

80th Anniversary of the End of World War II Grants Administration Application

Form Preview

80th Anniversary of the End of World War II Fund

80th Anniversary of the End of World War II Fund Guidelines

Before you complete your application, please ensure you have familiarised yourself with the documents below.

80th Anniversary of the End of World War II Fund guidelines

[80th-Anniversary-End-WWII-Grant-Guidelines](#)

Application Details

* indicates a required field

Applicant

Organisation Name *

Organisation Name

Must be an Organisation

Organisation Office Address *

Address

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

Organisation Postal Address *

Address

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

Applicant Contact Person *

Title

First Name

Last Name

Provide the primary contact person, responsible for the receipt and acquittal of the grant

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Applicant Project Contact Position

Applicant Project Contact Primary Phone Number *

Must be an Australian phone number.
Provide area code e.g (08), plus the number

Applicant Project Contact Primary Email *

Must be an email address.

Is your organisation registered for GST? *

- ☐ Yes
☐ No

ABN Details

Your organisation must have an ABN. Please enter the details below.

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.

Eligibility Criteria

* indicates a required field

Is your organisation established for the purpose of helping or supporting, or having a membership consisting of or including, veterans or the spouses,

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domestic partners, children or other dependants of veterans? This includes ex-service organisations. *

- ☐ Yes
- ☐ No

Is your organisation a local government authority, a school, or a not for profit organisation? *

- ☐ Yes
- ☐ No

Is your proposed project for the purpose of educating the community about the impact of World War II on the South Australian community? *

- ☐ Yes
- ☐ No

Incorporation Number

If yes, please provide evidence, such as your organisation's constitution or Website Link

Upload files e.g constitution etc.

Attach a file:

Website Link

Must be a URL.

Partnerships

*** indicates a required field**

What is your organisation's role as applicant? Would you be working alone or with one or more other partner organisations? *

- ☐ Lead, sole organisation
- ☐ Lead applicant delivering project in partnership with other organisation/s
- ☐ Auspiced organisation partnering with an eligible lead organisation.

Partners

Other Partner Organisation *

Organisation Name

Other Partners Contact Person *

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Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Partners Contact Person Primary Phone Number *

Must be an Australian phone number.

Other Partners Contact Person Primary Email *

Must be an email address.

Other Partners Roles and Responsibilities

Word count:

What is are this partners roles and responsibilities in this project

Other Partners Arrangement

What is the arrangement between you and this partner in the management of this project e.g partnership, joint venture

Who is involved in the project?

Word count:

Outline the community and/or other organisations supporting your project.

Project Details

* indicates a required field

Project Title *

Short project description *

Word count:

Provide a short description (300 words recommended) of your project - what are you out to do?

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When do you anticipate the project would start? *

Must be a date and no earlier than 1/7/2024.

When do you anticipate the project would finish? *

Must be a date and between 1/8/2024 and 31/12/2025.

Approximately how many people would benefit from the project? *

Must be a number.

What is the impact your project seeks to have and how would you carry out the project? (25% of evaluation) *

Word count:

Define the outcomes your project would achieve and the impact you hope to have. Outline your project plan, including key milestones, timeframes and measures of impact.

How would the project contribute to the community? (20% of evaluation) *

Word count:

Does the application clearly identify how the project will contribute to the community? Would it complement rather than duplicate what is already existing in the community?

How would your project address an identified need? (15% of evaluation)* *

Word count:

Describe what need you or others have identified which would be met by the project and how the project would address that need.

Can you demonstrate how your organisation will have the capacity to deliver the project? (15% of evaluation) *

Word count:

Provide evidence of your organisation's capacity to deliver on your project. Describe the skills, knowledge and experience your organisation would call on to deliver the project.

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Project Budget

* indicates a required field

Value for Money is 25% of the evaluation criteria. Information provided in this section together with the previous section will be considered to assess that criteria.

The panel will consider the extent to which the project provide value for the South Australian community from government money and the project's sustainability. The panel will also consider if there are commitments or co-contributions where appropriate.

Total Project Cost *

\$

Must be a whole dollar amount (no cents).

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

Total Amount Requested *

\$

Must be a whole dollar amount (no cents).

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

Itemised Budget

A quote must be provided for items over \$1,000.

Note funding will not be provided for ongoing expenditure, major capital works, annual events beyond their first year, wages, food or catering, travel, accommodation or entrance fees.

Expenditure Item / Activity Funding Sought

\$

Please describe the activity and provide an estimate of the cost (GST Exclusive)	Must be a whole dollar amount (no cents).
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Budget Totals

Total Expenditure Amount

\$

This number/amount is calculated.

Quotes

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A quote must be provided for items over \$1,000.

Upload all Quotes *
Attach a file:

Does your organisation intend to make a financial or in-kind co-contribution to the project? *

- ☐ Financial Contribution
☐ In-Kind Contribution
☐ No

If you select "NO" ensure that the other two boxes are left unticked

Financial Contribution

Expenditure	\$
Describe the types of expenditure you will contribute the project and the amount for each type. (GST Exclusive)	Must be a whole dollar amount (no cents).
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Financial Contribution Totals

Total Financial Contribution Amount

\$

This number/amount is calculated.

In-Kind Contributions

Expenditure	\$
Describe the types of in-kind contributions you will make to the project and the where possible the dollar value of the contributions (GST Exclusive)	Must be a whole dollar amount (no cents).
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

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In-Kind Contributions Totals

Total Expenditure Amount

\$

This number/amount is calculated.

Does your organisation currently receive funding or has it applied for funding for this project from any other body? *

- ☐ Yes
☐ No

Other Funding for this Project

Income

\$

Provide details of funding sources and the amount received from those sources (GST Exclusive)	Must be a whole dollar amount (no cents).
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Other Funding for this Project Totals

Total Income amount

\$

This number/amount is calculated.

Will funds be requested from participants (like entrance fees, sale of books or a participation cost?) *

- ☐ Yes
☐ No

Participant funding

Income

\$

Describe the type and estimated amount of funding expected to be received from participants (GST Exclusive)	Must be a whole dollar amount (no cents).
	\$
	\$
	\$
	\$
	\$
	\$

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	\$
	\$

Participant Funding Totals

Total Income Amount

\$

This number/amount is calculated.

Declaration

* indicates a required field

I / we, the persons making this application declare that: *

- ☐ The information provided in this application is true and correct in every detail;
- ☐ I / we have been authorised by the applicant organisation to prepare and submit this application for a grant from the Government of South Australia as represented by Veterans SA.
- ☐ I / we understand that applications made to this fund are subject to the Freedom of Information Act 1991 and that if a freedom of information request is made, the Minister or a representative will consult with the applicant before any decision is made to release the application or any supporting information; and
- ☐ I / we acknowledge that the Veterans Advisory Council may refer this application to external experts or other government departments for assessment, reporting, advice, comment or for discussions regarding alternative or collaborative grant funding opportunities.

Applicants must tick each box to indicate they agree with the declarations being made

Should this application for funding be successful and our organisation enters into a grant agreement, our organisation undertakes to acquit the grant in accordance with the requirements of the Minister by: *

- ☐ Completing an evaluation report, including reporting on the outcomes and impact outlined in this application
- ☐ Completing an accountability statement
- ☐ Providing copies of receipts for the full grant amount
- ☐ Providing evidence that the organisation publicly acknowledged receipt of government support.

Applicants must tick each box to indicate they agree to provide the information or evidence required to acquit the grant

Applicant Declaration Details *

Title First Name Last Name

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Position *

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Organisation *

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Organisation Name

Phone Number *

Must be an Australian phone number.
Provide Area Code e.g. (08), plus number

Email *

Must be an email address.

Declaration Date *

Must be a date.