Instructions for Grantmakers

{{ Grantmakers: delete this page after reading }}

This sample Application Form can be adapted to suit your own grant program's needs. Non-Australian grantmakers in particular should note that some questions in this form may not be suitable for your circumstances. You may wish to choose the international or NZ sample form templates instead.

Note that conditional logic has been applied to this form. If you remove sections/ questions, this logic may be affected. Use 'Preview' mode to view where logic has been applied, or click on 'Section' or 'Page' headers to see conditions on the left-hand panel. Some questions also have validation applied (e.g., mandatory fields), but in most cases you will need to add this yourself.

This is a very comprehensive form - maybe too comprehensive if your program is giving out a small amount of money. You should delete, add, edit and adapt the questions (including hints, validation and conditional logic) to suit your own program's needs and the capacities of your applicant communities. Delete what you don't need - as a rule of thumb, don't ask a question if you don't know if or how you will use the answers.

You should consider providing, alongside your guidelines, a checklist of information/ documentation that applicants will need to have on hand in order to complete your form.

We have highlighted, **{{ like this }}**, areas where you need to delete or add your own information before you make the form live.

For more information on good form building practices and other aspects of SmartyGrants, visit the Help Hub. The Help Hub is a comprehensive resource that contains written documentation and video tutorials. You can also access our Grantmaking Toolkit which is designed to walk you through the process of building, reviewing or refreshing a grants program. The easy-to-follow stages within will provide you with the necessary knowledge and systems to build and administer grants programs for maximum impact.

Form builder checklist:

- 1.Get familiar with this form, including the conditional logic.
- 2.Amend this form as per the instructions above, paying particular attention to the needs of your own program and the capacities of your applicant community.
- 3.Apply/check logic and validation for each question.
- 4. Delete this page (and all other grantmaker instructions).
- 5. Customise confirmation email in Form Settings.
- 6.Double-check that you have replaced all the instructional material in this form with your own information.
- 7.Test your form (run a test round see our Help Hub for details).
- 8. Open your live round.

We want your feedback!

Please provide suggestions for improvements to this form by emailing feedback@smartygrants.com.au

Eligibility

* indicates a required field

{{ Grantmakers: delete this section after reading }}

The items shown below are some of the more common inclusions and exclusions that are applied to community grants, but they should not be used on your form unless they apply specifically to your particular situation.

Try not to rule in or out any types of applicants just because that's what you've always done, or just because that's what others do. Think about why particular exclusions are in place, and whether or not they are useful and defensible.

Program			
This field is read only.			

Applicants: please note

Before completing this application form, you should have read the program guidelines: {{ insert hyperlink }}.

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 **{{ insert contact details }}**.

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
- you are able to demonstrate alignment between your project and the aims of this program
- 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) {{ Grantmakers: insert geographic location if relevant }}
- your organisation is an endorsed Deductible Gift Recipient (DGR) {{ Grantmakers: most not-for-profit organisations do not have DGR so use this criterion only if this is a specific requirement of your funding }}

 your organisation is able to demonstrate financial viability your organisation does not owe any reports or money to {{ insert Grantmaker name }} as 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 your organisation is not {{ insert exclusions - e.g., a political party / seeking capital funding / etc. }} 				
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 <u>Australian Privacy Principles</u> (APPs) as established under the <u>Privacy Act 1988</u> and amended by the <u>Privacy Amendment (Enhancing Privacy Protection) Act 2012</u> . To view our privacy statement, go to {{ Grantmakers: insert hyperlink to your privacy statement }} Applicant Details				
Applicant * O Individual Organisation Organisation Name				
Title First Name Last Name				
Make sure you provide the same name that is listed in official documentation.				
{{ Grantmakers: if only individuals are applying to this program, or only organisations are applying to this program, change the layout option for the question above using the drop-down menu in the control panel to the left. Delete this general content question after reading. }}				
Department/Branch/Faculty *				
{{ Grantmakers: you can create a custom contact field to collect information like				

{{ Grantmakers: you can create a custom contact field to collect information like Department/Branch/Faculty <u>here</u> provided you have appropriate user access to Address

Applicant primary address

the account settings. This means that this information will appear in the contact directory along with all of the other contact information you collect. You can read more about contact fields on our Help Hub. Delete this general content question after reading. }}

Miller Street Wictoria Street Miller Street Mill

Applicant postal address Address Applicant primary phone number * Must be an Australian phone number. Applicant email address * Must be an email address. Applicant website Must be a URL.

Primary Contact Details

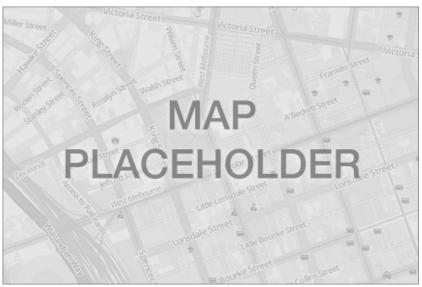
	deleting this se		applying to this pro is general content	
Primary o	contact *			
Title	First Name	Last Name		
This is the p	person we will corre	espond with about th	nis grant.	
Position l	held in organisa	ation *		
e.g., Manag	er, Director or Fun	draising Coordinator	:	
Primary o	ontact primary	phone number	*	
Must be an	Australian phone n	umber.		
Primary o	contact office p	hone number		
Must be an	Australian phone n	umber.		
			pes are available v ion after reading.	ria the "Add Question"
	_	•	ion diter readings	
Primary C	contact email a	aaress *		
This is the a	address we will use	to correspond with	you about this grant.	
0,,,,,,,	ation Datail	_		
Organis	sation Detail	S		
* indicates	a required field			
the one b	elow, to avoid Juestion after r	lengthy answers eading. }}	s from applicants. C	ext answers, such as Delete this general
What is y	our organisatio	on's purpose or i	nission? *	
reportabl size, type	le information a e, etc. The exan	about the type o	elow may or may n	low you to collect are funding such as ot be suitable. Delete

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

pro 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
O O O O You good The	\$50,000 or more, but less than \$250,000 \$250,000 or more, but less than \$1 million \$1 million or more, but less than \$10 million \$10 million or more, but less than \$100 million
00000000	hat 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 our organisation is unincorporated. it must have an auspice organisation
	es your organisation have an ABN? *
0	Yes O No
Ар	plicant ABN *
	e ABN provided will be used to look up the following information. Click Lookup above to eck that you have entered the ABN correctly.
Inf	formation from the Australian Business Register
AB	BN
En	tity name
AB	BN status
En	tity type

Goods & Services Tax (GST)

DGR Endorsed		
ATO Charity Type	More information	
ACNC Registration		
Tax Concessions		
Main business location		
		1
	e submit a completed ATO Statem 8.5% of any approved grant may	
Please upload completed Stat Attach a file:	ement of Supplier Form. *	
Max 25mb per file uploaded		
What is your incorporation nu	mber? *	
Incorporated Association or Australian	n Company Number	
Auspice Information		
* indicates a required field		
	by another organisation for th	e purpose of this
grant? * O Yes	O No	
Unincorporated organisations applyin	g for a grant must be auspiced by an	incorporated organisation.
If you do not have an auspice you sho	oute flot apply for this grant.	
Auspice Organisation Deta	ails	
Auspice organisation name *		
Organisation Name		
documentation such as that with the	ne. Make sure you provide the same na ABR, ACNC or ATO.	ame that is listed in official
According and according to		
Auspice primary address Address		



A B West Modoon
Asle Street We street
Loredaile Lutte Bourke
Rounte Street
■ 8000 Columns
Auspice postal address Address
, radi ess
Ausnica primary phone number *
Auspice primary phone number *
Must be an Australian phone number.
Must be all Australian phone number.
Auspice email address *
Must be an email address.
Augnico wohoito
Auspice website
Must be a URL.
Must be a UNL.
Primary contact person at auspice organisation *
Title First Name Last Name
We may contact this person to verify that the auspice arrangement is valid and current.
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 gran 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

Project Details

initiative?

* indicates a required field

{{ Grantmakers: you may wish to make rather than mandatory. Be aware that of applications. Delete this general content	otional fields can cause incomplete
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. Include a brief summa what you will do (i.e. the activities you will perform activities (outcomes). Go to the SmartyGrants Answerse your response.	n), and what effects you expect to result from your wers Bank if you need some ideas about how to
Rationale / Theory of Change: What is th	e need and how will you address it? *
Tell us why your initiative is needed, and why you the outcomes you seek. Provide statistics/evidence between the work you will do and the outcomes you need some ideas about how to frame your res	e (where available) of both the need and the link ou seek. Go to the SmartyGrants <u>Answers Bank</u> if
Alignment - How will your initiative help our goals? *	{{ insert grantmaker's name }} achieve
Please consult the program guidelines for more inf goals - see {{ Grantmakers: list program goals abo Go to the SmartyGrants Answers Bank if you need	ove this question, or insert website address here }}.

What are the major steps / stages (i.e. milestones) involved in delivering your

Milestone	Start Date	End Date	Location	Notes
e.g. planning; major activities; evaluation	Provide approximate date or leave blank if unknown or dependent on unknown factors Must be a date.	Provide approximate date or leave blank if unknown or dependent on unknown factors Must be a date.	Address, suburb, town, and/or country permitted.	Add explanatory notes if required

	Must be a date.	Must be a date.		
and/or geograph	ic communities	unity support? In p s affected by this p		
activities you are	e proposing? *			
○ Yes	O No			 Not Applicable
be more successful.	nity support is gene	erally highly regarded a	as projects wit	h community buy-in tend to
What evidence d	o you have tha	at this project/prog	gram has co	mmunity support? *
Go to the SmartvGra	nts Answers Bank	if you need some ideas	s about how to	o frame vour response.
		,		, , ,
Please upload le Attach a file:	tters of suppo	rt (if available/rele	vant)	
A maximum of 5 file	s can be attached			

Project Outcomes

* indicates a required field

{{ Grantmakers: You can adjust the choice list for these CLASSIE questions below in the Program and Round Settings screens. Delete this section text after reading. }}

What are the primary areas of focus for this project/program? *

You may select up to five items. You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees).

Who are the expected primary beneficiaries of this project/program? *

Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, 'Universal – no particularly targeted beneficiaries'

Please list any indirect beneficiaries you anticipate will or may be affected by your initiative.

Indirect beneficiaries

One per row. You may add extra rows if required. Indirect beneficiaries are those who may not be targeted by your initiative but are nonetheless expected to be affected by it. For example, a country sports program might be expected to improve the health of the participants ('rural children and youth'), but also to contribute to strengthened community cohesion and capacity building through greater involvement in sports clubs ('rural adults').

Please list any intermediaries you will work through or with to reach your beneficiaries and/or achieve your outcomes.

Intermediaries

One per row. You may add extra rows if required. In order to induce changes in your target group, you may need to work through one or more layers of intermediaries. If you wanted to reduce ethnic prejudice, for example, you might want to work through teachers to change students, or even through teacher training colleges to change teachers.

Please tell us about the outcomes you expect to result from this initiative.

Outcomes are the changes you expect to occur for the beneficiaries of your initiative. Generally outcomes can be framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation, (these are generally **immediate** or short-term outcomes)
- Actions, behaviour, change in policy (these are generally **intermediate** or medium term outcomes)
- Social, financial, environmental, physical conditions (these are generally **long-term** outcomes)

Immediate outcomes occur directly following an activity (e.g. within 1 month); intermediate outcomes are those that fall between the immediate and long-term (e.g. between 1 month and 2 years); and long-term outcomes are those we expect to see years later (e.g. 2, 5, 10 or 50 years after the activity).

We also want to learn more about the beneficiary groups you think your initiative will affect (**Primary** and **Indirect**), who you will work through to reach those groups or achieve your outcomes (**Intermediaries**), and how you propose to gauge whether your anticipated outcomes have been achieved - what you will measure and how (**indicators**).

If you need more help understanding what outcomes are, read the materials at: https://ourcommunity.com.au/evaluation

List your initiative's anticipated outcomes in the following table - one outcome per row. Leave blank any fields that do not apply to your initiative.

Anticipated Outcomes	Timeframe	Indicator	Verification Method

Outcomes are the	See description above	What you will use to	e.g. survey; interviews;
changes that you expect		measure this outcome -	focus groups
to occur as a result		e.g. "change in teenage	
of your initiative. See		pregnancy rates from x	
information above.		to y"	

How will you address the needs of people of different genders in the design and management of your initiative? How will you know if you have considered all genders adequately? *

We want you to show how you have considered gender differences in designing your project/program and how you will assess your results. Please outline how you will know if you've catered for all genders adequately (presuming your initiative is designed for all genders) and how you will measure the gender split of your beneficiaries. If you are running a gender-specific initiative, please tell us why only one gender is being targeted. For more information on applying a gender lens to your work, visit The Funding Centre.

How will you measure the gender reach of your project/program? *

We want you to show how you have considered gender differences in designing your project/program and how you will assess your results. Please outline how you will know if you've catered for all genders adequately (presuming your initiative is designed for all genders) and how you will measure the gender split of your beneficiaries. If you are running a gender-specific initiative, please tell us why only one gender is being targeted. For more information on applying a gender lens to your work, visit The Funding Centre.

*

Will your project address gender inequality?

O Yes O No O Don't know

Answer 'yes' if your project/program is specifically designed to improve opportunities for people who identify as women and girls, or you think this may occur as a side-benefit to your initiative.

How will your initiative address gender inequality? *

What will you do to address gender inequality and what changes do you expect will occur as a result?

What outputs are you expecting to produce through this initiative?

Outputs are the immediate, obvious, and (usually) countable changes a project/program generates. Examples would include the number of trees to be planted, the number of classes to be held, the number people expected to attend a training course, the number of possums to be treated for a disease, the number of volunteers to be engaged.

List your initiative's intended outputs, including approximate numbers (if possible), in the following table. Leave blank any fields that do not apply to your initiative.

Who or What	Number	Service / Product / Activity	Timeframe	
e.g. parents; trainees; trees; possums; books	(Approximate, or leave blank if unknown)	e.g. trained in first aid; planted; provided	e.g. over life of program; per annum; per month	
trees, possarris, books	Diank ii diikilowii)	treatment; delivered	per annam, per monen	

Project Budget

* indicates a required field

Total Amount Requested *	Total Project/Program Cost *			
\$	\$			
What is the total financial support you are requesting in this application?	What is the total budgeted cost (dollars) of your project?			

Budget (GST exclusive)

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST exclusive.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.

Use the 'Notes' column for any additional information you think we should be aware of.

{{ Grantmakers: refer here to your own expenses quotation policy - e.g. "For expense items over \$500, quotes will need to be provided in the file upload area below the tables." }}

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures - e.g. type \$1000 not \$1,000 - this will ensure your figures for each table total correctly.

{{ Optional: Grantmakers may wish to link here to a sample budget. }}

Income Description	Income Type	Confirr Fundin		Income A	Amount No	tes
				\$		
Expenditure Description	Expenditu	re Type	Expend	iture Amo	ountNotes	
			\$			

Budget Totals

Total Income Amount Income - Expenditure Amount Income - Expenditure

\$ This number/amount is calculated.	\$ This number/amount is calculated.	This number/amount is calculated.
	accords your own orga	ensure it is proportionate with inisation's policies. Delete this
Please attach quotes for th Attach a file:	ose expenditure (cost)	items over {{ \$500 }}
{{ Grantmakers: Add your own hi	nt to reflect your policy on o	btaining quotes }}
What other inputs will you	need in order to succe	ssfully carry out this project?
Input	Confirme	ed?
Non-financial inputs could include time/expertise, equipment, faciliti in-kind contributions, advocacy, a support.	es, pro bono or	
Applicant Capacity		
* indicates a required field		
your organisation's ability	to undertake the work ur organisation that wi	e want to find out more about you propose. Please provide ill give us confidence that you oplication. *
and how you will complete this prealso about any past work that may	nent, facilities, pro bono or in oject/program within the pro y demonstrate your organisa ry material if available/releva	n-kind contributions, advocacy, etc.) posed timelines. Provide information tion's capacity to undertake this work. ant. Go to the SmartyGrants Answers
O Upload If you do not produce an annual re	O Link eport, please provide us with	nost recent Annual Report. * your most recent financial statements cial Performance and a Balance Sheet /

Upload files * Attach a file:			
Link *			
Must be a URL.			
Certification and Feedba	ack		
* indicates a required field			
Certification			
	by an appropriately authorised person on behalf of be different to the contact person listed earlier in this		
application are true and corre organisation is approved for t	y knowledge the statements made within this ect, and I understand that if the applicant this grant, we will be required to accept the terms soutlined in the letter of approval.		
l agree *	□ Yes		
Name of authorised person *	Title First Name Last Name		
person	Must be a senior staff member, trustee or appropriately authorised volunteer		
Position *			
	Position held in applicant organisation (e.g. CEO, Treasurer)		
Contact phone number *			
	Must be an Australian phone number. We may contact you to verify that this application is authorised by the applicant organisation		
	We may contact you to verify that this application is authorised		
Contact Email *	We may contact you to verify that this application is authorised		
Contact Email *	We may contact you to verify that this application is authorised		
Contact Email * Date *	We may contact you to verify that this application is authorised by the applicant organisation		
	We may contact you to verify that this application is authorised by the applicant organisation		
	We may contact you to verify that this application is authorised by the applicant organisation Must be an email address.		

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. (If you would rather provide anonymous feedback, please go to {{ Grantmakers: provide a link to an anonymous survey or delete this sentence }}).

Please indicate how you found the online application process:

Very easy

Easy

Neutral

Difficult

Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60

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