Instructions for Grantmakers

{{ Grantmakers: delete this page after reading }}

This sample Application Form can be adapted to suit your own grant program's needs. Non-Australian grantmakers in particular should note that some questions in this form may not be suitable for your circumstances. You may wish to choose the international or NZ sample form templates instead.

Note that conditional logic has been applied to this form. If you remove sections/ questions, this logic may be affected. Use 'Preview' mode to view where logic has been applied, or click on 'Section' or 'Page' headers to see conditions on the left-hand panel. Some questions also have validation applied (e.g., mandatory fields), but in most cases you will need to add this yourself.

This is a very comprehensive form - maybe too comprehensive if your program is giving out a small amount of money. **You should delete, add, edit and adapt the questions (including hints, validation and conditional logic) to suit your own program's needs and the capacities of your applicant communities.** Delete what you don't need – as a rule of thumb, don't ask a question if you don't know if or how you will use the answers.

You should consider providing, alongside your guidelines, a checklist of information/ documentation that applicants will need to have on hand in order to complete your form.

You will note that in some of the question hints we have also provided links to sample answers, which are housed in the Funding Centre (another enterprise operated by SmartyGrants' parent organisation, Our Community). These links can be deleted if you prefer not to use them on your form.

We have highlighted, **{{ like this }}**, areas where you need to delete or add your own information before you make the form live.

For more information on good form building practices and other aspects of SmartyGrants, visit the [Help Hub](#). The Help Hub is a comprehensive resource that contains written documentation and video tutorials. To access a toolkit is designed to walk you through the process of building, reviewing or refreshing a grants program - see our [Grantmaking Toolkit](#). The easy-to-follow stages within will provide you with the necessary knowledge and systems to build and administer grants programs for maximum impact.

Form builder checklist:

1. Get familiar with this form, including the conditional logic.
2. Amend this form as per the instructions above, paying particular attention to the needs of your own program and the capacities of your applicant community.
3. Apply/check logic and validation for each question.
4. **Delete this page (and all other grantmaker instructions).**
5. Customise confirmation email in Form Settings.
6. Double-check that you have replaced all the instructional material in this form with your own information.
7. Test your form (run a test round - see our [Help Hub](#) for details).
8. Open your live round.

We want your feedback!

Application
Form Preview

Please provide suggestions for improvements to this form by emailing
feedback@smartygrants.com.au

Eligibility

{{ Grantmakers: delete this section after reading }}

The items shown below are some of the more common inclusions and exclusions that are applied to community grants, but they should not be used on your form unless they apply specifically to your particular situation.

Try not to rule in or out any types of applicants just because that's what you've always done, or just because that's what others do. You need to think about why particular exclusions are in place, and whether or not they are useful and defensible.

Program

This field is read only.

Applicants: please note

Before completing this application form, you should have read the program (see program name listed above) guidelines: **{{ insert hyperlink }}**.

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 an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact **{{ insert contact details }}**.

If you do 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 the applicant ...
- has read and understands the program guidelines
- is able to demonstrate alignment between their project and the aims of this program

- is a not-for-profit organisation (includes educational institutions such as schools and kindergartens)
- is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- is an endorsed Deductible Gift Recipient (DGR) **{{ Grantmakers: most not-for-profit organisations do not have DGR so use this criterion only if this is a specific requirement of your funding }}**
- is located in (and/or supplies services to) **{{ Grantmakers: insert geographic location if relevant }}**
- is able to demonstrate financial viability
- does not owe any reports or money to **{{ insert Grantmaker name }}** as a result of previous funding or grants
- has the appropriate type and level of insurance for the activities that are the subject of this grant
- is not **{{ insert exclusions - e.g., a political party / seeking capital funding / etc. }}**

Please select below:

○ Yes   ○ No

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

Contact Details

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 our privacy statement, go to **{{ Grantmakers: insert hyperlink to your privacy statement }}**

Applicant Details

Applicant

○ Individual   ○ Organisation

Organisation Name

[   ]

Title   First Name   Last Name

[   ]   [   ]   [   ]

For organisations: 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.

{{ Grantmakers: if only individuals are applying to this program, or only organisations are applying to this program, change the layout option for the question above using the drop-down menu in the control panel to the left. Delete this general content question after reading }}

Department/Branch/Faculty

[   ]

Use this field only if relevant.

{{ Grantmakers: you can create a custom contact field to collect information like Department/Branch/Faculty here provided you have appropriate user access to the account settings. This means that this information will appear in the contact directory along with all of the other contact information you collect. Delete this general content question after reading }}

Applicant primary address

Address
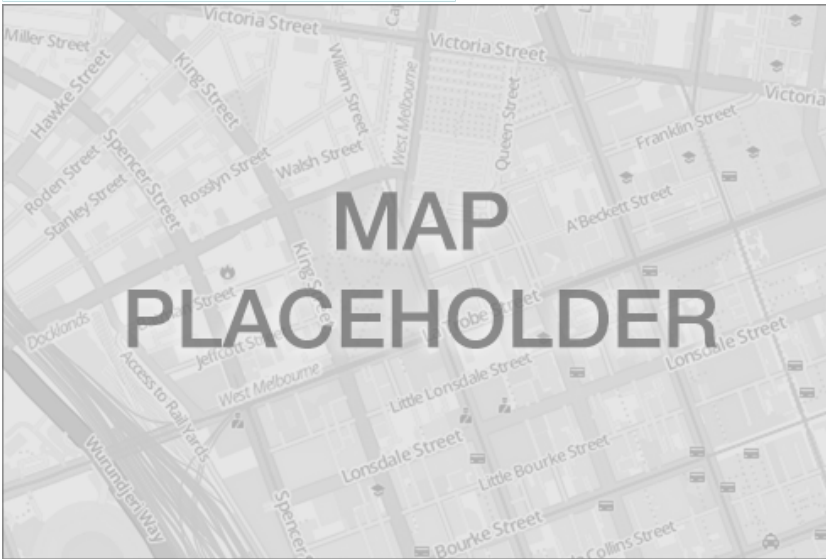
Applicant postal address

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.

Primary Contact Details

{{ Grantmakers: if only individuals are applying to this program, you could consider deleting this section. Delete this general content question after reading }}

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.

{{ Grantmakers: other phone number types are available via the "Add Question" menu. Delete this general content question after reading }}

Primary contact email address

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

Organisation Details

What is your organisation's purpose or mission?

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	

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 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
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
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
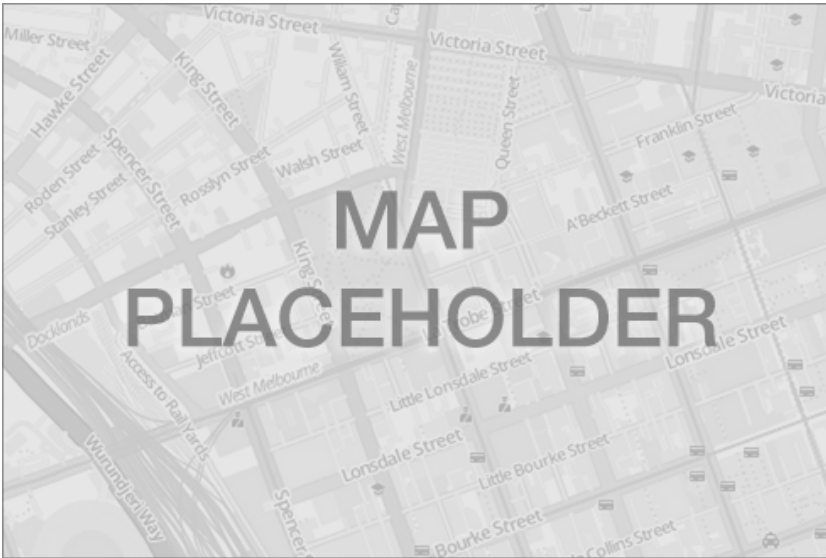
Auspice organisation name
Organisation Name

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

Project Details

Project title:

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

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

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 effects you expect to result from your activities (outcomes). Go to the Funding Centre's Answers Bank at https://www.fundingcentre.com.au/answersbank#Qu1 if you need some ideas about how to frame your response.

Rationale / Theory of Change: What is the need and how will you address it?

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. Go to the Funding Centre's Answers Bank at https://www.fundingcentre.com.au/answersbank#Qu2 if you need some ideas about how to frame your response.

Alignment - How will your initiative help {{ insert grantmaker's name }} achieve our goals?

Please consult the program guidelines for more information about our program and organisational goals - see {{ Grantmakers: insert website address here }}. Go to the Funding Centre's Answers Bank at https://www.fundingcentre.com.au/answersbank#Qu3 if you need some ideas about how to frame your response.

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, sport, health), rather than the types of people it will affect (e.g. young people, refugees).

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

Outcomes are the changes you expect to occur for the beneficiaries of 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)

Immediate outcomes occur directly following an activity (e.g. within 1 month); intermediate outcomes are those that fall between the immediate and long-term (e.g. between 1 month and 2 years); and long-term outcomes are those we expect to see years later (e.g. 2, 5, 10 or 50 years after the activity).

We also want to learn more about the beneficiary 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, read the materials at:

https://ourcommunity.com.au/evaluation

List your initiative's anticipated outcomes and attached information in the following table. Leave blank any fields that do not apply to your initiative.

Anticipated Outcomes	Timeframe	Indicator	Verification Method
Outcomes are the changes that you expect to occur as a result of your initiative. See information above.	See description above	What you will use to measure this outcome - e.g. "change in teenage pregnancy rates from x to y"	e.g. survey; interviews; focus groups

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'

Please list any indirect beneficiaries 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 are nonetheless expected to be affected by it. For example, a country sports program might be expected to improve the health of the participants ('rural children and youth'), but also to contribute to strengthened community cohesion and capacity building through greater involvement in sports clubs ('rural adults'). You may add extra rows if required.

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

Intermediaries:

| |
| |
| |
| |

In order to induce changes in your target group, you may need to work through one or more layers of intermediaries. If you wanted to reduce ethnic prejudice, for example, you might want to work through teachers to change students, or even through teacher training colleges to change teachers. You may add extra rows if required.

What outputs are you expecting to produce through this initiative?

Outputs are the immediate, obvious, and (usually) countable changes a project/program generates. Examples would include the number of trees to be planted, the number of classes to be held, the number people expected to attend a training course, the number of possums to be treated for a disease, the number of volunteers to be engaged.

List your initiative's intended outputs, including approximate numbers (if possible), in the following table. Leave blank any fields that do not apply to your initiative.

Number	Who or What	Service / Product / Activity	Timeframe
(Approximate, or leave blank if unknown)	e.g. parents; trainees; trees; possums; books	e.g. trained in first aid; planted; provided treatment; delivered	e.g. over life of program; per annum; per month

How will you address the needs of people of different genders in the design and management of your initiative? How will you know if you have considered all genders adequately?

We want you to show how you have considered gender differences in designing your project/program and how you will assess your results. Please outline how you will know if you've catered for all genders adequately (presuming your initiative is designed for all genders) and how you will measure the gender split of your beneficiaries. If you are running a gender-specific initiative, please tell us why only one gender is being targeted. For more information on applying a gender lens to your work, visit http://www.fundingcentre.com.au/help/gender-lens

How will you measure the gender reach of your project/program?

Please outline how you will know whether or not you have reached all genders equitably (presuming your initiative is designed for all genders). For more information on applying a gender lens to your work, visit http://www.fundingcentre.com.au/help/gender-lens

Will your project address gender inequality?

○ Yes   ○ No   ○ Don't know

Answer 'yes' if your project/program is specifically designed to improve opportunities for people who identify as women and girls, or you think this may occur as a side-benefit to your initiative.

How will your initiative address gender inequality? *

What will you do to address gender inequality and what changes do you expect will occur as a result?

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?

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
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

Inputs (Budget)

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?

Budget (GST exclusive)

Please outline your 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 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.

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

{{ Grantmakers: refer here to your own expenses quotation policy - e.g. "For expense items over $500, quotes will need to be provided in the file upload area below the tables." }}

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.

{{ Optional: Grantmakers may wish to link here to a sample budget. }}

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

			$	
			$	

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

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.

{{ Grantmakers: Change this question and hint to match the size of the grant and your own organisation's policies }}

Please attach quotes for those expenditure (cost) items over {{ $500 }}
Attach a file:

{{ Grantmakers: Add your own hint to reflect your policy on obtaining quotes }}

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

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

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.

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

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   ○ 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

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. (If you would rather provide anonymous feedback, please go to **{{ Grantmakers: provide a link to an anonymous survey or delete this sentence }}**).

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.

Office use only

This form should be reopened to allow contract signing
○ Yes
○ No

CONTRACT SECTION

* indicates a required field

Application
Form Preview

Applicant Primary Bank Account *
Account Name

BSB Number   Account Number

Must be a valid Australian bank account format.

I agree with all the specified terms of this contract *
○   Yes