

Emotional Wellbeing FY2025-2027 EOI Form Preview

Eligibility

* indicates a required field

APPLICANTS PLEASE NOTE

- Before completing this application form, please ensure you have read the [Emotional Wellbeing 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.

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 your time is not wasted by applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria or your application, please call us on **(03) 9667 2845**.

REMEMBER TO SAVE AS YOU PROGRESS

Confirmation of Eligibility

Please note that it is a governance requirement of our grant making that we have the documentation described below. Applications submitted without this documentation will not be considered.

Confirm your organisation is: *

- Endorsed as an Item 1 Deductible Gift Recipient (DGR);
- Endorsed for Charity Tax Concessions (TCC);
- Registered with the ACNC as a charity; OR
- Would be charitable but for its connection with government and is exempt from tax because of Commonwealth charitable law (evidence by letter from organisation / ACNC).

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

You must have Item 1 DGR and ACNC Endorsements to be eligible for funding from State Trustees Australia Foundation.

Please attach documentation for proof of the above eligibility criteria, as well as your organisation's Charity Tax Concessions Endorsement issued by the ATO. These MUST be in the form of letters and/or certificates from the ATO, ACNC or ITAA97. Extracts from websites or 'lookups' will not be accepted. *

Attach a file:

Agree to Guidelines

I confirm that I...

- have read and understood the program guidelines

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- am able to demonstrate alignment between the project and the aims of this grant round
- am able to demonstrate financial viability
- do not know of any 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

Please confirm below: *

Yes No

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

Contact Details

* 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](#).

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.

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.

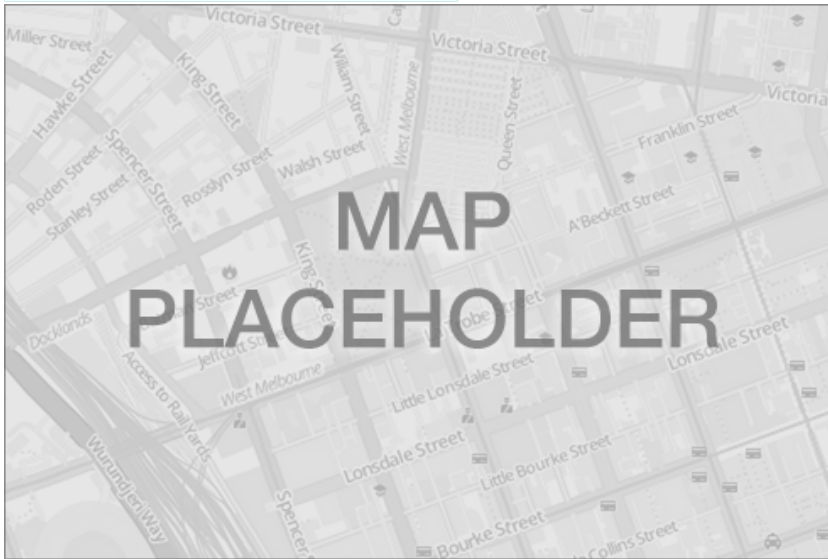
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Applicant Primary Website *

Must be a URL.

Organisation Primary Address *

Address



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

Organisation Postal Address *

Address

Organisation Contact Information

Applicant Admin Contact *

Title First Name Last Name

Applicant Admin Contact Position *

Applicant Admin Contact Primary Email *

Must be an email address.

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Applicant Admin Contact Office Phone Number *

Must be an Australian phone number.

Applicant Admin Contact Mobile Phone Number

Must be an Australian phone number.

Organisation Profile

* indicates a required field

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

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

How many staff does your organisation have? *

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Must be a number.

How many volunteers does your organisation have? *

Must be a number.

Project Overview

* indicates a required field

Project title: *

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

Provide a short description of your project? *

Word count:

Must be no more than 200 words.

Anticipated Start Date *

Must be a date.

Anticipated End Date *

Must be a date.

How much funding are you requesting from the State Trustees Australia Foundation over the project period?

Must be a dollar amount.

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.

How will you measure the success of your project? *

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Word count:
Must be no more than 200 words.

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 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, 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.

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? *

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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 100 words.

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
Newsletter | <input type="checkbox"/> Philanthropy Australia |
| <input type="checkbox"/> Our Community | <input type="checkbox"/> Link Newsletter |
| <input type="checkbox"/> ProBono | <input type="checkbox"/> Other: <input type="text"/> |