

# Community Inclusion FY27 - Application

## Form Preview

### Privacy, Grant Guidelines and Eligibility

\* indicates a required field

#### Privacy Notice

Any personal information that you provide to State Trustees will be used to process your application and update you about the State Trustees Australia Foundation, and will be handled in accordance with all applicable privacy law. For more information, refer to our [Privacy Policy](#).

#### Grant Guidelines

- Before completing this application form, please ensure you have read the **Community Inclusion FY27 Grant Guidelines**
- Incomplete applications and/or applications received after the closing date will not be considered.
- Please attempt all questions, however if there is no relevancy for your project we understand if you leave a question blank.

If you have any questions in regard to the Grant Guidelines or your application in general, please call us on **(03) 9667 2845**.

#### REMEMBER TO SAVE AS YOU PROGRESS

***Note: Please do not add us to your direct marketing / appeals lists. This may result in all your correspondence being treated as 'spam' in our email processes.***

#### Agree to Guidelines

##### I confirm that I:

- Have read and understood the program guidelines;
- Am able to demonstrate alignment between the project and the aims of this grant round;
- Am able to demonstrate financial viability of the applicant organisation;
- Do not know of any overdue acquittal reports or funds owing to any **State Trustees** grant programs as a result of previous funding or grants;
- Am not applying for an **excluded** project or organisation as per the Grant Guidelines.

##### Please confirm below: \*

☐ Yes ☐ No

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

#### Confirmation of Eligibility

An 'eligible entity' meets the criteria below (tick the applicable box/es).

If you are applying under an auspice arrangement, please ensure that the name and details of the auspice organisation are entered as the applicant organisation.

# Community Inclusion FY27 - Application

## Form Preview

### Confirm your organisation: \*

- ☐ Is endorsed as an Item 1 Deductible Gift Recipient (DGR); AND
- ☐ Is registered with the ACNC as a charity; OR
- ☐ Is a government entity.

At least 2 choices and no more than 2 choices may be selected.

## Applicant Organisation Details

\* indicates a required field

### Organisation Information

#### Organisation Name \*

Organisation Name

#### Organisation 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.

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

ACNC Registration

Tax Concessions

Main Business Location

Must be an ABN.

#### Organisation Primary Website \*

Must be a URL.

#### Organisation Primary Address \*

Address

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

#### Organisation Postal Address \*

Address

# Community Inclusion FY27 - Application

## Form Preview

### Applicant Contact Information

**Applicant Contact \***

Title

First Name

Last Name

**Position \***

i.e. senior staff member or appropriately authorised volunteer.

**Primary Email \***

Must be an email address.

**Office Phone Number \***

Must be an Australian phone number.

**Mobile Phone Number**

Must be an Australian phone number.

### Organisation Profile

\* indicates a required field

#### Organisation Purpose and Mission

**Describe your organisation's purpose and current main activities / initiatives. \***

Word count:

Must be no more than 200 words.

**List key achievements that indicate your organisation is meeting its purpose. \***

Word count:

Must be no more than 200 words.

**Which other organisations are doing similar work? What sets yours apart? \***

Word count:

Must be no more than 200 words.

#### Size and Scale

# Community Inclusion FY27 - Application

## Form Preview

### 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: [www.acnc.gov.au/ACNC/Manage/Reporting/SizeRevenue/ACNC/Report/SizeRevenue.aspx](http://www.acnc.gov.au/ACNC/Manage/Reporting/SizeRevenue/ACNC/Report/SizeRevenue.aspx)

### How many staff does your organisation have? \*

Must be a number.

### How many volunteers does your organisation have? \*

Must be a number.

## Organisation Capacity

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 will describe in this application and positively impact your beneficiaries.

### Describe the knowledge, skills, networks and capabilities of your team. \*

Word count:

Must be no more than 150 words.

### How is the voice of lived experience incorporated into your organisation and its work? \*

Word count:

Must be no more than 150 words.

## Previous grants

Please list any grants received from the Foundation in order of most recent to oldest.

| Year | Application ID | Project Title Name | Amount funded            |
|------|----------------|--------------------|--------------------------|
|      |                |                    | Must be a dollar amount. |

# Community Inclusion FY27 - Application

## Form Preview

|  |  |  |    |
|--|--|--|----|
|  |  |  | \$ |
|  |  |  | \$ |
|  |  |  | \$ |

## Project Overview

\* indicates a required field

### Project Title and Description

**Project title: \***

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

**What are the primary areas of focus for this project? \***

No more than 5 choices may be selected.

You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)

**Provide a short description of your project? \***

Word count:

Must be no more than 150 words.

**Which of the following categories best describe the work you are proposing? \***

- |                                                                        |                                                 |                                                       |
|------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Accessibility (Physical & Social / Community) | <input type="checkbox"/> Awareness Raising      | <input type="checkbox"/> General Disability Inclusion |
| <input type="checkbox"/> Access to Legal / Support Services            | <input type="checkbox"/> Capacity Building      | <input type="checkbox"/> Social Enterprise            |
| <input type="checkbox"/> Advocacy                                      | <input type="checkbox"/> Early Intervention     | <input type="checkbox"/> Sport / Exercise             |
| <input type="checkbox"/> Arts                                          | <input type="checkbox"/> Education & Employment |                                                       |

No more than 3 choices may be selected.

You may choose up to three categories.

**Where will the work of your project be conducted? \***

- ☐ Rural / Regional Victoria ☐ Metropolitan Melbourne

**Anticipated Start Date \***

Must be a date.

**Anticipated End Date \***

Must be a date.

## Project Detail

# Community Inclusion FY27 - Application

## Form Preview

\* indicates a required field

### Identification of the Need

Tell us why your initiative is needed.

**What evidence is there to suggest there is a need for the work you propose? \***

Word count:

Must be no more than 200 words.

**Does your project have community support? \***

☐ Yes

☐ No

☐ Don't know

Do the beneficiaries and/or geographic communities affected by this project support the activities you are proposing?

**What evidence do you have that your project has community support and engagement? \***

Word count:

Must be no more than 150 words.

Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu7> if you need some ideas about how to frame your response.

### Activities

Tell us the things you will do with your funding should your application be successful.

**What are the planned activities to deliver your desired outcomes? \***

Word count:

Must be no more than 200 words.

Feel free to use dot-points.

### Measures

**How will you determine whether the above activities have been successful? \***

# Community Inclusion FY27 - Application

## Form Preview

Word count:  
Must be no more than 200 words.

### Beneficiaries

**Who are the expected primary beneficiaries of this project/program? \***

Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, 'Universal - no particularly targeted beneficiaries'

**How many people (beneficiaries of the work) will this project directly serve? \***

Must be a number.

Note: 'More' is not necessarily better. We ask this for our own recording/documenting purposes.

### Financials

\* indicates a required field

#### Budget

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns.

- 1.Include in the first income line the funding applied for in this application i.e. 'Total Amount Requested', and as unconfirmed.
- 2.Indicate other sources of co-funding for this project in addition to this application. e.g. total program cost is \$40,000. You are applying for \$20,000 from our Foundation and \$20,000 from the ABCGrants Foundation.
- 3.Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT).
- 4.Income - Expenditure should equal \$0.
- 5.Please **do not add commas** to figures e.g., type \$1000 not \$1,000. This will ensure your figures for each table total correctly.

If successful, the amount requested will be the total amount paid by the Foundation, including any taxes payable.

| Income Description | Income Type | Funding Status | Income Amount (\$) | Notes |
|--------------------|-------------|----------------|--------------------|-------|
|                    |             |                | \$                 |       |
|                    |             |                | \$                 |       |
|                    |             |                | \$                 |       |
|                    |             |                | \$                 |       |

# Community Inclusion FY27 - Application

## Form Preview

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

|  |  |                          |  |
|--|--|--------------------------|--|
|  |  | Must be a dollar amount. |  |
|  |  | \$                       |  |
|  |  | \$                       |  |
|  |  | \$                       |  |
|  |  | \$                       |  |

### 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.  
This should equal \$0

**How much funding are you requesting from State Trustees Australia Foundation?**

\*

\$

Must be a dollar amount.

What is the total financial support you are requesting in this application? Maximum grant is \$20,000.

**Total Project Cost \***

\$

This number/amount is calculated.

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

### Annual Report and Supporting Documentation

**Please attach or link a copy of your most recent Annual Report.**

If you do not produce an annual report, please provide us with your most recent financial statements (may include a Profit and Loss Statement / Statement of Financial Performance and a Balance Sheet / Statement of Financial Position).

Please attach any further information you feel will support your application.

**Upload files**

Attach a file:

# Community Inclusion FY27 - Application

## Form Preview

or

**Provide web link:**

Must be a URL.

## Certification, Authorisation and Feedback

**\* indicates a required field**

### Certification and Authorisation

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the applicant 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 organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the Conditions of Award.**

**I agree \***

☐ Yes

**Name of authorised person \***

Title

First Name

Last Name

i.e. Senior staff member or appropriately authorised volunteer.

**Position \***

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

**Primary Email \***

Must be an email address.

**Office Phone Number \***

Must be an Australian phone number.

**Mobile Phone Number**

Must be an Australian phone number.

**Date \***

Must be a date.

### Bank Details

If your application is successful, the below bank details will be used to make an electronic funds transfer.

# Community Inclusion FY27 - Application Form Preview

Please ensure that the account name is the same as that of the eligible entity (i.e. with DGR, tax and ACNC registration).

## Applicant Primary Bank Account \*

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Account name must be for the eligible entity. Note: The bank details must be those of the applicant organisation (if you are applying as the auspicing organisation, the grant funds will be paid to that same auspicing organisation).

## Sharing Stories

**If the project is successful do you provide approval for it to be referenced in media, collateral, social media and other publications associated with State Trustees Australia Foundation? \***

☐ Yes ☐ No

Other

No more than 1 choice may be selected.

**Are you able to provide a high resolution picture which represents your organisation and/or project?**

Attach a file:

**Please provide a high resolution version of your logo \***

Attach a file:

If any, what are your social media handles?

**LinkedIn**

**Facebook**

**X (Twitter)**

**Instagram**

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

## Help us improve our granting process

Before you review your application and click the **SUBMIT** button we would appreciate if you could provide feedback. Feedback is taken under review and incorporated into the design of the next year's granting process.

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

☐ Very easy

☐ Easy

☐ Neutral

☐ Difficult

☐ Very difficult

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

# Community Inclusion FY27 - Application

## Form Preview

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:

If you stated the application was difficult or very difficult to complete, please specify why.

**How did you find out about the grant round? \***

- |                                                              |                                                      |
|--------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> State Trustees Australia Foundation | <input type="checkbox"/> Philanthropy Australia      |
| <input type="checkbox"/> Newsletter                          |                                                      |
| <input type="checkbox"/> State Trustees Website              | <input type="checkbox"/> Link Newsletter             |
| <input type="checkbox"/> Our Community                       | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> ProBono                             |                                                      |