



# Safe and Together Community Grants Program

Submission Reference:

## Application Information

The Safe and Together Community Grants Program was announced on 2 February 2022, as part of the Australian Government's additional \$61.7 million in new measures to build a safer, resilient and more united Australia. The program will run over 3 years from 2022–23 to 2024–25. For this grant opportunity, \$2.5 million GST exclusive is available for the 2022–23 Financial Year.

- The minimum grant amount is \$10,000 GST exclusive.
- The maximum grant amount is \$100,000 GST exclusive.

The objectives of the Safe and Together Community Grants Program grant opportunity are to:

- Build communities' general awareness of and strengthen their resilience against extremism
- Enable community organisations to partner with communities and families, to teach them the skills to engage with young people who may be vulnerable to extremism
- Establish support programs for young people who are successfully disengaging from extremist views and behaviours.

The intended outcomes of the Safe and Together Community Grants Program grant opportunity are:

- Across Australia, communities will gain a general understanding of the nature of extremism and how to improve individual and community resilience to it
- At all levels, people will work together to identify risks and triggers that may lead vulnerable young people to extremist views and behaviours, and learn how to foster protective factors against those risks
- Communities and organisations will be skilled in engaging and facilitating discussion with young people about violent extremist issues
- Vulnerable young people are referred to appropriate support programs at an early stage, to reduce the risk of them becoming violent.

Please note that you can only submit one application form per organisation in each state or territory. This includes applications received from joint consortia.

## Community Grants Hub

This grant round is being administered by the Community Grants Hub, on behalf of the Department of Home Affairs.

## Closing Date/Time

Applications must be submitted by **9:00pm Australian Eastern Daylight Time (AEDT) Thursday 12 January 2023**.

## Making Sure Your Application is Saved

Upon exiting the form please ensure that you use the 'Save and Close' button. The 'Continue' button should only be used as you intend to progress through the form. For your Application to be saved when exiting, you will need to click on:

- 'Save and Close', and
- 'Confirm'.

You will know that your application is saved when you are taken from the current form process to the 'Form Saved' page.

Note that the 'Save and Close' button will ask that you 'Confirm' that you wish to save the Application, which you must do to complete the save process. If this is not done, your Application will not be saved.

You can return to your Application with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details.

## Grant Opportunity Documents

Read all information in the Grant Opportunity Documents before completing this Application Form. The Grant Opportunity Documents are available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites. Applications will be assessed using the process outlined in the Guidelines.

## Application Help

Information about the Application process is available on the GrantConnect [□](#) and Community Grants Hub [□](#) websites.

Applicants must submit any questions relating to the Program or this Application process in writing to [support@communitygrants.gov.au](mailto:support@communitygrants.gov.au) [□](#). Applicants may submit these questions up until five business days prior to the Closing Time and Date. A response will be provided within five business days.

Applicants may direct any general enquiries, requests for technical help or support in using and/or submitting the Application Form by:

- Phone 1800020283
- Email to [support@communitygrants.gov.au](mailto:support@communitygrants.gov.au) [□](#)

## Attachment Limits

This Application Form allows users to attach files to support their application. You must provide an attachment where indicated. Use the 'Upload File' button to select your file from a local drive.

**Accepted file types:** .bmp, .doc, .docx, .gif, .jpeg, .jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsx, .xlsm, .xlsb, .xlsx.

**Note:** There is a 2048.0KB limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

## Sharing this Form

More than one person should not access this form at the same time. If this is done there is a risk that information entered in the form may be lost and not transferred upon submission. If you wish to share this form and access details, please ensure that only one user edits the form at any given time.

To avoid any issues with your submission, ensure each contributor has completed their updates, saved their changes and exited the form prior to another person accessing the same form.

## Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

## Submitting Application Form

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

Following submission, a message with your Submission Reference ID will appear on your screen and you will be provided a PDF receipt of your submission via email you are also able to send a receipt to an additional email address of your choosing. Please save this email receipt for future reference and use it is all correspondence about this application.

**Note:** Applications will be assessed using the process outlined in the Grant Opportunity Documents. Applicants will be notified of the grant funding outcome on completion of the assessment process.

## National Relay Service (NRS)

The Community Grants Hub uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1800555677 to access the NRS.

## Australian Tax Office Reporting

The Department will need to report details of payments made to the Australian Taxation Office (ATO) as part of the taxable reporting obligations for government entities.

In general terms, the types of payments to be reported to the ATO are:

- Payments made for grants to entities with an Australian Business Number (ABN)
- Payments made for services.

If you receive a payment from the Department that meets the ATO criteria, it will be reported to the ATO as part of the Taxable payments annual report.

Further information is available on the Australian Taxation Office [□](#) website.

# Privacy

The Community Grants Hub uses an integrated Smartform service assisted by the Department of Industry, Science and Resources on [www.business.gov.au](http://www.business.gov.au).

If you are providing information to access a non-Department of Industry, Science and Resources program, that information will not be accessed by Department of Industry, Science and Resources employees. The only exception to this is where Senior Analysts within the Department of Industry, Science and Resources require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

The Community Grants Hub will be able to access the Application as part of the form support services.

By submitting the Application you acknowledge that the information provided in the Application may be shared with other Commonwealth and law enforcement agencies for the prevention and detection of fraud.

For more information about how the Department of Industry, Science and Resources protects your privacy and personal information, please see the Department of Industry, Science and Resources' [Privacy Policy](#). The Community Grants Hub [Privacy Policy](#) and [WCaG Accessibility Information](#) and the Department of Home Affairs [Privacy Policy](#) should also be read and understood.

## Use of Information

Your Submission Reference is:

Please send yourself a link to this saved form by entering your email address below. This email will detail your Submission Reference, the date and time this application process will close, and a link to access your saved form.

If you have any questions relating to this Application phone 1800020283 or email [support@communitygrants.gov.au](mailto:support@communitygrants.gov.au).

Your email address \*

Confirm your email address \*

### Use of Information

The Community Grants Hub may use the information, other than personal information, provided in this Application Form to assist it to:

- Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website
- Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program
- Inform future assessments for Applications.

All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.

You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.

Check this box if you agree to the use of the information you provide in this Application Form.

I agree \*

## Existing Grant Recipient

### Is the Applicant an existing Grant Recipient through the Community Grants Hub? \*

If you require assistance, please call 1800020283.

Yes  No

If Yes, provide the Organisation ID number as it appears on your Grant Agreement and then click 'Verify ID' to confirm the details are correct.

Tip: Copy and paste the Organisation ID number from the Grant Agreement to avoid errors.

Organisation ID \*

Applicant Legal Name

Registered Business Name

Entity Type

ABN

State

Postcode

GST Registered

For Profit

Charity

Withholding Tax Exempt

### Are updates required to the Applicants details? \*

You must respond to this question.

Select 'No' if updates are not required to the Applicant's details as currently held by the Community Grants Hub.

Select 'Yes' if updates are required to the Applicant's details as currently held by the Community Grants Hub. You will be required to contact your Funding Arrangement Manager to update your details.

Yes  No

### Please contact your Funding Arrangement Manager to update your details.

Check this box to confirm that you have contacted your Funding Arrangement Manager and your organisation information is now current.

I confirm that I have contacted my Funding Arrangement Manager and my organisation information is current. \*

## Eligibility Requirements

## What is the Applicant's entity type? \*

For a list of eligible entity types, refer to the Guidelines.

If you are unsure about the Applicant's entity type, please seek professional advice (e.g. from your lawyer or accountant) or refer to the Australian Business Register website for further information.

You must respond to this question. Choose the entity type that is relevant to the Applicant from the list.

## Is the Applicant able to provide documentation to support the entity type? \*

You must respond to this question.

If yes is selected you will be required to provide documentation to support the legal entity.

**NOTE:** There is a maximum of two attachments for this question if the response is Yes.

Yes  No

Please provide your supporting documentation. \*

## Eligible Activities \*

Which of the following activities does your project directly relate to? Please select one of the following options:

- Category 1: Strengthen the Australian community's broader awareness of and resistance to extremism
- Category 2: Empower communities and families to engage with vulnerable young people
- Category 3: Support individuals and their families who are successfully disengaging from extremist views and behaviours

You must respond to this question.

Please select the most appropriate option.

Category 1  
 Category 2  
 Category 3

## Funding Amount and Period \*

Please confirm you are applying for a total funding amount that is between \$10,000 and \$100,000 (GST exclusive) to undertake an activity for a maximum of 12 months.

We will not award you a grant that is lower than \$10,000 or higher than \$100,000.

To be eligible for this Grant Opportunity you must respond to this question.

I confirm

## Funding Source \*

Please confirm you are NOT receiving funding from another Australian Government, State or Territory Government source for the same activity.

We cannot provide a grant if you receive funding from another Australian Government, State or Territory Government source for the same activity, if that funding is not considered a co-contribution in your application.

To be eligible for this Grant Opportunity you must respond to this question.

I confirm

## Office holder in Australia \*

Please confirm you are an organisation that is wholly based in Australia, with office holders who are Australian citizens or permanent residents.

To be eligible for this Grant Opportunity you must respond to this question.

I confirm

## Prohibited Dealings \*

Please confirm you are NOT an organisation, and if applicable, your project partner/s is/are NOT an organisation that has:

- Direct or indirect connections or links to civic, religious, nationalist or political parties, groups, organisations or associations that hold or condone extremist views or behaviour (such as condoning terrorism, racism, xenophobia, inter-ethnic and inter-religious hatred, left or right wing political radicalism, religious fundamentalism or other forms of fundamentalism that justify violence against a social group in the Australian society)
- Been implicated in illegal actions or activities such as providing any kind of support (including financial) to terrorist organisations, advocating the use of violence for political means or any other unlawful activities.

*To be eligible for this Grant Opportunity you must respond to this question.*

I confirm

## Workplace Gender Equality \*

Please confirm you are NOT an organisation, and if applicable, your project partner/s is/are NOT an organisation, included on the Workplace Gender Equality Agency website on the non-compliant list.

*To be eligible for this Grant Opportunity you must respond to this question.*

I confirm

## National Redress Scheme \*

Please confirm you are NOT an organisation, or your project partner is NOT an organisation, included on the National Redress Scheme's website on the list of 'Institutions that have not joined or signified their intent to join the Scheme'

*To be eligible for this Grant Opportunity you must respond to this question.*

I confirm

## Child Safety Statement \*

Having made diligent inquiries, I have reasonable grounds to believe that the organisation itself, and staff working with children on behalf of my organisation in relation to the funding arrangements:

- Comply with relevant legislation relating to requirements for working with children in the jurisdiction in which the activities are delivered
- Have complied with relevant legislation in their jurisdictions relating to mandatory reporting of suspected child abuse and neglect as required or otherwise defined by state or territory legislation.

### Additional information

A child safety clause may also be included in the grant agreement if the Commonwealth considers the grant activity involves children more broadly.

*You must respond to this question.*

*Please select the most appropriate option.*

- Yes
- No
- Will be compliant prior to execution of Agreement
- Our organisation does not engage with children

## Qualifications, Skills and/or Checks \*

Please confirm that:

- All office holders in your organisation have and will maintain a National Police Check
- All staff who will be involved in the delivery of the grant activity have and will maintain a National Police Check
- Where relevant, all staff working on the activity have and will maintain the following registration/checks when working with vulnerable people and/or children to deliver the grant activity:
  - Working with Vulnerable People Registration
  - Working with Children Check.

*To be eligible for this Grant Opportunity you must respond to this question.*

I confirm

## Use and Disclosure of Personal Information \*

By ticking this box, you:

- Confirm you have read the entirety of the Grant Opportunity Guidelines, including the Privacy Notice at Section 13.3 with respect to the handling of the personal information you provide in applying for this grant
- Understand that the Department of Home Affairs may contact you to request additional information from you in relation to your grant application, including about key personnel in your organisation who may be involved in the oversight or delivery of the granted activity
- Consent to the Department of Home Affairs using your personal information to consider your application for a grant
- Consent to the Department of Home Affairs disclosing any personal information that you provide to law enforcement and/or security agencies to confirm the answers you have provided with respect to the above described prohibited dealings
- Understand that the Department of Home Affairs may decide not to consider your application further if you do not consent to the Department using and disclosing your personal information for this purpose.

To be eligible for this Grant Opportunity you must respond to this question.

I confirm and consent

## Governance

### Relevant Persons \*

Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 5 years?

You must tick at least one of the boxes below.

You may be contacted to provide more information and documentation in relation to these events.

- Governance Investigation of relevant person(s).
- Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership.
- Bankruptcies of relevant person(s).
- Bankruptcy proceedings, including part IX Debt Agreements or Part X Insolvency Agreements, against relevant person(s).
- Litigation against relevant person(s) including judgement debts.
- or
- None of the above apply and there is no adverse information on any relevant person associate with this entity.

First Name \*

Last Name \*

Position \*

Description \*

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

## Reportable Events \*

Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years.

You must tick at least one of the boxes below.

You may be contacted to provide more information and documentation in relation to these events.

- Governance Investigation of your organisation or related entities.
- Litigation or liquidation proceedings.
- A contract with your entity terminated by the other party.
- Contingent liabilities of a material amount.
- Overdue tax liabilities.
- Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.
- Any significant change in your entity's financial position not reflected in the financial statements provided.
- Any other particulars which are likely to adversely affect your capacity to undertake this project.
- or
- None of the above events apply and there is no adverse information on my entity.

## Does the Applicant have the following documents?

**Note:** You may be required to provide copies of the above documentation within 7 days upon request.

1. Documented organisational and financial policies and procedures. \*

- Yes  No

2. Business plan and/or strategic plan. \*

- Yes  No

3. Risk management plan. \*

- Yes  No

## Project/Activity Details

### Provide a short title of your Application for this Project/Activity. \*

**NOTE:** This field accepts the characters of A to Z, 0 to 9, ( ) . , - / \ @ , all other characters including carriage returns are not accepted.

(Limit: approx 38 words, 250 characters)

250 characters of 250 used

### Provide a brief description of your project or the services to be delivered and how it will contribute to the objectives outlined in the Grant Opportunity Guidelines. \*

Question Instructions:

- The response should be easy to understand and written in plain English. Try not to use technical terms, acronyms, or lingo.
- Your response should be a stand-alone summary of your project, or explain how you will implement the services detailed in the Grant Opportunity Guidelines.
- The description may be used as part of our application review, and may be copied or published for reporting or grant agreement purposes.

(Limit: approx 150 words, 1,000 characters)

1,000 characters of 1,000 used



## In which service area/s is the Applicant proposing to deliver the Project/Activity? \*

### Instructions:

- The Service Area Type field below indicates the service areas relevant to this grant opportunity.
- If applicable, choose the relevant state/territory to view the available service areas.
- Tick the applicable service area/s where you are proposing to deliver this project/activity.
- Untick the selected service area/s to remove selection.

### IMPORTANT NOTE:

You may only select 40 service areas per form. If you wish to apply for more services areas, a separate form/s will need to be completed.

### Selected service area/s \*

- 
- 

## Location and Remoteness of Activities \*

Please select the location and remoteness of the activity that will be delivered.

Multiple responses can be provided if a number of activities are being proposed in different geographic locations.

*You must respond to this question.*

*Please select the most appropriate option.*

- Metropolitan
- Regional
- Rural
- Remote

Financials

**Provide a breakdown of the requested grant funding for each previously selected service area/s. \***

2022-2023 (exc GST) \*

\$	<input type="text"/>
----	----------------------

Total funding

\$	<input type="text"/>
----	----------------------

Approx. % of Total

2022-2023 (exc GST) \*

\$	<input type="text"/>
----	----------------------

Total funding

\$	<input type="text"/>
----	----------------------

Approx. % of Total

**Summary**

2022-2023 Total

\$	<input type="text"/>
----	----------------------

Total funding

\$	<input type="text"/>
----	----------------------

SAMPLE ONLY

**Provide bank account details for receipt of grant payments should the Application be successful.**

You must respond to this question.

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant's nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant's nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant's nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, ( ) . , ' & -/ \ @ , all other characters including carriage returns are not accepted.

BSB number \*

Account number \*

Account Name \*

**Assessment Criteria**

## Criterion 1: Activity Description \*

Describe your proposed grant activity in detail, including what category of eligible grant activity it falls under (see Grant Opportunity Guidelines Section 5.1 - Eligible Grant Activities for more detail), how the grant activity will be delivered and how the grant activity will fulfil the Safe and Together Community Grants Program's objectives.

When addressing the criterion, strong applicants will discuss:

- What activities will you undertake? How many people do you expect will participate in the grant activity?
- Do you anticipate partnering with other organisations to deliver the grant activity? If so, what benefit will this deliver for the grant activity and how will you manage this partnership?
- How will the activities address extremism in your target community (for example, your target community may be defined by a regional/rural area or as a community consisting of young people)?
- What outcomes do you expect to achieve from your grant activity and how do these relate to the program's objectives and outcomes outlined in Section 2 of these guidelines?
- How will you track and report the outcomes you achieve under your grant activity?
- Do you anticipate your grant activity continuing beyond the grant period of 12 months and if so, how do you propose to support it beyond that time?

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, ( ) , . ' & - / \ @, other characters and formatting are not accepted.

(Limit: approx 750 words, 5,000 characters)

5,000 characters of 5,000 used

## Criterion 2: Demonstrated Need \*

Demonstrate why there is a strong need for a Safe and Together Community Grants Program grant activity in your target community (for example, your target community may be defined by a regional/rural area or as a community consisting of young people).

When addressing the criterion, strong applicants will discuss:

- Who is in your target community? Describe their characteristics which may include the size of the community and their geographical location.
- Why does your target community require assistance with addressing extremism? How the issue of extremism may be impacting the community, describe and provide evidence of the issues your target community may be facing with extremism that your organisation is seeking to address.
- What is your organisation's connection to your target community and why do you believe your organisation is best placed to support their needs in addressing extremism?
- How do you plan to engage with the target community and any other relevant stakeholders who may have an interest in your activity?

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, ( ) , . ' & - / \ @, other characters and formatting are not accepted.

(Limit: approx 750 words, 5,000 characters)

5,000 characters of 5,000 used

### Criterion 3: Organisational Capacity \*

Demonstrate your organisation's experience in delivering programs, initiatives or activities aimed at addressing extremism in your target community (for example, your target community may be defined by a regional/rural area or as a community consisting of young people).

When addressing the criterion, strong applicants will discuss:

- Details of other activities, programs or initiatives your organisation has successfully delivered in addressing extremism - including when and where were they delivered, to which target community, how many people participated in them and what outcomes did your organisation achieve.
- What is your relationship with the target community? How will you work with the target community to ensure your grant activity is successfully implemented?
- What is your organisation's experience in managing a similar grant activity and what policies or procedures do you have in place to manage the grant activity to success if you were funded?

*You must respond to this question.*

*This field accepts the characters of A to Z, 0 to 9, ( ) , . ' & - / \ @, other characters and formatting are not accepted.*

*(Limit: approx 750 words, 5,000 characters)*

*5,000 characters of 5,000 used*

## Additional Information

### Activity Deliverables and Project Plan

Provide a Project Plan for the proposed grant activity by outlining the key deliverables in the below table.

Include the following information as a minimum:

- Objective - What it will achieve;
- Deliverable - How you will deliver the activity within your target community;
- Timeline - The start and end date for completing the activity;
- Measures of success - How you will measure the success of your activity; and
- Other information, as required.

*You must respond to this question.*

Activity Deliverables 1

Project Item Name \*

(Limit: approx 38 words, 250 characters)

250 characters of 250 used

Objective \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Deliverable \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Measures of Success \*

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

Timeframe Start Date \*

Timeframe End Date \*

Current Status \*

Comments/Other Information Progress Report

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

Activity Deliverables 2

Project Item Name \*

(Limit: approx 38 words, 250 characters)

250 characters of 250 used

Objective \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Deliverable \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Measures of Success \*

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

Timeframe Start Date \*

Timeframe End Date \*

Current Status \*

Comments/Other Information Progress Report

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

Activity Deliverables 3

Project Item Name \*

(Limit: approx 38 words, 250 characters)

250 characters of 250 used

Objective \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Deliverable \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Measures of Success \*

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

Timeframe Start Date \*

Timeframe End Date \*

Current Status \*

Comments/Other Information Progress Report

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

Activity Deliverables 4

Project Item Name \*

(Limit: approx 38 words, 250 characters)

250 characters of 250 used

Objective \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Deliverable \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Measures of Success \*

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

Timeframe Start Date \*

Timeframe End Date \*

Current Status \*

Comments/Other Information Progress Report

(Limit: approx 300 words, 2,000 characters)

0 characters of 2,000 used

Activity Deliverables 5



Project Item Name \*

(Limit: approx 38 words, 250 characters)

250 characters of 250 used

Objective \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Deliverable \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Measures of Success \*

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

Timeframe Start Date \*

Timeframe End Date \*

Current Status \*

Comments/Other Information Progress Report

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

Project Item Name \*

(Limit: approx 38 words, 250 characters)

250 characters of 250 used

Objective \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Deliverable \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Measures of Success \*

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

Timeframe Start Date \*

Timeframe End Date \*

Current Status \*

Comments/Other Information Progress Report

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

Activity Deliverables 7

Project Item Name \*

(Limit: approx 38 words, 250 characters)

250 characters of 250 used

Objective \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Deliverable \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Measures of Success \*

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

Timeframe Start Date \*

Timeframe End Date \*

Current Status \*

Comments/Other Information Progress Report

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

Project Item Name \*

(Limit: approx 38 words, 250 characters)

250 characters of 250 used

Objective \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Deliverable \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Measures of Success \*

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

Timeframe Start Date \*

Timeframe End Date \*

Current Status \*

Comments/Other Information Progress Report

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

Activity Deliverables 9

Project Item Name \*

(Limit: approx 38 words, 250 characters)

250 characters of 250 used

Objective \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Deliverable \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Measures of Success \*

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

Timeframe Start Date \*

Timeframe End Date \*

Current Status \*

Comments/Other Information Progress Report

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

Project Item Name \*

(Limit: approx 38 words, 250 characters)

250 characters of 250 used

Objective \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Deliverable \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Measures of Success \*

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

Timeframe Start Date \*

Timeframe End Date \*

Current Status \*

Comments/Other Information Progress Report

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

If you have more than ten Activity Deliverables items, please provide an attachment for any additional information.

## Budget Table

Provide a Budget for the proposed grant activity by completing the below table.

Include the following budget items, where applicable:

- Staff salaries and on-costs;
- Costs incurred in the delivery of your grant activity to participants. This may include attendance fees for other professionals or presenters that may participate in delivering workshops or programs, the printing of materials, costs involved in the design of online content or preparation of education curricula;
- Employee training;
- Venue hire, insurance, catering, marketing and promotion for events, seminars and workshops;
- Payment of subcontractors such as the use of translating and interpreting support services;
- Up to 10 per cent of the grant can be used for evaluation of the funded project and/or to explore options for future sustainability and ongoing viability of the funded project.

Refer to Grant Opportunity Guidelines Section 5.3 for information on what the grant money can not be used for.

*You must respond to this question.*

Budget Table Item 1

Budget Item *	Amount *
<input type="text"/>	\$ <input type="text"/>

Budget Table Item 2

Budget Item *	Amount *
<input type="text"/>	\$ <input type="text"/>

Budget Table Item 3

Budget Item *	Amount *
<input type="text"/>	\$ <input type="text"/>

Budget Table Item 4

Budget Item *	Amount *
<input type="text"/>	\$ <input type="text"/>

Budget Table Item 5

Budget Item *	Amount *
<input type="text"/>	\$ <input type="text"/>

Budget Table Item 6

Budget Item *	Amount *
<input type="text"/>	\$ <input type="text"/>

Budget Table Item 7

Budget Item *	Amount *
<input type="text"/>	\$ <input type="text"/>

Budget Table Item 8

Budget Item *	Amount *
<input type="text"/>	\$ <input type="text"/>

Budget Table Item 9

Budget Item *	Amount *
<input type="text"/>	\$ <input type="text"/>

Budget Table Item 10

Budget Item *	Amount *
<input type="text"/>	\$ <input type="text"/>

**Total Budget Amount:** \$

If you have more than ten budget items, please provide an attachment for any additional information.

## Consortium Applications \*

Do you plan to deliver the activity as the lead Agency of a consortium?

If you are applying as part of the lead Agency of a consortium, you will need to upload Letter(s) of Support from all members of the proposed group as attachments to your application.

You must respond to this question.

Please select the most appropriate option.

Yes

No

### Details 1

If Yes, provide the Consortium details.

Consortium Member Legal Name \*

Consortium Member ABN

### Details 2

If Yes, provide the Consortium details.

Consortium Member Legal Name \*

Consortium Member ABN

### Details 3

If Yes, provide the Consortium details.

Consortium Member Legal Name \*

Consortium Member ABN

### Details 4

If Yes, provide the Consortium details.

Consortium Member Legal Name \*

Consortium Member ABN

### Details 5

If Yes, provide the Consortium details.

Consortium Member Legal Name \*

Consortium Member ABN

### Details 6

If Yes, provide the Consortium details.

Consortium Member Legal Name \*

Consortium Member ABN

### Details 7

If Yes, provide the Consortium details.

Consortium Member Legal Name \*

Consortium Member ABN

### Details 8



**If Yes, provide the Consortium details.**

Consortium Member Legal Name \*

Consortium Member ABN

**Details 9**

**If Yes, provide the Consortium details.**

Consortium Member Legal Name \*

Consortium Member ABN

**Details 10**

**If Yes, provide the Consortium details.**

Consortium Member Legal Name \*

Consortium Member ABN

**Details 11**

**If Yes, provide the Consortium details.**

Consortium Member Legal Name \*

Consortium Member ABN

**Details 12**

**If Yes, provide the Consortium details.**

Consortium Member Legal Name \*

Consortium Member ABN

**Details 13**

**If Yes, provide the Consortium details.**

Consortium Member Legal Name \*

Consortium Member ABN

**Details 14**

**If Yes, provide the Consortium details.**

Consortium Member Legal Name \*

Consortium Member ABN

**Details 15**

**If Yes, provide the Consortium details.**

Consortium Member Legal Name \*

Consortium Member ABN

**Details 16**

SAMPLE ONLY

**If Yes, provide the Consortium details.**

Consortium Member Legal Name \*

Consortium Member ABN

**Details 17**

**If Yes, provide the Consortium details.**

Consortium Member Legal Name \*

Consortium Member ABN

**Details 18**

**If Yes, provide the Consortium details.**

Consortium Member Legal Name \*

Consortium Member ABN

**Details 19**

**If Yes, provide the Consortium details.**

Consortium Member Legal Name \*

Consortium Member ABN

**Details 20**

**If Yes, provide the Consortium details.**

Consortium Member Legal Name \*

Consortium Member ABN

You have reached the maximum number of records allowed.

Do you have more than 20 consortium members? \*

Yes

No

**More than 20 consortium members. \***

If you have more than 20 consortium members, please supply the same details as asked for the first 20 in a document and attach to this Application. This is mandatory if you have indicated that you will have more than 20 consortium members.

**If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.**

The panel of consortium members does not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the consortium arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

## Consortium Arrangements \*

If you are planning to deliver the activity as the lead Agency of a consortium, can you please confirm by selecting 'yes' and then describe the consortium arrangements below.

When addressing the question, strong applicants will discuss:

- How will grant funding be distributed among project partners?
- What activities is each project partner responsible for delivering in undertaking the grant activity? How will progress/outcomes be monitored?
- How will project partners inform financial and program decision-making?

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, ( ) , . ' & - / \ @, other characters and formatting are not accepted.

- Yes
- No

Provide your response. \*

(Limit: approx 525 words, 3,500 characters)

3,500 characters of 3,500 used

## Letter/s of Support \*

If you are applying as part of the lead Agency of a consortium, please upload your Letter(s) of Support from all members of the proposed group.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

- Yes
- No

Provide attachment. \*

## Other Funding \*

Will any other funding support be used for this activity?

You must respond to this question.

Please select the most appropriate option.

- Yes
- No

If Yes, provide details of other contributions which will be relied upon to complete this Activity.

Please note that you may be requested to provide letters of support or other forms of evidence before your Application is considered further in the assessment process.

Other Funding Item 1

Source of funding (List a maximum of 10) \*

(Limit: approx 15 words, 100 characters)

100 characters of 100 used

Amount of Funding(exc GST) \*

\$	
----	--

Can this proposal proceed without this funding? \*

Has funding been secured? \*

Other Funding Item 2

Source of funding (List a maximum of 10) \*

(Limit: approx 15 words, 100 characters)

100 characters of 100 used

Amount of Funding(exc GST) \*

\$	<input type="text"/>
----	----------------------

Can this proposal proceed without this funding? \*

Has funding been secured? \*

Other Funding Item 3

Source of funding (List a maximum of 10) \*

(Limit: approx 15 words, 100 characters)

100 characters of 100 used

Amount of Funding(exc GST) \*

\$	<input type="text"/>
----	----------------------

Can this proposal proceed without this funding? \*

Has funding been secured? \*

Other Funding Item 4

Source of funding (List a maximum of 10) \*

(Limit: approx 15 words, 100 characters)

100 characters of 100 used

Amount of Funding(exc GST) \*

\$	<input type="text"/>
----	----------------------

Can this proposal proceed without this funding? \*

Has funding been secured? \*

Other Funding Item 5

Source of funding (List a maximum of 10) \*

(Limit: approx 15 words, 100 characters)

100 characters of 100 used

Amount of Funding(exc GST) \*

\$	<input type="text"/>
----	----------------------

Can this proposal proceed without this funding? \*

Has funding been secured? \*

Other Funding Item 6

Source of funding (List a maximum of 10) \*

(Limit: approx 15 words, 100 characters)

100 characters of 100 used

Amount of Funding(exc GST) \*

\$	<input type="text"/>
----	----------------------

Can this proposal proceed without this funding? \*

Has funding been secured? \*

Other Funding Item 7

Source of funding (List a maximum of 10) \*

(Limit: approx 15 words, 100 characters)

100 characters of 100 used

Amount of Funding(exc GST) \*

\$	<input type="text"/>
----	----------------------

Can this proposal proceed without this funding? \*

Has funding been secured? \*

Other Funding Item 8

Source of funding (List a maximum of 10) \*

(Limit: approx 15 words, 100 characters)

100 characters of 100 used

Amount of Funding(exc GST) \*

Can this proposal proceed without this funding? \*

Has funding been secured? \*

Other Funding Item 9

Source of funding (List a maximum of 10) \*

(Limit: approx 15 words, 100 characters)

100 characters of 100 used

Amount of Funding(exc GST) \*

Can this proposal proceed without this funding? \*

Has funding been secured? \*

Other Funding Item 10

Source of funding (List a maximum of 10) \*

(Limit: approx 15 words, 100 characters)

100 characters of 100 used

Amount of Funding(exc GST) \*

Can this proposal proceed without this funding? \*

Has funding been secured? \*

Total funding Amount:

### Subcontractor Arrangements \*

Do you plan to deliver the activity using subcontractors?

You must respond to this question.

Please select the most appropriate option.

Yes  No

Have you confirmed the subcontractor arrangements that will be used. \*

- Yes ALL subcontractor arrangements have been confirmed.
- Yes SOME subcontractor arrangements have been confirmed.
- No

#### Detail 1

If Yes, provide the Subcontractor details.

Subcontractor Member Legal Name \*

Subcontractor Member ABN

#### Detail 2

If Yes, provide the Subcontractor details.

Subcontractor Member Legal Name \*

Subcontractor Member ABN

#### Detail 3

**If Yes, provide the Subcontractor details.**

Subcontractor Member Legal Name \*

Subcontractor Member ABN

**Detail 4**

**If Yes, provide the Subcontractor details.**

Subcontractor Member Legal Name \*

Subcontractor Member ABN

**Detail 5**

**If Yes, provide the Subcontractor details.**

Subcontractor Member Legal Name \*

Subcontractor Member ABN

**Detail 6**

**If Yes, provide the Subcontractor details.**

Subcontractor Member Legal Name \*

Subcontractor Member ABN

**Detail 7**

**If Yes, provide the Subcontractor details.**

Subcontractor Member Legal Name \*

Subcontractor Member ABN

**Detail 8**

**If Yes, provide the Subcontractor details.**

Subcontractor Member Legal Name \*

Subcontractor Member ABN

**Detail 9**

**If Yes, provide the Subcontractor details.**

Subcontractor Member Legal Name \*

Subcontractor Member ABN

**Detail 10**

**If Yes, provide the Subcontractor details.**

Subcontractor Member Legal Name \*

Subcontractor Member ABN

**Detail 11**

**If Yes, provide the Subcontractor details.**

Subcontractor Member Legal Name \*

Subcontractor Member ABN

**Detail 12**

**If Yes, provide the Subcontractor details.**

Subcontractor Member Legal Name \*

Subcontractor Member ABN

**Detail 13**

**If Yes, provide the Subcontractor details.**

Subcontractor Member Legal Name \*

Subcontractor Member ABN

**Detail 14**

**If Yes, provide the Subcontractor details.**

Subcontractor Member Legal Name \*

Subcontractor Member ABN

**Detail 15**

**If Yes, provide the Subcontractor details.**

Subcontractor Member Legal Name \*

Subcontractor Member ABN

**Detail 16**

**If Yes, provide the Subcontractor details.**

Subcontractor Member Legal Name \*

Subcontractor Member ABN

**Detail 17**

**If Yes, provide the Subcontractor details.**

Subcontractor Member Legal Name \*

Subcontractor Member ABN

**Detail 18**

**If Yes, provide the Subcontractor details.**

Subcontractor Member Legal Name \*

Subcontractor Member ABN

**Detail 19**

SAMPLE ONLY

**If Yes, provide the Subcontractor details.**

Subcontractor Member Legal Name \*

Subcontractor Member ABN

**Detail 20**

**If Yes, provide the Subcontractor details.**

Subcontractor Member Legal Name \*

Subcontractor Member ABN

You have reached the maximum number of records allowed.

Do you have more than 20 Subcontractors? \*

Yes

No

**More than 20 Subcontractors. \***

If you have more than 20 Subcontractors, please supply the same details as asked for the first 20 in a document and attach to this Application. This is mandatory if you have indicated that you will have more than 20 Subcontractors.

**If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.**

Subcontractors do not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the subcontractor arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

## COVID Risk Management Plan

Provide the COVID Risk Management Plan for the proposed grant activity by completing the below table, identifying the key risks and risk management strategies in the event that further outbreaks of COVID-19 may impact on the delivery of the activity/ies.

*You must respond to this question.*

Risk Plan 1

SAMPLE ONLY



Risk Name \*

(Limit: approx 38 words, 250 characters)

250 characters of 250 used

Details of Risk \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

How the Risk will be Managed \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Comments/Other Information/Risk Report

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

SAMPLE ONLY

Risk Name \*

(Limit: approx 38 words, 250 characters)

250 characters of 250 used

Details of Risk \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

How the Risk will be Managed \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Comments/Other Information/Risk Report

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

SAMPLE ONLY

Risk Plan 3

Risk Name \*

(Limit: approx 38 words, 250 characters)

250 characters of 250 used

Details of Risk \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

How the Risk will be Managed \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Comments/Other Information/Risk Report

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

SAMPLE ONLY

Risk Name \*

(Limit: approx 38 words, 250 characters)

250 characters of 250 used

Details of Risk \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

How the Risk will be Managed \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Comments/Other Information/Risk Report

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

SAMPLE ONLY

Risk Name \*

(Limit: approx 38 words, 250 characters)

250 characters of 250 used

Details of Risk \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

How the Risk will be Managed \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Comments/Other Information/Risk Report

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

SAMPLE ONLY

Risk Name \*

(Limit: approx 38 words, 250 characters)

250 characters of 250 used

Details of Risk \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

How the Risk will be Managed \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Comments/Other Information/Risk Report

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

SAMPLE ONLY

Risk Name \*

(Limit: approx 38 words, 250 characters)

250 characters of 250 used

Details of Risk \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

How the Risk will be Managed \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Comments/Other Information/Risk Report

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

SAMPLE ONLY

Risk Name \*

(Limit: approx 38 words, 250 characters)

250 characters of 250 used

Details of Risk \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

How the Risk will be Managed \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Comments/Other Information/Risk Report

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

SAMPLE ONLY



Risk Name \*

(Limit: approx 38 words, 250 characters)

250 characters of 250 used

Details of Risk \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

How the Risk will be Managed \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Comments/Other Information/Risk Report

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

SAMPLE ONLY

Risk Name \*

(Limit: approx 38 words, 250 characters)

250 characters of 250 used

Details of Risk \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

How the Risk will be Managed \*

(Limit: approx 600 words, 4,000 characters)

4,000 characters of 4,000 used

Comments/Other Information/Risk Report

(Limit: approx 300 words, 2,000 characters)

2,000 characters of 2,000 used

If you have more than ten Risk Management items, please provide an attachment for any additional information.

## Governance Structure \*

Describe your organisation's Governance Structure below.

When addressing the question, strong applicants will discuss:

- How is your organisation structured? For example, is your organisation governed by a chairperson and board members. If yes, what role do they play in your organisation's decision-making processes?
- Who is responsible for making financial decisions in your organisation?
- Who is responsible for making decisions about program delivery and outcomes in your organisations? How is progress/outcomes monitored?

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, ( ) , . ' & - / \ @ , other characters and formatting are not accepted.

(Limit: approx 525 words, 3,500 characters)

3,500 characters of 3,500 used

## Attachments

### Current National Police Check \*

Please confirm that you hold a current National Police Check. Attach a copy of your current National Police Check. If you fail to attach your current National Police Check, your grant application will not be considered further.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

### Governance Structure Template \*

Please complete the mandatory form called 'Details of Key Personnel - Safe and Together Community Grants Program' which can be found on the GrantsConnect website. The form asks you to provide details about the key personnel or officers that work in your organisation. This includes their official title, name, address and contact details. Your organisation will not be eligible for a grant if the form is only partially completed or not completed at all.

You must respond to this question.

Note the 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

## Applicant Contacts

### Who is the Applicant's preferred authorised contact person for this Application?

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title \*

First Name \*

Last Name \*

Position \*

Telephone \*

Mobile

Email address\*

### Provide an alternate authorised contact for this Application.

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title \*

First Name \*

Last Name \*

Position \*

Telephone \*

Mobile

Email address\*

SAMPLE ONLY

## Declaration

**Do you have any conflicts of interest that may occur related to or from submitting this application? \***

Yes  No

Describe any conflicts of interest that may occur from submitting this Application. \*

(Limit: approx 150 words, 1,000 characters)

1,000 characters of 1,000 used

**Please read and complete the following declaration.**

This Declaration must be signed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Guidelines.
- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application is successful.
- I have read, understood and agree to information provided in this Application as detailed in the Use of Information.
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information.
- I give consent to the Community Grants Hub to make public the details of the Applicant and the funding received, should this Application be successful.
- I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondences constitute a valid and legally binding method for interacting under the grant agreement and the Electronic Transactions Act 1999 (Cth).

I understand and agree to the declaration above. \*

I acknowledge that giving false or misleading information to the Community Grants Hub is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). \*

Full name of Authorised Officer \*

Position of Authorised Officer \*

Date

**Please provide an estimate of the time taken to complete this Application Form, including:**

- Actual time spent reading the guidelines, instructions and questions
- Time spent by all employees in collecting and providing the information
- Time spent completing all questions in the Application Form.

Hours

Minutes

A copy of receipt will be sent to: