Application Form
Form Preview

Eligibility

* indicates a required field

Program

This field is read only.

Applicants: please note

Before completing this application form, you should have read the program guidelines: Click Here

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is important that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact **CommunityGrants@apa.com.au.**

If you do contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.

Confirmation of Eligibility

Before proceeding, please confirm the following:

- you have read and understood the program guidelines Click Here
- your organisation is a not-for-profit organisation (includes educational institutions such as schools and kindergartens)
- your organisation is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- your organisation is located in (and/or supplies services to) Mount Isa and Cloncurry LGA
- you are able to demonstrate alignment between your project and one or more of the funding categories (Regional and Remote Communities, Climate Transition, First Nations Peoples and Natural Environment)
- your organisation does not owe any reports or money to APA Groupas a result of previous funding or grants
- your organisation has the appropriate type and level of insurance for the activities that are the subject of this grant

You must confirm that all statements above are true and correct. *

☐ Yes

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012.* To view our privacy statement, go to Privacy Statement

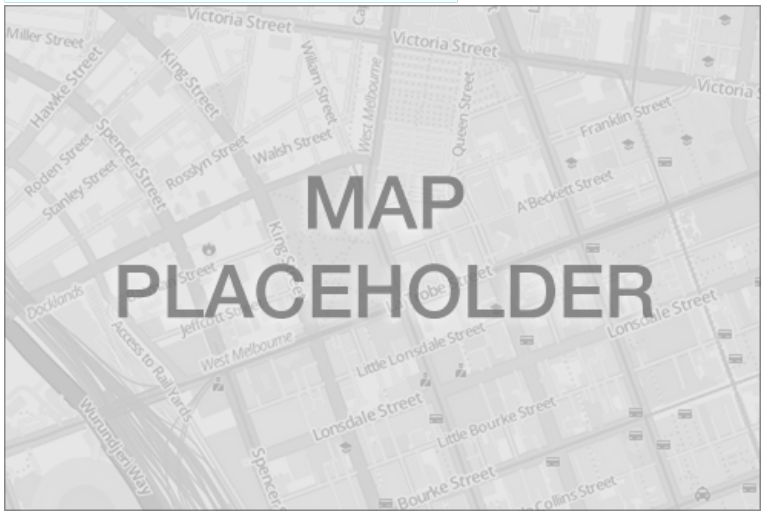
Applicant Details

Applicant *
○ Individual ○ Organisation
Organisation Name

Title | First Name | Last Name

Make sure you provide the same name that is listed in official documentation.

Applicant primary address
Address



Applicant postal address
Address

Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Primary Contact Details

Primary contact *

Title | First Name | Last Name

This is the person we will correspond with about this grant.

Position held in organisation *

e.g., Manager, Director or Fundraising Coordinator.

Primary contact primary phone number *

Must be an Australian phone number.

Primary contact office phone number

Must be an Australian phone number.

Primary contact email address *

This is the address we will use to correspond with you about this grant.

Organisation Details

* indicates a required field

What type of not-for-profit organisation are you? *

- ○ Aboriginal or Torres Strait Islander group
- ○ Arts and cultural
- ○ Community services and service provider
- ○ Development / progress association
- ○ Development / progress group
- ○ Economic and industry
- ○ Environment group

○ Local government
○ Sport and recreation
○ Other:

Please choose the option that best applies to your organisation.

What is your organisation's legal structure? *
○ Unincorporated association
○ Incorporated association
○ Cooperative
○ Company limited by guarantee
○ Indigenous corporation, association or cooperative
○ Organisation established through specific legislation
○ Trust
○ Unknown
○ Other:

If your organisation is unincorporated. it must have an auspice organisation.

Does your organisation have an ABN? *
○ Yes ○ No

Applicant 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	

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from the ATO website.

Please upload completed Statement of Supplier Form. *
Attach a file:

Max 25mb per file uploaded

What is your incorporation number? *

Incorporated Association or Australian Company Number

Auspice Information

* indicates a required field

Is your organisation auspiced by another organisation for the purpose of this grant? *

○ Yes ○ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

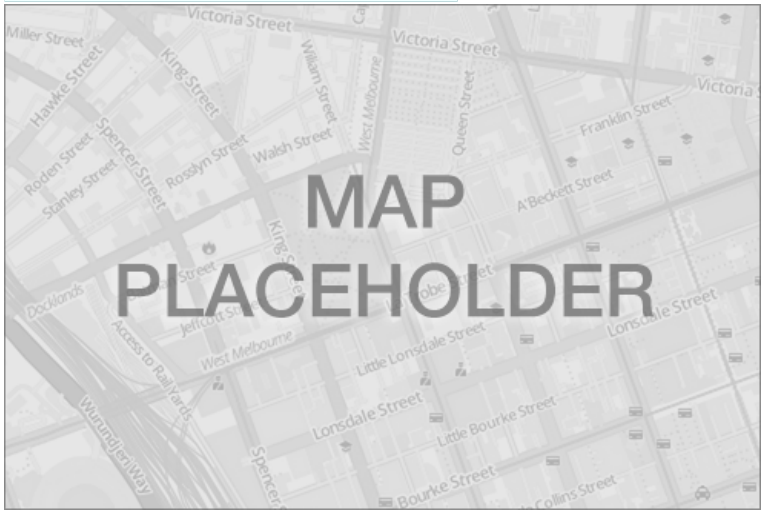
Auspice Organisation Details

Auspice organisation name *

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Auspice primary address *

Address



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

Auspice postal address *

Address

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

Auspice primary phone number *

Must be an Australian phone number.

Auspice Website *

Must be a URL.

Primary contact person at auspice organisation *

Title | First Name | Last Name

Position held in organisation *

e.g., Manager, Board Member or Fundraising Coordinator.

Auspice primary contact primary phone number *

Must be an Australian phone number.

Auspice primary contact office phone number *

Must be an Australian phone number.

Auspice primary contact email address *

Must be an email address.

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.

Does the auspice organisation have an ABN?

○ Yes ○ No

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	
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.

As the auspice organisation does not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from the ATO website.

Please upload completed Statement of Supplier Form:
Attach a file:

Max 25 mb per file upload

Project Details

* indicates a required field

Project title *

Word count:
Must be no more than 25 words.
Provide a name for your project/program/initiative. Your title should be short but descriptive

Anticipated start date *

Anticipated end date *

Please provide a short summary of your initiative *

Be descriptive, but succinct.

Which of the following funding categories does the project address? *

☐ Regional and Remote Communities: Building the strength and resilience of regional economies and communities located near APA assets/projects
☐ Climate Transition: Supporting communities in climate transition outcomes and adaptation activities
☐ First Nations Peoples: Working in partnership with First Nations peoples to support improved outcomes for First Nations communities and heritage
☐ Natural Environment: Protecting and enhancing the natural environments and biodiversity located near APA assets/projects

How does your funding request meet the funding category/categories? *

What need or issue in the community will this project address, and how will it benefit the community? *

How many people will benefit from the project/initiative/activity? *

How will APA's funding be recognised? *

☐ APA logo on plaque
☐ APA referenced/ joint media statement
☐ At event via MC
☐ Brochures / flyers & other marketing collateral
☐ Newspaper advertisement with APA logo / reference
☐ Social media platforms
☐ Website
☐ Other:

Project Budget

* indicates a required field

Total Amount Requested *

What is the total financial support you are requesting in this application? Up to $5,000 per applicaiton.

Total Project/Program Cost *

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

Grant Funding

What items will the APA funds be spent on? *

Other Funding Sources

Have you secured other funding sources to support the project? If yes, please detail. *

Please describe any additional funding sources for this initiative.

If yes, please identify how much:

Must be a number.

Please attach quotes for those expenditure (cost) items over $2000
Attach a file:

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree * ☐ Yes

Name of authorised person * Title First Name Last Name

Must be a senior staff member, trustee or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process.

○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.