GBK Healthy Communities - Community Grant Application Form Round 2

Form Preview

Getting Started

* indicates a required field

Program

This field is read only.

Before you begin

Please read the **Healthy Communities Community Grant Guidelines**: healthycommunities.gbk.org.au

Only complete this form if your project and organisation meet the basic eligibility criteria.

If you have any questions at any stage, please contact us at **healthycommunities@gbk.org.au** and quote your **application number** (shown below).

Application Number

This field is read only.

Confirmation of Eligibility

Before proceeding, please confirm the following:

- You have read and understood the Healthy Communities Regional Grant Guidelines
- Your project will take place in, and benefit people living in, an eligible Torres Strait / NPA community
- You are one of the following:
    - a community group, club or unincorporated association
    - a local council or local government entity
    - a school, church or community organisation
    - an incorporated organisation, or
    - an unincorporated group or individuals that has (or will have) an auspice organisation to receive the funds
- You have no overdue reports or unpaid money owing to GBK as a result of previous funding or grants
- You have (or will have) appropriate insurance for the activities in this project
- Your project is not for personal benefit, political activity, or activities outside the region

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

☐ Yes

Organisation/Group Details

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* indicates a required field

Privacy Notice

GBK is committed to upholding 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.*

About the Organisation

Tell us about the group applying for this grant.

Organisation or Group Name *
Organisation Name

Make sure you provide the same name that is listed in official documentation.

Applicant primary address
Address

Applicant postal address
Address

Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Applicant website

Must be a URL.

Registration Details

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

○ Educational institution (includes pre-schools, schools, universities & higher education providers)
○ Religious or faith-based institution
○ Philanthropic organisation
○ Peak body

- ○ Social enterprise
- ○ International NGO
- ○ Professional association
- ○ Healthcare not-for-profit
- ○ Community group
- ○ Political party / lobby group
- ○ Research body
- ○ General not-for-profit (i.e. none of the sub-types listed above)

Please choose the option that best applies to your organisation.

What is your organisation's annual revenue? *

- ○ Less than $50,000
- ○ $50,000 or more, but less than $250,000
- ○ $250,000 or more, but less than $1 million
- ○ $1 million or more, but less than $10 million
- ○ $10 million or more, but less than $100 million
- ○ $100 million or more

Your revenue includes grants, donations, and other fundraising activities, fees for services, sale of goods, interest, royalties and in-kind donations that have been included in your accounts as 'revenue'. The Australian Charities and Not-for-profits Commission (ACNC) has more detailed information here: https://www.acnc.gov.au/tools/topic-guides/revenue

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
- ○ Other:

If your organisation is unincorporated. it must have an auspice organisation.

Does your organisation have an ABN? *

○ Yes ○ No

Applicant 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

What is your incorporation number? (if applicable)

Incorporated Association or Australian Company Number

Primary Contact Details

Who should we talk to about this application?

Primary contact *
Title First Name Last Name

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

Position held in organisation *

e.g., Manager, Director or Fundraising Coordinator.

Primary contact primary phone number *

Must be an Australian phone number.

Primary contact office phone number

Must be an Australian phone number.

Primary contact email address *

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

Auspice Information

* indicates a required field

Is your organisation auspiced by another organisation for the purpose 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

Auspice 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.

Auspice primary address
Address

Auspice postal address
Address

Auspice primary phone number *

Must be an Australian phone number.

Auspice email address *

Must be an email address.

Auspice website

Must be a URL.

Primary contact person at auspice organisation *
Title First Name Last Name

We may contact this person to verify that the auspice arrangement is valid and current.

Position held in organisation *

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

Auspice primary contact primary phone number *

Must be an Australian phone number.

Auspice primary contact office phone number

Must be an Australian phone number.

Auspice primary contact email address *

Must be an email address

Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. *
Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

Does the auspice organisation have an ABN? *
○ Yes ○ No

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.

As the auspice 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 the ATO website.

Please upload completed Statement of Supplier Form: *
Attach a file:

Max 25mb per file uploaded

About your Project

* indicates a required field

Project title *

Word count:
Must be no more than 25 words.
Provide a name for your project/program/initiative. Your title should be short but descriptive

Which community/communities will benefit from this project? *

You must identitfy at least one NPA or Torres Community that will benefit from this project.

Anticipated start date *

Anticipated end date *

Short project description *

In 3–4 sentences, tell us: who is involved, what you will do, and where it will happen.

What activities will your project include?

Please outline the key activities you will run. (Examples: weekly walking group, healthy cooking workshops, junior sports sessions, Elders' fitness sessions, cultural dance classes.)

Who will benefit most from this project? *

(e.g. youth, Elders, families, men's group, school students, whole community)

Project Outcomes (Your Impact)

* indicates a required field

Proposed Outcomes

GBK's Healthy Communities Grant supports local groups, clubs, and organisations to run activities that help create healthier, more active, and culturally strong communities.

This section helps us understand how well your project fits the program goals.

Please tell us about the **positive outcomes** you expect from your project.

Outcomes are the changes you expect to see for the people or community involved. Your outcomes might include increases or improvements in things like:

- Skills, knowledge, or confidence
- Healthy actions or behaviours (e.g. more physical activity, healthier eating habits)
- Community connection or cultural strength
- Motivation, participation, or engagement
- Physical or social wellbeing

Your outcomes *

What changes do you expect will occur as a result of your project (e.g. Enhanced physical fitness)? Please be brief. One per row.

Community Support

Does this initiative have community support? In particular, do the beneficiary and/or geographic communities affected by this project/program support the activities you are proposing? *

○ Yes ○ No ○ Don't know

Evidence of community support is generally highly regarded as projects with community buy-in tend to be more successful.

What evidence do you have that this project/program has community support? *

Go to the SmartyGrants Answers Bank 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

Applicant Capacity (Your Ability to Deliver)

* indicates a required field

Who will lead or run this project? *

List the people or groups involved in delivering the project. This could include volunteers, coaches, teachers, Elders, youth workers, council staff, or community leaders.

What experience, skills, or partnerships will help you deliver the project? *

What resources do you already have to help run the project? *

Examples include access to a venue, existing equipment, volunteers, transport, cultural knowledge, or support from local organisations.

Please upload a copy of your most recent Annual Financial Report (if available)
Attach a file:

Project Budget (Value for Money)

* indicates a required field

Total Amount Requested *

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

Total Project/Program Cost *

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

Project Budget (Income)

Outline your project income in the budget table below, including details of other income or funding that you have applied for, whether it has been confirmed or not.

Please note:

- If you have no other source of funding, just enter one income line for the Healthy Communities grants you are applying for
- All income should be **GST free**
- Your budget MUST balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT)

Income description	Income type	Is this funding confirmed?	Income amount (budgeted)	Notes
Provide a clear description for each budget item. Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'.	Please select the type of income		Enter the total amount expected to be received. Must be a dollar amount.	Add notes if you need to provide more context

Project Budget (Expenditure)

Outline your project expenses in the expenditure table below.

Please note:

- List all the costs for your project, such as equipment, venue hire, healthy catering, transport, facilitator payments, or program materials.
- Keep descriptions simple—e.g. “Sports equipment,” “Boat fuel,” “Healthy snacks,” “Hall hire,” “Dance instructor.”
- Make sure the costs listed match the activities you described earlier.
- Your budget MUST balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT)

Expenditure description	**Expenditure type**	**Expenditure amount (budgeted)**	**Notes**
	Other:		
Provide clear descriptions for each budget item. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.	Please select the type of expenditure.	Enter the total amount to be expended on this budget item. Must be a dollar amount.	Add notes if you need to provide more context.

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.

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 letter of approval.

I agree * ☐ Yes

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Name of authorised person *

Title | First Name | Last Name

Must be a senior staff member, trustee 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 (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.

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.