Application Enablement Grants 2022
Form Preview

Applicant Details

* indicates a required field

Applicant Contact Information

Applicant

◯ Individual   ◯ Organisation

Organisation Name

Title	First Name	Last Name

Applicant Primary Address *

Address

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

Applicant Postal Address

Address

Applicant Primary Phone Number

Must be an Australian phone number.

Applicant Primary Email

Must be an email address.

Additional Organisation Contact Information

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	

Must be an ABN.

Applicant Admin Contact *
Title   First Name   Last Name

Applicant Admin Contact Position *

Applicant Admin Contact Office Address *
Address

Applicant Admin Contact Office Phone Number *

Must be an Australian phone number.

Applicant Admin Contact Office Email *

Must be an email address.

Applicant Admin Contact Office Website *

Must be a URL.

Project Details

* indicates a required field

Project Title

Short project description *

Word count:
Must be no more than 150 words.
Provide a short description of your project - what are you out to do?

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

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)

Who are the primary beneficiaries of this project/program?

No more than 5 choices may be selected.
Please choose only the group/s that are at the very core of this project/program

Start Date

Must be a date.

End Date

Must be a date.

Total Amount Requested

$

Must be a dollar amount.
What is the total financial support you are requesting in this application?

Total Project Cost
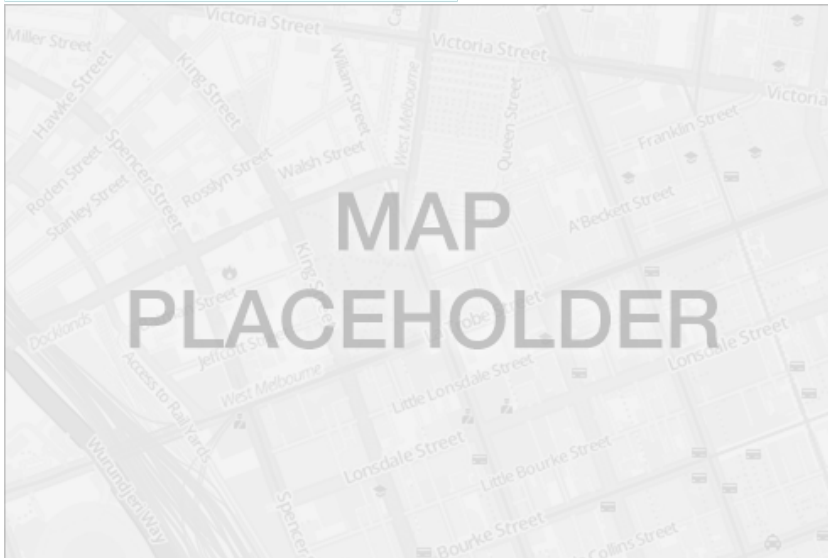
$

Must be a dollar amount.
What is the total budgeted cost (dollars) of your project?

Project Location(s)

Site Name

Site Location
Address

Budget

Budget

See guidelines available via the website

In Kind	$	Expenditure	Expenditure Type	$
Volunteer				
	$			$
	$			$
	$			$

	$			$
	$			$
	$			$
	$			$
	$			$

Budget Totals

Total Income Amount

$

This number/amount is calculated.

Total Expenditure Amount

$

This number/amount is calculated.

Income - Expenditure

$

This number/amount is calculated.

Supporting Documentation and Declarations

* indicates a required field

Photo ID
Attach a file:

Annual Report
Attach a file:

2021-2022

Website

Must be a URL.

- I certify that to the best of my knowledge the statements made in this application are true.
- I understand that if the ASRC approves a grant, I will be required to accept the conditions of grant in accordance with the ASRC audit requirements.
- I consent to the information contained within this application being disclosed to or by the ASRC for the purpose of assessing, administering and monitoring my current and any future the ASRC grant applications.
- I understand that if the ASRC approves a grant, I will be bound by the contents of my application to carry out my project as I have described and my application will form part of my contractual agreement with the ASRC.

Declaration *
○ I can confirm the above
○ I cannot confirm the above