

## Instructions

### Privacy Statement

Equity Trustees Limited, Equity Trustees Superannuation Limited, Equity Trustees Wealth Services Limited, and Australian Executor Trustees Limited ('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.

### Using this Form

#### 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

# Bringing Death Back into Life: Developing Solutions Programs EOI Form Preview

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

### Technical Support or Questions about Eligibility and Guidelines

Please email Equity Trustees at [charities@eqt.com.au](mailto:charities@eqt.com.au), quoting your application number if applicable.

## Overview

### Ageing Well

We envision a future where everyone can live and die with dignity, be heard and thrive.

We are dedicated to significantly improving the experience of ageing and of dying, particularly for vulnerable older Australians. A community that is better for older adults is better for people of all ages.

The “Ageing Well” portfolio funds innovative and effective projects and people that support older Australians to age well and die well, in the place they call home.

Please refer to the strategy [here](#):

### Bringing Death Back Into Life

The 2024 Wicking Trust national grant round is focused on ‘Bringing death back into life’ – it aims to improve the experience of dying, death and grieving for older Australians and their families.

This grant round aims to support what older Australians need – not just what is in place. By investing in **more** human centred programs – powered by family & communities, we intend to bring more balance to death and dying systems. We aim to nourish the current systems, not dismantle them.

Please refer to the guidelines and supporting documentation [here](#).

### Developing Solutions Programs

The Developing Solutions Program is about backing collective problem solving - supporting working together and differently to change the conditions that contribute to the challenges older Australians experience at end of life.

The Program aims to build the capacity of organisations and partnerships to nourish existing systems by funding activities such as:

- Systems thinking & planning
- Bringing together partners
- Instigating collective impact initiatives

# Bringing Death Back into Life: Developing Solutions Programs EOI Form Preview

- Seeding new ideas
- Taking pilot projects to scale
- Working across sectors

**Problem solving** needs to consider work that contributes to:

- Older Australians emotional experience and wellbeing at end of life is valued and improved.
- Conversations and stories about death and dying become more common
- Caring and networked communities lead the support for people dying, caring, and grieving.
- Capacity of organisations working to influence systems is strengthened
- A more cohesive and inclusive dying, death and grieving system

We will prioritise:

- Collaborative programs
- Applications that evidence a theory of change; implementation strategy, systems mindset and community engagement.

Please refer to the Guidelines and supporting documents for further support.

## Eligibility Check

\* indicates a required field

### Organisation Details

**Organisation \***

**Website \***

**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

# Bringing Death Back into Life: Developing Solutions Programs EOI Form Preview

ATO Charity Type	<a href="#">More information</a>
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  
☐ Large - revenue over \$3m

As defined by the ACNC: <https://www.acnc.gov.au/tools/topic-guides/charity-size>

## Project Contact Details

### Contact \*

First Name

Last Name

### Position \*

### Contact Number \*

Must be a valid phone number.

### Email \*

Must be an email address.

## Are you partnering with another organisation to deliver this project? \*

- ☐ Yes ☐ No

## Partner Organisation Contact

Please click "Add More" below to add a new column if you have multiple partners.

### Partner Organisation \*

Organisation Name

### 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
---------------------------------------------------

# Bringing Death Back into Life: Developing Solutions Programs EOI

## Form Preview

ABN
Entity name
ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type <a href="#">More information</a>
ACNC Registration
Tax Concessions
Main business location

Must be an ABN.

### Partner Organisation Contact \*

First Name

Last Name

### Position \*

### Phone Number \*

Must be a valid phone number.

### Email \*

Must be an email address.

## Funding Request

\* indicates a required field

### Funding Request

#### Grant Amount Requested \*

Request must not exceed \$150,000 per annum

#### Total Proposal Cost \*

Must be a dollar amount.

#### Proposal Start Date (may be in the past) \*

Must be a date.  
May be in the past

# Bringing Death Back into Life: Developing Solutions Programs EOI

## Form Preview

**Proposal End Date \***

Must be a date.

**Is this grant request to commence a new project or program? Or to maintain a current successful project? \***

- ☐ New Project  
☐ Maintain Existing

**Year 1 - Grant Request \***

Must be a dollar amount and no more than 150000.

**Year 2 - Grant Request**

Must be a dollar amount and no more than 150000.

**Year 3 - Grant Request**

Must be a dollar amount and no more than 150000.

## Budget - Project Income

Source of Income	Type of Income	Income Amount	Confirmed / Not confirmed
eg William Buckland Foundation	eg Philanthropic Grant	eg \$150,000 Must be a dollar amount.	

## Budget - Project Expenditure - Summary

Expenditure Item	Short description	Amount - Year 1	Amount - Year 2	Amount - Year 3
		Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

## Program Details

# Bringing Death Back into Life: Developing Solutions Programs EOI Form Preview

\* indicates a required field

## Program Information

### Program Title \*

### Provide a brief overview of your group's idea and why it was developed. \*

Must be no more than 350 words.

Describe what you will do, who it will benefit, who you will work with, and where your work will happen.

### What needs or issues are you trying to address? \*

Word count:

Must be no more than 350 words.

What are the systemic barriers and issues your group is trying to address? What needs, or issues are you trying to address? Are there things in your community you are interested in enhancing or protecting? Are there gaps you are trying to fill?

### Describe the major activities that your group will deliver for older Australians and their community at end of life \*

Word count:

Must be no more than 300 words.

How does your program/organisation engage, educate & activate individuals and communities to lead support for older Australians at end of life? (Dying, death and grieving)

## Project Location

### Where will this project take place? \*

- |                                         |                              |                              |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Australia-wide | <input type="checkbox"/> NT  | <input type="checkbox"/> SA  | <input type="checkbox"/> VIC |
| <input type="checkbox"/> ACT            | <input type="checkbox"/> QLD | <input type="checkbox"/> TAS | <input type="checkbox"/> WA  |
| <input type="checkbox"/> NSW            |                              |                              |                              |

### What region will this project take place? \*

- |                                         |                                 |
|-----------------------------------------|---------------------------------|
| <input type="checkbox"/> Metropolitan   | <input type="checkbox"/> Remote |
| <input type="checkbox"/> Rural/Regional |                                 |

If this program is place-based, which community area will it take place in?

# Bringing Death Back into Life: Developing Solutions Programs EOJ

## Form Preview

i.e Mornington Peninsula

### Before you go ...

\* indicates a required field

### Certification

By lodging this application:

- 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 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.
- I understand that if successful, this Grant funding is free from GST as per the [ATO advice](#)

*\* 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.**

\*

First Name

Last Name

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 not have reached us.



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Please check your spam mail folder, or contact Equity Trustees at [charities@eqt.com.au](mailto:charities@eqt.com.au) to confirm we have received your form if you have any concerns

## **Are you having trouble submitting?**

If you have any questions regarding the submission of your form, please refer to the help contact details on Page 1 of the form.