Eligibility

* indicates a required field

Elders Community Giving Project

This field is read only.

Applicants: please note

Before completing this application form, you should have read the Elders Community Giving Project **Terms and Conditions** and **Guidelines.**

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

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is crucial that you complete these questions before any others to ensure you do not waste your time applying for a grant you may not be eligible for.

If you have any questions in regards to these eligibility criteria, please contact **community.giving.project@elders.com**

Please ensure that you regularly save your application form as it does not autosave. You can exit and come back to your application at any time.

We encourage you to preview the form prior to beginning your application. This will help you understand the requirements of the application.

To complete your application you will need to provide the following:

- Your ABN or Incorporated Number
- If you are being Auspiced, you will need their details and a letter confirming the auspice agreement
- Anticipated budget
- Recent annual report (weblink is acceptable) or financial statements.

If at any time you need technical support with your application, please contact SmartyGrants on 03 9320 6888 or at service@smartygrants.com.au

If you need to contact us throughout the application process, please quote the application number below:

Application Number

This field is read only.

Confirmation of Eligibility

I confirm that I:

- have read and understand the guidelines
- have read and understand the terms and conditions
- am able to demonstrate alignment between my project and the aims and pillars of the Elders Community Giving Project
- am from a not-for-profit organisation
- have an ABN, is incorporated, or am being auspiced by an incorporated organisation for the purposes of this application
- **am located and services a regional, rural or remote community in Australia which Elders or, an Elders owned and operated business, operates or has a physical presence (i.e., not a metropolitan area)**
- am able to demonstrate financial viability
- have the appropriate type and level of insurance for the activities that are the subject of this grant (if applicable).

Please select below: *
○ Yes   ○ No
You must confirm that all statements above are true and correct.

As you have responded no to the eligibility check, unfortunately you are not eligible to apply for this grant.

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold 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.* To view Elders privacy statement, go to elders.com.au/privacy-policy

Applicant Details

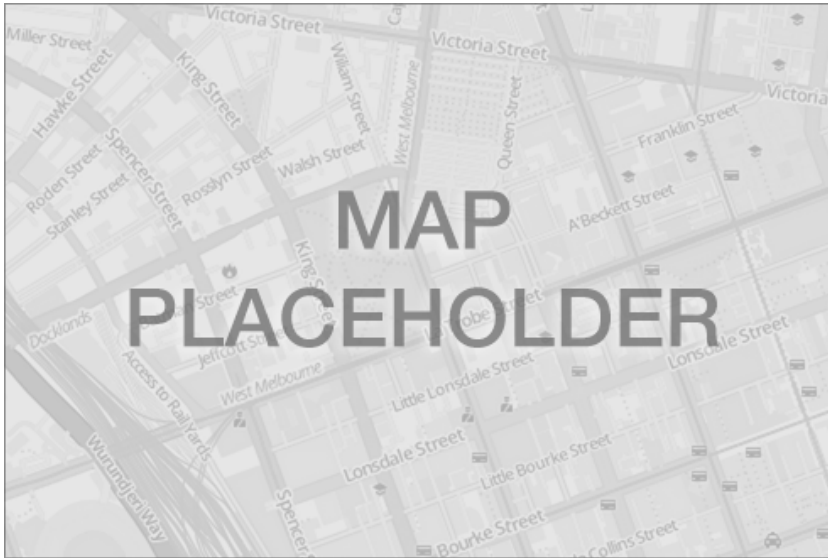**Organisation Name ***
Organisation Name

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.

Organisation primary address
Address

Please note only Australian addresses are eligible

Organisation postal address
Address

Organisation primary phone number *

Must be an Australian phone number.

Organisation email address *

Must be an email address.
If you do not have a generic organisation email, please add your own.

Organisation website

Must be a URL.

Primary Contact Details

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, Board Member 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.

Are you a current employee of Elders or an Elders owned business? *

○ Yes
○ No

Please note this will not hinder or help your application.

If you are an Elders client, please add your client ID number

Please note this will not hinder or help your application

What is your closest Elders branch?

If known

Organisation Details

* indicates a required field

What is your organisation's purpose or mission? *

Word count:
Must be no more than 200 words.
What is your purpose, who do you support etc.

How many employees does your organisation have? *

Must be a number.
How many are in paid employment?

How many volunteers does your organisation have *

Must be a number.
How many are unpaid but work and volunteer their time

How many members does your organisation have? *

Must be a number.
Either paid membership or users of your service/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	

Please enter your ABN number to search

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 the ATO website.

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

Max 25mb per file uploaded

What is your incorporation number?

Incorporated Association or Australian Company Number

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**
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? *
○   Incorporated association
○   Cooperative
○   Company limited by guarantee
○   Indigenous corporation, association or cooperative
○   Organisation established through specific legislation
○   Trust
○   Unknown
If your organisation is unincorporated, it must have an auspice organisation

Auspice Information

* indicates a required field

Is your organisation auspiced by another organisation for the purpose of this grant? *
○ Yes   ○ No
An auspice arrangement is when a larger organisation assists a smaller organisation to fund a grant activity or event. The larger organisation is known as the auspice organisation.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
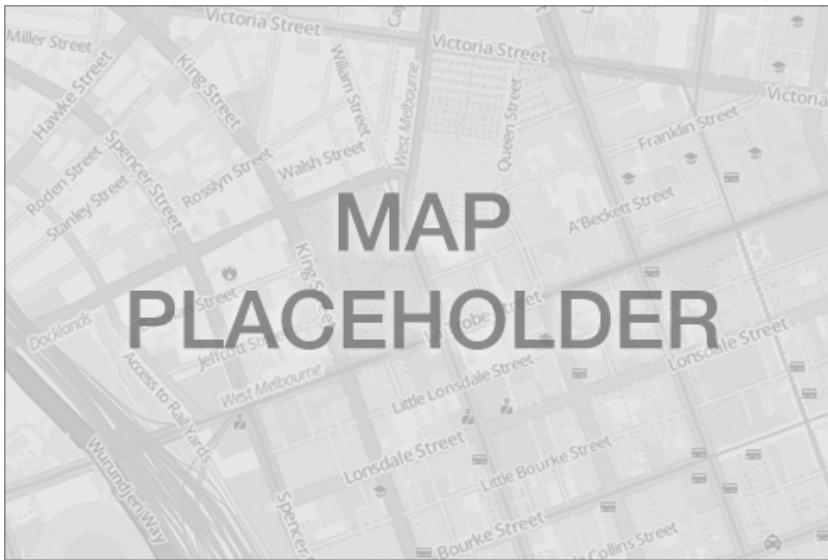
[   ]

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

Elders Community Giving Project
Form Preview

Project Details

* indicates a required field

Project title: *

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

Please list the town that your project/initiative will service *

Anticipated start date

If unknown, provide your best guess or leave blank

Anticipated end date

If unknown, provide your best guess or leave blank

Please provide a short summary of your initiative *

Word count:
Must be no more than 200 words.
Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what results you expect from your activities (outcomes).

What is the need and how will you address it *

Word count:
Must be no more than 200 words.
Tell us why your initiative is needed, and why you believe the activities you propose will produce the outcomes you seek. Provide statistics/evidence (where available) of both the need and the link between the work you will do and the outcomes you seek.

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

You may select up to five items. 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, health), rather than the types of people it will affect (e.g. young people, refugees).

Please select the Elders Community Giving Project pillar/s which your project aligns with *

☐ People and regions
☐ Environmental awareness
☐ Innovation into the future
☐ Healthy bodies and healthy minds
☐ Encouraging and celebrating diversity
☐ Safety first
☐ People's choice
At least 1 choice must be selected.

Please outline how your project aligns with the selected pillar/s. *

Word count:
Must be no more than 200 words.

Please tell us about the outcomes you expect to result from this initiative.

Outcomes are the changes you expect to occur from your initiative. Generally outcomes can be framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation, (these are generally **immediate** or short-term outcomes)
- Actions, behaviour, change in policy (these are generally **intermediate** or medium term outcomes)
- Social, financial, environmental, physical conditions (these are generally **long-term** outcomes)

We also want to learn more about the beneficiary/target groups you think your initiative will affect (**Primary** and **Indirect**), who you will work through to reach those groups or achieve your outcomes (**Intermediaries**), and how you propose to gauge whether your anticipated outcomes have been achieved - what you will measure and how (**indicators**).

If you need more help understanding what outcomes are, you can read the materials at:

https://ourcommunity.com.au/evaluation

List your initiative's anticipated outcomes in the following table.

Anticipated Outcomes	Timeframe	Indicator of Success	Verification Method
Outcomes are the changes that you expect to occur as a result of your initiative. See information above.	When do you expect to see results?	What you will use to measure this outcome - e.g. "an increase in items being recycled and not going to landfill "	e.g. survey; interviews; focus groups

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

These are your target audience groups. 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'

Please list any indirect beneficiaries/audiences you anticipate will or may be affected by your initiative.

Indirect beneficiaries:

Indirect beneficiaries are those who may not be targeted by your initiative but may benefit or be affected by it.

Please list any stakeholders you will work through or with to reach your beneficiaries/target audience and/or achieve your outcomes.

Stakeholders:

In order to influence changes in your target group, you may need to work through one or more layers of stakeholders. For example, these may include local council, community groups or industry groups.

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   ○ Not Applicable

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? *

Must be no more than 100 characters.

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.

Please upload letters of support (if available/relevant)

Attach a file:

A maximum of 5 files can be attached

What are the major steps/stages (i.e. milestones) involved in delivering your initiative?

Milestone	Start Date (if known)	Finish Date (if known)	Location (if relevant)	Notes

Elders Community Giving Project
Form Preview

e.g. planning; major activities; evaluation	Provide approximate date or leave blank if unknown or dependent on unknown factors Must be a date.	Provide approximate date or leave blank if unknown or dependent on unknown factors Must be a date.	(e.g. add address, suburb, region if known; otherwise type 'unknown' or 'not applicable')	Add explanatory notes if required

Please outline any permits or insurances that will need to be sourced and approved for the project to be implemented.

Please outline any risks you foresee.

These could be risks involving timing, budget, personnel resource, safety or reputational.

What is the risk	What is the likelihood of the risk?	What impact will it have on the project/ initiative?	What will you do to minimise or eliminate the risk?
	How likely is the risk to occur	What is the consequence if the risk occurs	

Is there anything else you would like to share with Elders in support of your application?

Word count:
Must be no more than 200 words.

Inputs (Budget)

* indicates a required field

Total Project/Program Cost *
$
What is the total budgeted cost (dollars) of your project?

Please indicate which tier of funding you are applying for: *
○ Tier 1 – up to $20,000
○ Tier 2 – up to $10,000

Will any other organisations (i.e private investment, local/state/federal government) be providing any funding for this project/ initiative/opportunity? *

○ Yes
○ No

If yes, how much funding will be provided?

Must be a number.
Please do not include any commas or symbols.

Budget (GST exclusive)

Please outline your anticipated project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST exclusive.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'. Examples of expenses could include 'purchase of materials', 'promotional materials'.

Use the 'Notes' column for any additional information you think we should be aware of.

It is recommended that you supply quotes where possible.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures – e.g. type $1000 not $1,000 – this will ensure your figures for each table total correctly.

Income Description	Income Type	Confirmed Funding?	Income Amount ($)	Notes
			$	
			$	
			$	
			$	

Expenditure Description	Expenditure Type	Expenditure Amount ($)	Notes
		$	
		$	
		$	
		$	

Budget Totals

Total Income Amount	Total Expenditure Amount	Income - Expenditure
$	$	
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.

Please attach quotes for where applicable and available

Attach a file:

What other inputs will you need in order to successfully carry out this project?

Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, and other types of support.

Applicant Capacity

* indicates a required field

Now that we know about your project/program, 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've described in this application. *

Word count:
Must be no more than 200 words.
Include in this section information about your strategies for providing the inputs (money, staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, etc.) and how you will complete this project/program within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work. Provide links to further explanatory material if available/relevant.

Please provide a link to or attach 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).

Upload files *

Attach a file:

or

Provide web link:

Must be a URL

Certification and Feedback

* indicates a required field

Certification

Please ensure that you meet all criteria prior to submitting your application, as incomplete and ineligible applications will not proceed to the next round. We will not follow up on any missing documentation after an application has been submitted.

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/it will be required to accept the terms and conditions of the grant as outlined in a letter of approval prior to any grant funds being provided.

I agree *   ○ Yes   ○ No

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)

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

Feedback

You are nearing the end of the application process. Before you review your application and submit your application, if you would like to provide feedback on the application process, please select **YES**.

If you would to just review and submit your application, please select **NO** to move the final stages of your application.

Would you like to provide feedback on the application process? *
○ Yes
○ No

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.

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.

Word count:
Must be no more than 100 words.