ANZAC Day Commemoration Fund Application 2026-27
Form Preview

ANZAC Day Commemoration Fund 2026-27

Before You Begin: Please read the full **Anzac Day Commemoration Fund Grant Guidelines** before completing this application:

https://veteranssa.sa.gov.au/wp-content/uploads/2026/07/Veterans-SA-Anzac-Day-Commemoration-Fund-2026-27_Grant-Guidelines2.pdf

Important Notes:

- **Only one application per organisation** will be accepted.
- **South Australian RSL sub-branches** are encouraged to apply directly to the **RSL SA State Branch** for funding to deliver **Anzac Day services.**

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

To input in a PO Box address, click into the address field and then select the "Can't find your address?" option before typing in any characters

Applicant Project Contact Person *
Title First Name Last Name

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

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.

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 their spouses, domestic partners, children or other dependants? 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 significance of South Australia's military history? *

- ○ Yes
- ○ No

Is your proposed project for the purpose of conducting services to commemorate Australia's military history? *

- ○ Yes
- ○ No

Incorporation Number

Incorporated Association or Australian Company Number

If yes, please provide evidence, such as your organisation’s constitution or Website Link. **At least one form of evidence is required.**

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

ABN Details

Please enter your organisation's ABN:

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.

Partners

Other Partner Organisation *

Organisation Name

Other Partner's Contact Person *
Title First Name Last Name

Other Partner's Contact Person Primary Phone Number *

Must be an Australian phone number.

Other Partner's Contact Person Primary Email *

Must be an email address.

Other Partner's Roles and Responsibilities *

Word count:
What is are this partners roles and responsibilities in this project

Other Partner's Arrangement *

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

Auspice Organisation Information

Auspice Organisation Name *
Organisation Name

Auspice Project Contact *
Title First Name Last Name

Auspice Project Contact Position *

Auspice Primary Address *
Address

Auspice Postal Address *
Address

Auspice Primary Phone Number *

Must be an Australian phone number.

Auspice Primary Email *

Must be an email address.

Auspice Primary Website *

Must be a URL.

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.

Incorporation Number? *

Incorporated Association or Australian Company Number

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	
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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.

Who is involved in the project? *

Word count:
Must be no more than 200 words.
Outline the community and/or other organisations supporting your project.

Project Details

* indicates a required field

Project Title *

Word count:
Must be no more than 20 words.

Short project description *

Word count:
Must be no more than 200 words.
Provide a short description - what are you out to do?

When do you anticipate the project would start? *

Must be a date and no earlier than 1/11/2025.

When do you anticipate the project would finish? *

Must be a date and between 1/11/2025 and 31/12/2026.

What is the location of the project or event? *

Word count:
Specify suburb or region

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:
Must be no more than 500 words.
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:
Must be no more than 500 words.
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:
Must be no more than 500 words.
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:
Must be no more than 500 words.
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.

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

 # Entering the amount/s of funding you are requesting to deliver the project or event:

- *If your organisation is **registered for GST**, enter amounts **exclusive of GST**.*
- *If your organisation is **not registered for GST**, enter the **total amount required to deliver the project**, including any GST you expect to pay to suppliers. (Even though you cannot claim GST back, we will consider this part of your project cost.)*

 # Why This Matters

- *GST-registered organisations will be paid a grant amount **exclusive of GST** and must issue a tax invoice.*
- *Non-GST-registered organisations will be paid a grant amount that **includes any GST they expect to incur**, but **no GST will be added or remitted**.*

Itemised Budget for Requested Funding

Quotes will need to be attached for expense 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**	**Attach a Quote if item is over $1,000**
Describe the activity	Provide an estimate of the cost	Quote is required for amounts over $1,000
	$	
	$	
	$	
	$	
	$	
	$	

Funding Amount Requested

Total Amount Requested

$

Total financial support you are requesting in this application

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

○ Yes
○ No

Contributions

Select the organisation contribution/s that apply *
☐ Financial Contribution
☐ In-Kind Contribution
At least 1 choice must be selected.

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).
	$
	$
	$
	$
	$
	$
	$
	$

In-Kind Contributions Totals

Total In-Kind Contribution 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

Other Funding Total 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	Must be a whole dollar amount (no cents).

	$
	$
	$
	$
	$
	$
	$
	$

Participant Funding Totals

Total Participant Funding

$

This number/amount is calculated.

Project Cost Totals

Total Project Cost

Total budgeted cost (dollars) of your project

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.

At least 4 choices must be selected.

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 agrees 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.

At least 4 choices must be selected.
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

Position *

Must be authorised by an appropriate executive member of the organisation

Organisation *

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.