

Privacy Statement

Equity Trustees Limited, Equity Trustees Superannuation Limited, Equity Trustees Wealth Services Limited, and Australian Executor Trustees ('the EQT Group') are committed to protecting your privacy and supporting the Australian Privacy Principles under the Privacy Act 1988 (Cth).

Our Privacy Statement is available [here](#) and is intended to inform you about the following:

- the type of personal information that we collect;
- the manner in which we collect your personal information;
- the main purposes for which we use that information;
- how you can access, correct or update any personal information that we hold about you; and
- how we keep the information secure.

Before submitting your application, please ensure you have read [Equity Trustees' Privacy Statement](#).

If this Grant Application is successful, Equity Trustees may make public your project description, the name of your organisation and the grant amount awarded to you.

Small Grants Application Form

Instructions

1. Completing your Form

You may fill in the form in any order you choose. Move between the pages of the form using the Form Navigation menu at the right of screen. Or, click the Next Page and Previous Page buttons at the top or bottom of the page.

2. Completing your Form in a group/team

You can share your applicant login details to allow colleagues to work on a form with you. However, avoid editing the form at the same time as somebody else.

3. Saving your draft Form and returning later

Your form is automatically saved each time you move between pages. You can also click the Save button at the top of the page, which you should do when logging out or leaving the computer for an extended period. Your saved form will be available for you to continue next time you log in.

4. Submitting your Form

To submit your form, you must click the Submit button on the final Review page of the form.

Your form will not submit if: - You have failed to answer any compulsory questions. - You have exceeded any word limits. - You have entered any other invalid data (such as an invalid ABN).

5. Form submission confirmation

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After submitting you will receive a confirmation email including a PDF copy of your form. If you do not receive this email, contact Equity Trustees to confirm we have received your form.

Further Support

Please email Equity Trustees at charities@eqt.com.au, quoting your application number if applicable, for technical support or queries about eligibility and guidelines.

For further information regarding the Small Grants Round please refer to the guidelines [here](#).

Eligibility Verification

* indicates a required field

Organisation Name *

Organisation Name

Website *

Must be a URL.

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	

What size is your organisation? *

- Small - revenue less than \$500,000
- Medium - revenue between \$500,000 and \$3m

<https://www.acnc.gov.au/tools/topic-guides/charity-size>

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Project Contact Details

Primary Contact Details *

First Name

Last Name

Position *

Phone Number *

Must be a valid phone number.

Email *

Must be an email address.

Secondary Contact Details *

First Name

Last Name

Phone Number *

Must be a valid phone number.

Email *

Must be an email address.

Proposal Overview

* indicates a required field

Funding Areas

Our program is focused on ensuring our communities are resilient in the face of social, economic, and environmental change and local support networks are accessible and effective. A strong local community creates better outcomes for all.

When assessing your application it's useful to understand how your application fits into our funding areas.

To understand our funding areas you can **read the guidelines** or use the guiding questions below.

COMMUNITY SUPPORT & EMPOWERMENT

Communities are connected, and support is easily accessible.

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- Are you a locally run organisation? Led by members of your community?
- Do you provide essential resources and services to your community?
- Do you support members of the community, who may find it difficult to access mainstream services, to access support?

For example: You are a foodbank providing essential services to your community

WELLBEING

Communities are emotionally and physically healthy.

- Does your organisation assist members of the local community to be physically and emotionally healthy?
- Does your program use social connectedness to solve complex issues? Such as mental wellbeing, ageing well, homelessness or loneliness?
- Does your program aim to improve health and wellbeing outcomes for those experiencing marginalisation?

For example: You are a community centre running weekly social drop-ins to support women experiencing family violence to feel connected to community while accessing support services.

EDUCATION & SKILLS DEVELOPMENT

Communities have access to the skills they need to thrive.

- Does your program support positive education outcomes in the classroom? i.e. literacy and numeracy.
- Does your program support young people to access appropriate employment transitions and opportunities?
- Are you a community education hub? providing education and employment support for members of the community?

For example: You are a community social enterprise supporting young people with disability to access mainstream employment opportunities.

Which funding area does your application most closely align with? *

Proposal Information

Project Title *

Provide a brief overview of your project? *

Word count:

Must be no more than 200 words.

Why do you need this grant? What are the key issues you aim to address? *

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Word count:
Must be no more than 200 words.

What will this grant enable you to do? How will your community benefit? *

Word count:
Must be no more than 200 words.

Grant Request

Grant Amount Requested *

Must be a dollar amount.

Total Proposal Cost *

Must be a dollar amount.

Proposal Budget

We're trying to understand the size and scale of your project and how grant funding will contribute to the project budget.

This budget tool is not designed to be a comprehensive budget and we do not require quotes, receipts or financials.

Columns will calculate totals automatically.

Should we have any questions about the responses below, we won't hesitate to be in touch.

Other Funding Sources	\$ Amount	Expenses	\$ Amount
i.e. In kind support	If there is no cost associated please use '\$0.00' Must be a dollar amount.	i.e. 0.4 FTE wages	Must be a dollar amount. If there is no cost associated please use '\$0.00'
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Budget Totals

Total Project Funding

This number/amount is calculated.

Total Project Cost

This number/amount is calculated.

Proposal Information

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To assist us in measuring our own programs please answer the below:

Who are the primary beneficiaries of this proposal? *

No more than 5 choices may be selected.

Please choose only the group/s that are at the very core of this project/program

What are the primary areas of focus for this proposal? *

No more than 5 choices may be selected.

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)

Where is the primary location that your proposal operates? (select all that are applicable) *

- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> Victoria-wide | <input type="checkbox"/> Gippsland | <input type="checkbox"/> North West |
| <input type="checkbox"/> Melbourne Metropolitan | <input type="checkbox"/> Bendigo | <input type="checkbox"/> Murray |
| <input type="checkbox"/> Rural & Regional | <input type="checkbox"/> Grampians | <input type="checkbox"/> Yarra Valley and Dandenongs |
| <input type="checkbox"/> Central | <input type="checkbox"/> South West | <input type="checkbox"/> Mornington Peninsula |

Which Local Government Areas will your initiative primarily take place in? *

If you are unsure which LGA your initiative takes place in you can use the following tool: <https://knowyourcouncil.vic.gov.au/councils>

Is there anything else about your proposal you'd like to share with us?

Word count:

Must be no more than 200 words.

Certification

* indicates a required field

By lodging this application:

- I am authorised to submit this application on behalf of my organisation and the relevant Heads of Department/CEO are aware this application has been submitted.
- I certify that to the best of my knowledge the statements made in this Grant Application and supporting documents are true.
- I consent to the information contained within this Grant Application being disclosed to or by Equity Trustees for the purpose of assessing, administering and monitoring this and any future Grant Applications.
- I understand that if Equity Trustees approves this Grant Application, my organisation will be bound by the contents of this Grant Application to carry out the project as

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described herein and in accordance with the grant conditions, timeline for completion and reporting requirements as set out in Equity Trustee's Letter of Approval to the successful applicant.*

- I consent to Equity Trustees making public any successful Grant Applications, including the project description, the name of your organisation and the grant amount awarded to you.

** Timelines for completion and reporting requirements are dependent on the particular grant and can be changed subject to agreement between the successful applicant and Equity Trustees. For most grants, successful applicants will be required to submit an annual progress report for the duration of the grant and a final report within two months of the completion of the grant period. These reports will fall due annually on the date that the grant was awarded unless otherwise agreed.*

Please enter your name below to signify agreement to this Certification.

Name *

Position *

One more step ...

YOU MUST FOLLOW THESE STEPS TO SUBMIT YOUR FORM

1. Click the "Review" button at the top right of this form.
2. If necessary, review your answers.

Important: Form submission is **final**. You cannot make changes to your form after it has been submitted.

3. When ready to submit, click the "Submit" button at the top right of the form.
4. Shortly after submitting you will receive a confirmation email including a PDF copy of your form.

Important: If you do not receive this confirmation email, your form may have failed to submit. Please check your spam mail folder, or contact Equity Trustees at charities@eqt.com.au to confirm we have received your form.

Are you having trouble submitting?

If you have any questions regarding the submission of your form, please refer to the further support details on Page 2 of the form.