About the grant

* indicates a required field

Instructions for Applicants

The Aboriginal Languages Trust (ALT) Small Grants Program provides open non-competitive grants to support time critical Language activities by NSW Aboriginal not for profit Community organisations, groups, and Aboriginal sole traders, consistent with the *Aboriginal Languages Act 2017 (NSW)*.

Applicants can apply for grants from between $1,000 to $15,000. The Aboriginal Languages Trust has allocated $100,000 for the ALT Small Grants Program in 2023-2024.

This will be reviewed mid-year and if there is need, an additional allocation may be considered.

Applications open 9:00am Friday, 15 March 2024.

Applications close 11:59pm Sunday, 30 June 2024 or when the total funding allocation is exhausted, whichever occurs first.

The application process is designed to be simple and maintain NSW Government transparency and probity standards.

Application Number

This field is read only.

Program Details

The Aboriginal Languages Small Grant Program

This field is read only.
The program this submission is in.

Disclaimer

The Applicant acknowledges and agrees that:

- submission of this application does not guarantee funding will be granted for any project, and the Department expressly reserves its right to accept or reject this application at its discretion;
- it must bear the costs of preparing and submitting this application and the Department does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- it has read the Funding Guidelines for the Program and has fully informed itself of the relevant program requirements.

Use of Information

By submitting this application form, the Applicant acknowledges and agrees that:

- if this project application is successful, the relevant details of the project will be made public, including details such as the names of the organisation (Applicant) and any partnering organisation (state government agency or non-government organisation), project title, project description, location, anticipated time for completion and amount awarded;
- the Department will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked 'Commercial-in-confidence' or 'Confidential' is treated as confidential, however, such documents will remain subject to the Government Information (Public Access) Act 2009 (NSW) (GIPA Act); and
- in some circumstances the Department may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.

Privacy Notice

By submitting this Application form, the Applicant acknowledges and agrees that:

- the Department is required to comply with the Privacy and Personal Information Protection Act 1998 (NSW) (the Privacy Act) and that any personal information (as defined by the Privacy Act) collected by the Department in relation to the program will be handled in accordance with the Privacy Act and its privacy policy (available at: https://www.dpc.nsw.gov.au/privacy);
- the information it provides to the Department in connection with this application will be collected and stored on a database and will only be used for the purposes for which it was collected (including, where necessary, being disclosed to other Government agencies in connection with the assessment of the merits of an application) or as otherwise permitted by the Privacy Act;
- it has taken steps to ensure that any person whose personal information (as defined by the Privacy Act) is included in this application has consented to the fact that the Department and other Government agencies may be supplied with that personal

information, and has been made aware of the purposes for which it has been collected and may be used.

Eligibility Confirmation

The following NSW Aboriginal not for profit Community organisations and groups are eligible:

- an Aboriginal and/or Torres Strait Islander Corporation registered under the (Commonwealth) Corporations (Aboriginal and Torres Strait Islander) Act 2006
- a company incorporated in Australia under the (Commonwealth) Corporations Act 2001
- an Incorporated Association (incorporated under state legislation, and commonly have 'Association' or 'Incorporated' or 'Inc.' in their legal name)
- an Incorporated Cooperative (incorporated under state legislation, and commonly have 'Cooperative' in their legal name)
- an incorporated trustee on behalf of a trust
- a Local Aboriginal Land Council under the Aboriginal Land Rights Act 1983 (NSW)

The following NSW Aboriginal Sole Traders are eligible where they are:

- an Aboriginal sole trader whose primary business activity relates to cultural expression or revitalisation (noting projects must not be profit-making in nature)

The following organisations and groups are not eligible:

- for-profit organisations (including Aboriginal businesses)
- state and federal government agencies
- local councils under the Local Government Act 1993 (NSW)
- schools, universities, TAFE colleges, Adult and Community Education (ACE) colleges and government funded preschools
- incorporated organisations that are not Aboriginal Community controlled
- unincorporated groups without an Auspicing body

Please declare this application meets the Program eligibility criteria:

- It has been prepared by and is being submitted by an eligible applicant
- Project applications are specific to a Local Government Area
- Projects can commence within **15/03/2024** and be completed within **30/06/2025** of the funding deed commencing

I confirm that the applicant and project is eligible according to the criteria outlined in the Program Guidelines *

☐ Yes

Contact Details

* indicates a required field

Applicant Details

Applicant *

○ Individual   ○ Organisation

Organisation Name

Title	First Name	Last Name

For organisations: please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Applicant Primary Address

Address
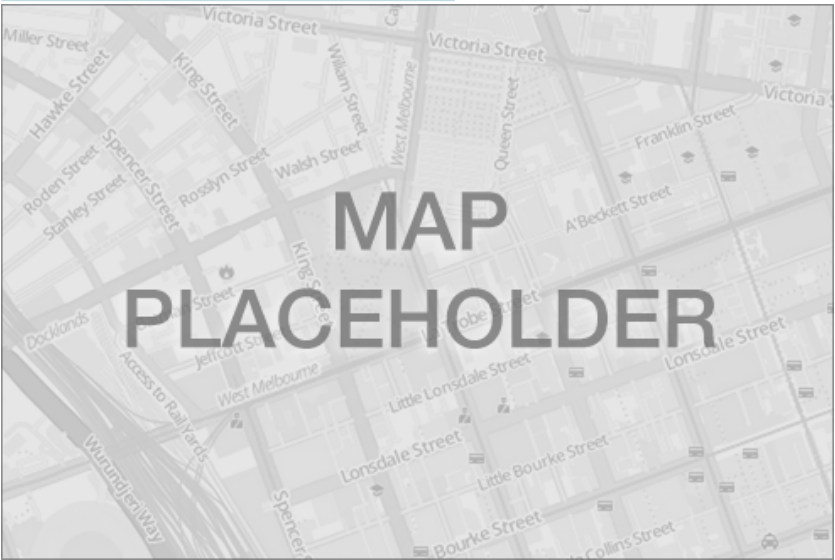
Applicant Postal Address

Address

Applicant Primary Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Applicant Email Address *

Must be an email address.

Applicant Website

Must be a URL.

Primary Contact Details

Primary Contact *

Title   First Name   Last Name

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

Primary Contact Position *

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

Primary Contact Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Other Phone Number

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Email *

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

Organisation Details

* indicates a required field

Applicant Organisation Details

Please detail the primary activities of the applicant organisation.

Word count:
Must be no more than 200 words.

Does the applicant organisation have at least $20 million in public liability insurance, or is willing to obtain $20 million in public liability insurance?
○   Yes
○   No, but willing to obtain
Applicants are required to hold at least $20 million public liability insurance in order to enter into a funding deed with the NSW Government.

Please provide evidence that the applicant organisation holds Public Liability Insurance. *

Attach a file:

> Applicants are required to hold at least $20 million public liability insurance in order to enter into a funding deed with the NSW Government.

Does the applicant organisation have an Australian Business Number (ABN)? *

○ Yes   ○ No

Applicant Organisation 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.

Auspice Organisation Details

Auspice organisation name
Organisation Name

> Please use the organisations 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 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.

Auspice Primary Address
Address
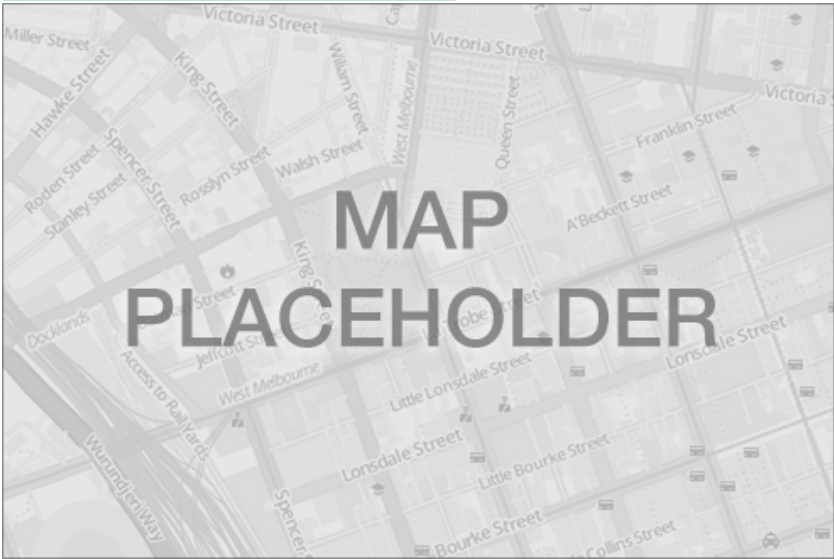
Primary Contact Person at Auspice Organisation

Title	First Name	Last Name

We may contact this person to verify that the auspice arrangement is valid and current.

Position

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

Phone Number

Country code not required, area code for landlines is required.

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.

Project/Event/Program Details

* indicates a required field

Title *

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

Brief description *

Word count:
Must be no more than 50 words.
Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.
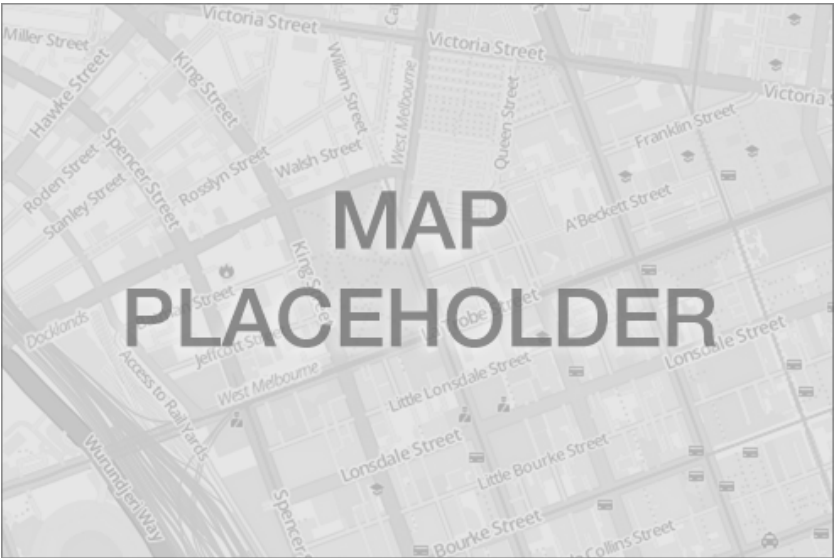
Anticipated start date *

Anticipated end date *

Primary location of your initiative
Address

Any, but at least one field is required.
Primary location does not need to be a specific address, and can be postcode, suburb, state, etc If delivered online, please specify the area of focus for delivery.

Please update anticipated start/end date

You have indicated above that your project either starts before 15/03/2024 or after 30/06/2025, the timeframe for delivery under this Program. Please update the details to ensure your dates fit within these timeframes.

Project Milestones and Key Deliverables

Please detail the administrative stages or activities expected to be completed as part of the project.

Milestone and Deliverables	Expected start date	Expected end date	Explanatory notes
Please provide detail for one Milestone per row. e.g., Planning; recruitment; evaluation. Add more rows if you want to list additional milestones. Please include detail of all Deliverables that are part of the Milestone.	Must be a date.	Must be a date.	Add notes if you need to provide more context.

Key Project Personnel

Please provide information on the key personnel who will be responsible for the delivery of the project, including their qualifications and experience.

Please include only one person per row. Add more rows if you want to list additional personnel.

Name	Organisation	Role	Experience	CV/ Supporting document	Notes
One per row. Add more rows if you want to list additional key project personnel.				Please provide a CV or any supporting documentation, where relevant.	Please provide any further details.

Risks Assessment

Please detail any risks or uncertainties in the delivery of the project, and how each of these will be managed.

Please include only one risk or dependency per row. Add more rows if you want to list additional risks or dependencies.

Risk description	How the risk will be managed
For example, you may require approval, have stretched resources, or time constraints for delivery.	You should provide an explanation of how you will prevent or treat the risk or dependency.

Banking Details

* indicates a required field

Bank Details

Applicant Bank Account *
Account Name

BSB Number   Account Number

Must be a valid Australian bank account format.

Please provide a recent bank statement of the account you would use to receive the grant funding if you are successful. *
Attach a file:

You do not have to show transaction details, however, the statement must:

- Be for an account in the name of the applicant

- Clearly show the BSB, account number and name of the account holder
- Be a statement on financial institution letterhead
- Not be an online transaction list

Merit Criteria

* indicates a required field

Community Support

Does this project have community support? *

○ Yes   ○ No   ○ Not Applicable

Evidence of community support is generally highly regarded as projects with community buy-in tend to be more successful.

Describe your preexisting Language work.

Describe how the project is Community-owned, driven and supported?

What are the expected outcomes of this project and who in your Community will benefit?

Briefly describe how the project objectives align with the below 5 Aboriginal Languages Trust strategic goals

For more information please visit the Aboriginal Languages Trust Strategic Plan. Strategic Plan 2022-2027 (16).pdf

Please upload letters of support (if available/relevant).
Attach a file:

A maximum of 5 files can be attached

Budget

* indicates a required field

Total Project Cost *

$

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

Total Amount Requested *

$

What is the total financial support you are requesting under this grant?

Total Applicant Co-contribution *

$

Must be a dollar amount.
What is the total monetary amount the applicant will be contributing to the project?

Co-contribution %

This number/amount is calculated.
Percentage applicant contribution to Total Amount Requested.

Applicant In-kind Contribution *

Please detail any in-kind contributions the applicant will be making to the project.

Expenditure

Please include all expenditure items (including the amount requested and any GST attracted) that you are seeking to fund under the grant.

Please note, these items must be eligible under the grant as according to the guidelines.

Expenditure description	Expenditure type	Expenditure amount (ex. GST)	Expenditure GST	Expenditure amount (inc. GST)	Notes
		$	$	$	
		Must be a dollar amount.	Must be a dollar amount.	This number/amount is calculated.	

Outcomes

Outcomes

Please tell us about the outcomes you expect to result from your project. Outcomes are the changes you expect to occur for the beneficiaries (direct, indirect and/or intermediaries) of your project. 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)

Your outcomes	How does your intended outcome link to the Program outcomes?	Explanatory notes
What changes do you expect will occur as a result of your project (e.g. Enhanced physical fitness)? Please be brief. One per row.	Please explain how your intended outcome helps contribute to the Program Outcomes.	Add notes if you need to provide more context.

Qualitative evidence

Qualitative evidence is a descriptive rather than numeric form of evidence designed to indicate whether or not progress towards an outcome is occurring.

Examples of qualitative data sources include interviews, testimonials, focus group transcripts/summaries, social media posts, media appearances/mentions, and artistic or multimedia depictions such as photographs, videos and audio/podcasts.

Qualitative evidence	Explanatory notes
Select the type of qualitative evidence you will use to help track your progress. One per row. Add more rows if you want to list additional types of qualitative evidence.	Add notes if you need to provide more context.

Declaration and Authorisation

* indicates a required field

Declaration

The Applicant represents and warrants that this application has been submitted by an authorised representative of the Applicant (e.g. CEO, Chief Financial Officer, General Manager, Director, Chair of the Board, President, authorised manager etc).

Where this Application is submitted in the course of employment by a representative of any kind (e.g. authorised representative or agent) of the Applicant, you: (i) acknowledge and agree that the Applicant is deemed to be jointly and separately bound by this application; and (ii) represent and warrant that you have the authority to represent and bind the Applicant as contemplated by this provision.

By submitting this application form I hereby declare that:

- I agree for my project to be automatically considered in other NSW funding programs;
- I have read and understood each of the acknowledgements, agreements, representations and warranties provided above, and that each of these are true and correct;
- All information provided including the responses to each question in the relevant sections of this application is true and correct to the best of my knowledge;
- Any information contained in this application may be disclosed to other Government agencies, staff administering the program, and to external stakeholders (including consultants, lawyers and other advisers) as part of the assessment of this application;
- I am authorised to submit this application on behalf of, and have the authority to represent and bind the Applicant;
- I understand that any false declaration may render this application ineligible/invalid; and
- All relevant conflicts of interest have been declared

Authorisation

I agree *   ☐   Yes

Name of authorised person *

Title	First Name	Last Name

Must be a senior staff member, board member 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.

How did you find 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.