#### Veterans SA Capacity Building Grant Fund

#### About the program

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

Veterans SA Capacity Building Grant Fund guidelines

https://veteranssa.sa.gov.au/wp-content/uploads/2023/08/Capacity-Building-Grant-Fund-Guidelines-2023-24-FINAL.pdf

The Capacity Building Grants Fund is administered by Veterans SA.

The grants provide one-off funding to eligible ex-service organisations to develop projects that improve their governance and strengthen their capacity building skills.

Grants are available for projects or initiatives that are aimed at building capacity, knowledge and skills within the community, but do not create an ongoing need for funding.

Grants will be awarded through one funding round in financial year 2023/2024. Grants of up to \$5,000 are available for projects to be delivered over twelve months.

### The fund will be open for applications until the program funds are exhausted or 5:00pm on 31 May 2024, whichever is earlier.

#### Who is eligible

To be eligible for funding, ex-service organisations must:

- Be non-government, not-for-profit and
  - Incorporated under the Associations Incorporation Act 1985 for a minimum of one year, or
  - An Australian Public Company Limited by Guarantee under the *Corporations Act* 2001, or
  - A Statutory Authority established through an Act, or
  - Registered with the Australian Charities and Not-for-Profit Commission with a comparable legal status
- Have a registered Australian Business Number (ABN)
- Provide satisfactory evidence that their core purpose is to deliver initiatives, services or support for veterans in South Australia
- Be South Australian based.

#### Can organisations apply as a partnership?

Key ex-service organisations may apply as a lead agency in partnership with one or more South Australian unincorporated not for profit organisations. Ex-service organisations might partner with one or more organisations to combine their knowledge, skills and experience.

The lead organisation is responsible for submitting the application online and if successful will have legal and financial accountability of the project, be required to enter into the grant agreement, receive the funding and be responsible for acquittal of the funding.

Evidence of the partnership must be provided by the lead organisation as part of their application (eg a letter from each of the partner organisations, confirming their collaboration on the project).

#### Applicant Eligibility and Contact Details

\* indicates a required field

The applicant organisation must be eligible to apply for funding. If successful, the applicant organisation will be required to sign a grant agreement and comply with its conditions.

#### **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.		

#### **Applicant Contact Details**

Applicant Organisation

### Organisation Name \* Organisation Name

Your applicant organisation name must be the same as registered/incorporation name and the same as the ABN Enity Name or trading name linked to the ABN.

<b>Organis</b>	ation (	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
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.
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 *

Title	First Name	Last Name	
Other P	artners Contac	t Person Primary Phone Number *	
Must be a	an Australian phone	number.	
Other P	artners Contac	t Person Primary Email *	
Must be a	an email address.		
Other P	artners Roles a	and Responsibilities *	
		·	
Word co	unti		
	-	and responsibilities in this project	
Other P	artners Arrang	ement *	
What is th	ne arrangement be	tween you and this partner in the managem	ent of this project e.g
partnersh	nip, joint venture		
Duning	t Dataila		
	t Details		
* indicat	es a required fiel	d	
Project	Title *		
Short p	roject descript	on *	
-			
Word co	unt		
Provide a	short description	300 words recommended) of your project at the capacity building skills of your organisat	
When d	o you anticipat	e the project would start? *	
Must he a	a date and no earli	er than 22/8/2023	
when d	o you anticipat	e the project would finish? *	
Must he a	date and no earli	er than 22/8/2023	

Who is involved in the project? *
Outline the community and/or other organisations supporting your project.
What is the impact your project seeks to have and how would you carry out the
project? (25% of evaluation) *
Word count
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? (25% of evaluation) *
Word count:  Does the application clearly identify how the project will contribute to the community?
How would your project address an identified need? (25% 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.
Will the project include training for your organisation's members?
<ul><li>Yes</li><li>No</li></ul>
Please provide the name of the organisation delivering the training? Organisation Name
Organisation Name
Ave they a Registered Typining Overnienties (RTO)?
Are they a Registered Training Organisation (RTO)?  O Yes
○ No

**Registered training Organisation Number** 

Must be a number.

Search Registered Training Organisations at https://training.gov.au/Search/SearchOrganisation

#### **Outcomes**

\* indicates a required field

If successful, your organisation will be required to measure and report on the outcomes of the project

#### Please select one or more of the following outcomes. \*

- ☐ Build the capacity of ex-service organisations to actively participate in all aspects of the South Australian society and economy
- ☐ Strengthen the governance of ex-service organisations to lead, develop, support and advocate for their communities
- ☐ Build partnerships between ex-service organisations and service providers to combine their strengths and abilities to better respond to the needs of the veteran community
- ☐ Strengthen organisational capacity to attract ex-service organisations to attract funding support, as well as recruit, retain and improve the skills and knowledge of volunteers and members
- Develop and improve work practices and procedures, such as strategic planning, risk management, Work Health and Safety, and financial management
- □ Strengthen communication between members of the organisation, government agencies and other stakeholders.

#### 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.

Veterans SA will consider the extent to which the project provides 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.

List all items you are requesting funding for in separate lines in the Expenditure Item/ Activity Funding table below.

Please provide quotes for items of \$500 or over.

#### 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 \***

¢		
Ψ		

Must be a whole dollar amount (no cents) and no more than \$5,000. 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 \$500.

Note funding will not be provided for ongoing expenditure, catering, existing staff salaries, travel expenses outside of South Australian, interstate or overseas speakers, supplementation of recurrent or ongoing costs of an existing organisation.

### Expenditure Item / Activity Funding \$ Sought

Please describe the activity and provide an	Totalling no more than \$5,000
estimate of the cost (GST Exclusive)	Must be a whole dollar amount (no cents).
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

#### **Budget Totals**

Total Expenditure Ar	nount *
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\$

This number/amount is calculated.

#### Quotes

A quote must be provided for items over \$500.

This may include quotes or advertised prices.

Upload	all	Quotes	*
Attach a	file	<b>:</b> :	

A minimum of 1 file must be attached.

#### Declaration

\* indicates a required field

I /	we,	the	persons	making	this	application	declare	that: '
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☐ The information provided in this application is true and correct in every detail;

$\Box$ I / we have been authorised by the application for a grant from the Government SA.	cant organisation to prepare and submit this t of South Australia as represented by Veteran
☐ I / we understand that applications made Information Act 1991 and that if a freedom of	of information request is made, the Premier or ant before any decision is made to release the
□ I / we acknowledge that Veterans SA may or other government departments for assess discussions regarding alternative or collabora All 4 choices must be selected. Applicants must tideclarations being made	y refer this application to external experts sment, reporting, advice, comment or for rative grant funding opportunities
a grant agreement, our organisation un with the requirements of Veterans SA b	ng reporting on the outcomes and impact
☐ Providing copies of receipts for the full gr	rant amount
support.	publicly acknowledged receipt of government
All 4 choices must be selected. Applicants must ti information or evidence required to acquit the gra	ick each box to indicate they agree to provide the ant.
Applicant Declaration Details *	
Title First Name Last Name	
Position *	
Organisation * Organisation Name	
organisation Nume	
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.	
Must be a date.	