

VSA Commemorative Services Grant Fund Application 2024-25

Form Preview

Veterans SA Commemorative Services Grant Fund

About the program

Before you complete your application, please ensure you have familiarised yourself with the [Veterans SA Commemorative Services Grant Fund guidelines](#).

The Veterans SA Commemoration Service Grant Fund provides small grants of up to \$1,000 to support eligible organisations to assist in hosting commemorative events during the 2024-25 financial year.

Please note grants are not available for ANZAC Day Dawn Services through this funding round.

The fund will be open for applications until the program funds are exhausted or 5:00pm on 31 May 2025, whichever is earlier.

Who is eligible

To be eligible for funding, 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.

Application Details

* indicates a required field

Applicant Contact Details

Applicant Organisation

Organisation Name *

Organisation Name

Must be an Organisation

Organisation Office Address *

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Address

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

Organisation Postal Address

Address

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.

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

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ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Event Details

* indicates a required field

Event Title *

Provide a brief description of the planned event *

Word count:

Must be no more than 100 words.

Provide a short description of your event - what are you out to do, what is its purpose?

What are the expected outcomes of the project?

Word count:

Must be no more than 100 words.

Describe the things you want the activity to achieve in terms of benefits for participants and/or others

Event Date *

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

Where would the event be held

Approximately how many people would attend the event *

Must be a number.

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

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Word count:

Expand on the outcomes your event would achieve and the impact you hope to have. Outline your event plan.

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

Word count:

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

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

Word count:

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

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

Word count:

Provide evidence of your organisation's capacity to deliver on your event. Describe the skills, knowledge and experience your organisation would call on to deliver the event..Please provide an overview of the main risks associated with delivering your event and how you plan to mitigate them.

Event 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 event will provide value for the South Australian community from government money and the event's sustainability. Veterans SA will also consider if there are commitments or co-contributions where appropriate.

Total Event Cost *

\$

Must be a whole dollar amount (no cents).

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

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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 \$500.

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

Catering will only be funded up to an amount of \$300.

Expenditure Item / Activity Funding Sought

\$

Please describe the activity and provide an estimate of the cost (GST Exclusive)	Totaling no more than \$1,000 Must be a whole dollar amount (no cents).
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Budget Totals

Total Expenditure Amount

\$

This number/amount is calculated.

Quotes

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

Upload all Quotes *

Attach a file:

A minimum of 1 file must be attached.

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

- ☐ Financial Contribution
☐ In-Kind Contribution
☐ No

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

Financial Contribution

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Expenditure	\$
Describe the types of expenditure you will contribute the event 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 event 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 Expenditure 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.

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☐ 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 Premier 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 Veterans SA 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

All 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 undertakes to acquit the grant in accordance with the requirements of Veterans SA 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.

All 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

Please fill in details of your Chair, President or Chief Executive of your organisation below as a sign they endorse this application *

Title First Name Last Name

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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.

