants Hub will be able to access the Application as part of the form support services.

By submitting the Application you acknowledge that the information provided in the Application may be shared with other Commonwealth and law enforcement agencies for the prevention and detection of fraud.

For more information about how the Department of Industry, Science, Energy and Resources protects your privacy and personal information, please see the Department of Industry, Science, Energy and Resources' [Privacy Policy](#) . The Community Grants Hub [Privacy Policy](#) and [WCaG Accessibility](#) Information and the Department of Veterans' Affairs [Privacy Policy](#) should also be read and understood.

Use of Information

Your Submission Reference is:

Please send yourself a link to this saved form by entering your email address below. This email will detail your Submission Reference, the date and time this application process will close, and a link to access your saved form.

If you have any questions relating to this Application phone 1800020283 or email support@communitygrants.gov.au .

Your email address *

Confirm your email address *

Use of Information

The Community Grants Hub may use the information, other than personal information, provided in this Application Form to assist it to:

- Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website
- Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program
- Inform future assessments for Applications.

All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.

You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.

Check this box if you agree to the use of the information you provide in this Application Form.

I agree *

Existing Grant Recipient

Is the Applicant an existing Grant Recipient through the Community Grants Hub? *

If you require assistance, please call 1800020283.

Yes No

If Yes, provide the Organisation ID number as it appears on your Grant Agreement and then click 'Verify ID' to confirm the details are correct.

Tip: Copy and paste the Organisation ID number from the Grant Agreement to avoid errors.

Organisation ID *

Applicant Legal Name

Registered Business Name

Entity Type

ABN

State

Postcode

GST Registered

For Profit

Charity

Withholding Tax Exempt

Are updates required to the Applicants details? *

You must respond to this question.

Select 'No' if updates are not required to the Applicant's details as currently held by the Community Grants Hub.

Select 'Yes' if updates are required to the Applicant's details as currently held by the Community Grants Hub. You will be required to contact your Funding Arrangement Manager to update your details.

Yes No

Applicant Details

Who is the Applicant's preferred authorised contact person for this Application?

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title *

First Name *

Last Name *

Position *

Telephone *

Mobile

Email address *

Provide an alternate authorised contact for this Application.

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title *

First Name *

Last Name *

Position *

Telephone *

Mobile

Email address *

Provide bank account details for receipt of grant payments should the Application be successful.

You must respond to this question.

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant's nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant's nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant's nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, () . , ' & -/ \ @ , all other characters including carriage returns are not accepted.

BSB number *

Account number *

Account Name *

Under what type of arrangement is this application being made? *

- An entity applying for funding in its own right.
- An entity applying as the lead agency of a consortium.

Provide details of Consortium members below.

Details 1

If Yes, provide the Consortium details.

Consortium Member Legal Name *

Consortium Member ABN

Details 2

If Yes, provide the Consortium details.

Consortium Member Legal Name *

Consortium Member ABN

Details 3

If Yes, provide the Consortium details.

Consortium Member Legal Name *

Consortium Member ABN

Details 4

If Yes, provide the Consortium details.

Consortium Member Legal Name *

Consortium Member ABN

Details 5

If Yes, provide the Consortium details.

Consortium Member Legal Name *

Consortium Member ABN

Details 6

If Yes, provide the Consortium details.

Consortium Member Legal Name *

Consortium Member ABN

Details 7

If Yes, provide the Consortium details.

Consortium Member Legal Name *

Consortium Member ABN

Details 8

If Yes, provide the Consortium details.

Consortium Member Legal Name *

Consortium Member ABN

Details 9

If Yes, provide the Consortium details.

Consortium Member Legal Name *

Consortium Member ABN

Details 10

SAMPLE ONLY

If Yes, provide the Consortium details.

Consortium Member Legal Name *

Consortium Member ABN

Details 11

If Yes, provide the Consortium details.

Consortium Member Legal Name *

Consortium Member ABN

Details 12

If Yes, provide the Consortium details.

Consortium Member Legal Name *

Consortium Member ABN

Details 13

If Yes, provide the Consortium details.

Consortium Member Legal Name *

Consortium Member ABN

Details 14

If Yes, provide the Consortium details.

Consortium Member Legal Name *

Consortium Member ABN

Details 15

If Yes, provide the Consortium details.

Consortium Member Legal Name *

Consortium Member ABN

Details 16

If Yes, provide the Consortium details.

Consortium Member Legal Name *

Consortium Member ABN

Details 17

If Yes, provide the Consortium details.

Consortium Member Legal Name *

Consortium Member ABN

Details 18

SAMPLE ONLY

If Yes, provide the Consortium details.

Consortium Member Legal Name *

Consortium Member ABN

Details 19

If Yes, provide the Consortium details.

Consortium Member Legal Name *

Consortium Member ABN

Details 20

If Yes, provide the Consortium details.

Consortium Member Legal Name *

Consortium Member ABN

Note: If the Application is successful, the Applicant will be offered a Grant Agreement with Department of Veterans' Affairs as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.

The panel of consortium members does not enter into a Grant Agreement with the Department of Veterans' Affairs. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the consortium arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

Provide a Letter of Declaration

When applying in a consortium, you must attach a Letter of Declaration on the template provided with the Grant Opportunity Documents on the GrantConnect [□](#) and Community Grants Hub [□](#) websites. The Letter of Declaration must be signed by all parties and must identify the lead organisation.

Note the 2MB limit per attachment. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[Attachment](#)

SAMPLE ONLY

Eligibility Requirements

What is the Applicant's entity type? *

For a list of eligible entity types, refer to the Guidelines.

If you are unsure about the Applicant's entity type, please seek professional advice (e.g. from your lawyer or accountant) or refer to the Australian Business Register website for further information.

You must respond to this question. Choose the entity type that is relevant to the Applicant from the list.

Are you currently receiving grant funding from the Department of Veterans Affairs? *

You must respond to this question.

Yes No

By the closing date and time of the batch in which you are applying, will you have any outstanding acquittals for previous Department of Veterans' Affairs grant funding? *

You must respond to this question.

Yes No

The Department of Veterans' Affairs cannot fund applications from organisations that have outstanding acquittals for any previous DVA funding at the closing date and time of the batch in which you are applying.

Child Safety Information and Statement *

Does your project or activity directly involve children (either directly or indirect), and/or occur at an educational facility?

You must respond to this question.

Yes No

Can you confirm that, having made diligent inquiries, you have reasonable grounds to believe that the organisation itself, and staff working with children on behalf of my organisation in relation to the funding arrangements:

- comply with relevant legislation relating to requirements for working with children in the jurisdiction in which the activities are delivered, and
- have complied with relevant legislation in their jurisdictions relating to mandatory reporting of suspected child abuse and neglect as required or otherwise defined by state or territory legislation?

You must respond to this question.

Yes No Will be compliant prior to accepting a grant offer

About the Project/Activity

The information required in this section is about the project or activity and requested items.

Which grant category are you applying for? *

Community Grants – up to \$10,000 for local, community-based projects and activities.

Major Grants – between \$10,001 and \$150,000 for major commemorative projects and activities that are significant from a national, state, territory and/or regional perspective.

- Community Grants (up to \$10,000)
- Major Grants (\$10,001 to \$150,000)

Which project or activity type are you applying for? *

Please note - Only options for one activity type are displayed on this sample application form.

Note: you can apply for more than one project or activity type but a separate application must be submitted for each

Additions to, or restoration of, an existing war or peace memorial, honour board/roll or plaque

- Addition
- Restoration

Is this memorial currently used for commemorative activities? *

- Yes No

If no, provide an explanation *

(Limit: approx 150 words, 1,000 characters)

1,000 characters of 1,000 used

Do you have permission from the asset owner to conduct your proposed project or activity? *

- Yes No

If no, provide an explanation *

(Limit: approx 150 words, 1,000 characters)

1,000 characters of 1,000 used

- Commemorative events for significant anniversaries of wars, conflict or peace operations**
- Construction of a new war or peace memorial, honour board/roll or plaque where none currently exist**
- Digital content development (i.e. documentary, podcast, website or application) where similar works are not already available**
- Flagpole supply and/or installation**
- Display and/or restoration of wartime memorabilia**
- Immersive and interactive experiences**
- Publication (e.g. unit history, local wartime history, the history of a national/state/territory-level ex-service organisation or veteran support organisation) where similar works are not already available.**
- Public Awareness and/or Cultural Activity**
- School Initiative and/or Educational Activities**

Letter/s of support

You may attach a letter of support from key stakeholder/s (for example, your local community, Federal or State Member of Parliament, Council or Ex-Services organisation) here.

Note the 2MB limit per attachment. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

[Attachment](#)

Provide a short title for the proposed project or activity. *

Please provide sufficient detail in the title. For example:

- 75th anniversary of the end of the Second World War commemorative event at the Albert Park Cenotaph.
- Production of a documentary entitled 'From 6TTU to Vietnam'.
- Installation of flagpoles at the Ceduna Memorial Park.

You must respond to this question. 250 character limit.

NOTE: This field accepts the characters of A to Z, 0 to 9, () . , ' & - / \ @, all other characters including carriage returns are not accepted.

(Limit: approx 38 words, 250 characters)

250 characters of 250 used

Provide a detailed description of the proposed project or activity (that is, what you plan to do and how it aligns with the intended outcomes outlined in section 2 of the Grant Opportunity Guidelines). *

Question Instructions:

Your response should:

- be easy to understand and written in plain English;
- not use technical terms, acronyms, or lingo (unless explained in full);
- provide as much detail as possible including the reason for undertaking the project; and
- be a stand-alone summary of your project or activity.

The description will be used as part of the assessment of your application, and may be used for reporting or grant agreement purposes.

You must respond to this question. 2000 character limit (approximately 300 words). The character count includes letters, numbers, spaces, paragraph marks, bullet points, etc.

NOTE: This field accepts the characters of A to Z, 0 to 9, () . , ' & - / \ @, all other characters including carriage returns are not accepted."

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

What is the physical address where the project or activity will take place? *

Note: Provide the actual physical address of where the project or activity is most active. This address may be different from the organisation's business address.

If the project or activity will be undertaken in an environmental location, this address must be provided e.g. street, community hall, park, reserve etc. For digital projects, use your office location if appropriate.

The address must not be a PO BOX and must be completed in full. For example:

88 Anzac Parade

Canberra City ACT 2601

Floor / Building; Unit; Apartment

Street number, name and type *

Suburb/Town *

State *

Postcode *

Address Validated



Unable to validate

Financials Information

What is the total amount of funding requested in this application for the proposed project or activity? *

Please enter the total amount of funding requested from the Department of Veterans' Affairs for this project.

GST ADVICE. Please Note: When requesting funding, if you are registered for GST, provide the GST exclusive amount. If you are not registered for GST, provide the GST inclusive amount.

What is the total cost of the proposed project or activity (including funding not sought in this application)? *

Please include all costs for the project including those not covered by the funding requested in this application.

Will your organisation receive any other financial co-contributions or donations? *

Note: This includes contributions such as donations, fundraising or finances provided by you. Example: Your own co-contributions, or co-contributions to you from third parties.

Yes No

Other financial co-contributions or donations 1

Source of funding (e.g. NSW State Government, local community) *

Source of funding 2

(Limit: approx 38 words, 250 characters)

19 characters of 250 used

Description (e.g. donation, fundraising) *

Description 1

(Limit: approx 75 words, 500 characters)

13 characters of 500 used

Amount of Funding (exc GST) *

\$

Has funding been secured? *

Other financial co-contributions or donations 2

Source of funding (e.g. NSW State Government, local community) *

(Limit: approx 38 words, 250 characters)

19 characters of 250 used

Description (e.g. donation, fundraising) *

(Limit: approx 75 words, 500 characters)

13 characters of 500 used

Amount of Funding (exc GST) *

\$

Has funding been secured? *

Other financial co-contributions or donations 3

Source of funding (e.g. NSW State Government, local community) *

(Limit: approx 38 words, 250 characters)

19 characters of 250 used

Description (e.g. donation, fundraising) *

(Limit: approx 75 words, 500 characters)

13 characters of 500 used

Amount of Funding (exc GST) *

\$

Has funding been secured? *

Other financial co-contributions or donations 4

Source of funding (e.g. NSW State Government, local community) *

Source of funding 4

(Limit: approx 38 words, 250 characters)

19 characters of 250 used

Description (e.g. donation, fundraising) *

(Limit: approx 75 words, 500 characters)

13 characters of 500 used

Amount of Funding (exc GST) *

\$

Has funding been secured? *

Other financial co-contributions or donations 5

Source of funding (e.g. NSW State Government, local community) *

(Limit: approx 38 words, 250 characters)

19 characters of 250 used

Description (e.g. donation, fundraising) *

(Limit: approx 75 words, 500 characters)

13 characters of 500 used

Amount of Funding (exc GST) *

\$	<input type="text"/>
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Has funding been secured? *

Other financial co-contributions or donations 6

Source of funding (e.g. NSW State Government, local community) *

(Limit: approx 38 words, 250 characters)

19 characters of 250 used

Description (e.g. donation, fundraising) *

(Limit: approx 75 words, 500 characters)

13 characters of 500 used

Amount of Funding (exc GST) *

\$	<input type="text"/>
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Has funding been secured? *

Other financial co-contributions or donations 7

Source of funding (e.g. NSW State Government, local community) *

(Limit: approx 38 words, 250 characters)

19 characters of 250 used

Description (e.g. donation, fundraising) *

(Limit: approx 75 words, 500 characters)

13 characters of 500 used

Amount of Funding (exc GST) *

\$	<input type="text"/>
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Has funding been secured? *

Other financial co-contributions or donations 8

Source of funding (e.g. NSW State Government, local community) *

(Limit: approx 38 words, 250 characters)

19 characters of 250 used

Description (e.g. donation, fundraising) *

(Limit: approx 75 words, 500 characters)

13 characters of 500 used

Amount of Funding (exc GST) *

\$	<input type="text"/>
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Has funding been secured? *

Other financial co-contributions or donations 9

Source of funding (e.g. NSW State Government, local community) *

(Limit: approx 38 words, 250 characters)

19 characters of 250 used

Description (e.g. donation, fundraising) *

(Limit: approx 75 words, 500 characters)

13 characters of 500 used

Amount of Funding (exc GST) *

\$	<input type="text"/>
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Has funding been secured? *

Other financial co-contributions or donations 10

Source of funding (e.g. NSW State Government, local community) *

(Limit: approx 38 words, 250 characters)

20 characters of 250 used

Description (e.g. donation, fundraising) *

(Limit: approx 75 words, 500 characters)

14 characters of 500 used

Amount of Funding (exc GST) *

\$	<input type="text"/>
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Has funding been secured? *

Total funding Amount:

\$	<input type="text"/>
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If you are offered less funding than you are seeking in this application will you proceed with the project or activity, either by securing alternative funding or reducing the project scope? *

If there are insufficient funds under the grant opportunity to fully fund your application, or some items in your application are considered ineligible, do you wish to be considered for partial funding?

Yes No

Budget *

Select eligible expenditure project budget item/s from the list below

- Digital project costs
- Display cabinets supply and/or installation
- Entertainment
- Equipment, venue, and/or service hire
- Flagpole supply and/or installation (maximum of \$2,000)
- Landscaping - including school memorial gardens (maximum of \$5,000)
- New memorial costs
- Publishing, printing and editing costs
- Purchase of eligible materials
- Production costs
- Research
- Restoration costs
- Supplier costs
- Other

Indicate how much of the requested funding will be attributed to each budget item.

Budget Item

Digital project costs

Please describe the individual items within the expenditure category you are seeking funding for *

Requested Funding Amount \$ *

\$	<input type="text"/>
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Display cabinets supply and/or installation

Please describe the individual items within the expenditure category you are seeking funding for *

Requested Funding Amount \$ *

\$	<input type="text"/>
----	----------------------

Entertainment

Please describe the individual items within the expenditure category you are seeking funding for *

Requested Funding Amount \$ *

\$	<input type="text"/>
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Equipment, venue, and/or service hire

Requested Funding Amount \$ *

Please describe the individual items within the expenditure category you are seeking funding for *

\$	
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Flagpole supply and/or installation (maximum of \$2,000)

Requested Funding Amount \$ *

Please describe the individual items within the expenditure category you are seeking funding for *

\$	
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Landscaping - including school memorial gardens (maximum of \$5,000)

Note: Must be within immediate surrounds of memorials only

Requested Funding Amount \$ *

Please describe the individual items within the expenditure category you are seeking funding for *

\$	
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New memorial costs

Requested Funding Amount \$ *

Please describe the individual items within the expenditure category you are seeking funding for *

\$	
----	--

Publishing, printing and editing costs

Requested Funding Amount \$ *

Please describe the individual items within the expenditure category you are seeking funding for *

\$	
----	--

Purchase of eligible materials

Note: Maximum cost of wreaths and floral tributes must not exceed \$500

Requested Funding Amount \$ *

Please describe the individual items within the expenditure category you are seeking funding for *

\$	
----	--

Production costs

Requested Funding Amount \$ *

Please describe the individual items within the expenditure category you are seeking funding for *

\$	
----	--

Research

Note: Travel and accommodation costs for research purposes are ineligible.

Requested Funding Amount \$ *

Please describe the individual items within the expenditure category you are seeking funding for *

\$	
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Restoration costs

Requested Funding Amount \$ *

Please describe the individual items within the expenditure category you are seeking funding for *

\$	
----	--

Supplier costs

Requested Funding Amount \$ *

Please describe the individual items within the expenditure category you are seeking funding for *

\$	
----	--

Other

(Please describe the items in the 'Description' box and enter dollar amounts in the 'Requested Funding Amount \$' box; do not enter dollar amounts in the 'Description' box)

Please describe the individual items.

Please note this does not refer to financial co-contributions such as donations, fundraising or finances provided by you. Financial co-contributions should be included in the previous question. *

	Requested Funding Amount \$ *
	\$ <input style="width: 100px;" type="text"/>

Total Amount of Funding Requested

\$	<input type="text"/>
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Quote/s and/or quantity surveyor costings.

You may wish to attach quotes and/or quantity surveyor estimates here in order to demonstrate the readiness of your proposed project/activity.

You can attach a single document containing all quote/s and/or quantity surveyor costings. If you have more than one quote and/or quantity surveyor costing, please scan them into a single document. Note the 2MB limit per attachment. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

Attachment

Assessment Criteria

Criterion 1 - Significance of the project/activity *

Explain the importance of your project and how it will commemorate the service and sacrifice of Australia's service personnel.

When addressing the criterion you should:

- outline how the project/activity is significant to the local community (CG) OR to the nation, a state/territory and/or region (MG);
- outline how the project/activity will honour and promote understanding of the service, sacrifice and experiences of Australia's service personnel;
- explain how the project/activity will contribute to Australia's understanding of its wartime heritage; and explain how the local community or intended target audience will be involved in and/or use the project/activity.

NOTE: This field accepts the characters of A to Z, 0 to 9, () . , ' & -/\@, all other characters including carriage returns are not accepted.

SAMPLE ONLY

(Limit: approx 900 words, 6,000 characters)

6,000 characters of 6,000 used

Criterion 2 - Delivery of the project/activity *

Demonstrate how your project/activity is ready to proceed and how you will deliver it.

When addressing the criterion you should:

- explain how you will implement the project/activity;
- outline how the project/activity is ready to proceed (this could be demonstrated via confirmation of the budget and financial contributions, demonstrating that there is no financial shortfall etc.);
- outline or attach quotes received for items funding is sought for;
- provide examples of your organisation's experience in delivering similar projects/activities; and
- explain the relevant experience and qualifications held by key personnel and their role in managing the project/activity.

NOTE: This field accepts the characters of A to Z, 0 to 9, () . , ' & -/\@, all other characters including carriage returns are not accepted.

(Limit: approx 900 words, 6,000 characters)

6,000 characters of 6,000 used

Criterion 3 - Community support and stakeholder engagement *

Demonstrate community/stakeholder support for your project/activity.

When addressing the criterion you should:

- identify how the project/activity will be promoted or distributed to the community;
- describe what community consultation has taken place regarding the project/activity and how these stakeholders provided their support for the project/activity (i.e. letter/s of support from your local community, Federal or State Member of Parliament, Council or Ex-Services Organisation);
- outline confirmed financial or in-kind co-contributions toward the project; and
- demonstrate working relationships with stakeholders and explain how these will improve your organisation's delivery of the project/activity.

NOTE: This field accepts the characters of A to Z, 0 to 9, () . , ' & -/\@, all other characters including carriage returns are not accepted.

(Limit: approx 900 words, 6,000 characters)

6,000 characters of 6,000 used

Declaration

Do you have any conflicts of interest that may occur related to or from submitting this application? *

Yes No

Describe any conflicts of interest that may occur from submitting this Application. *

(Limit: approx 150 words, 1,000 characters)

1,000 characters of 1,000 used

Please read and complete the following declaration.

This Declaration must be signed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Guidelines.
- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application is successful.
- I have read, understood and agree to information provided in this Application as detailed in the Use of Information.
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information.
- I give consent to the Community Grants Hub to make public the details of the Applicant and the funding received, should this Application be successful.
- I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondences constitute a valid and legally binding method for interacting under the grant agreement and the Electronic Transactions Act 1999 (Cth).

I understand and agree to the declaration above. *

I acknowledge that giving false or misleading information to the Community Grants Hub is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). *

Full name of Authorised Officer *

Position of Authorised Officer *

Date

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Please provide an estimate of the time taken to complete this Application Form, including:

- Actual time spent reading the guidelines, instructions and questions
- Time spent by all employees in collecting and providing the information
- Time spent completing all questions in the Application Form.

Hours

Minutes

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A copy of receipt will be sent to: