

Aboriginal Project Fund Application 2024/2025 - Round 2

Form Preview

Aboriginal Projects Fund Round 1

Introduction

Please read the [Funding Guidelines](#) prior to completing this form.

Objectives

The Aboriginal Projects Fund aims to empower the Aboriginal community and to raise the profile of Aboriginal people.

The grant welcomes applications from community groups, not for profit organisations, schools and individuals.

Key Dates

Round 2: Applications open 3 February 2025 and close 3 March 2025

Funding Available

Amount per applicant: \$6,000

Annual allocation across both rounds: \$40,000

Eligible Entities

- Organisations applying for a grant are an incorporated, not-for-profit group, business or is auspiced by an incorporated not-for-profit group.
- Organisation or individual has current public liability insurance
- Approval of funding to individuals and sole traders will be subject to public exhibition for a period of 28 days in accordance with the Local Government Act 1993.

If you require assistance please email pscgrants@portstephens.nsw.gov.au or call 4988 0255 and you will be put through to an officer who can help with your enquiry.

Applicant Details

* indicates a required field

The Organisation

Organisation Name *

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Organisation Name

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.

Organisation Primary Address *

Address

Organisation Phone Number *

Must be an Australian phone number.

Organisation Email *

Must be an email address.

Organisation Postal Address *

Address

Applicant Details

Applicant Name *

Title First Name Last Name

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Person completing this form.

Applicant Position *

Applicant Phone Number *

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Project Details

* indicates a required field

Project Title *

How much are you applying for? *

\$

Must be a dollar amount and no more than 6000.

Short project description *

Word count:

Provide a short description (50 words recommended) of your project - what would you like to do?

Start Date *

End Date *

Must be completed within one year of commencement, unless negotiated otherwise.

How will the project help the Aboriginal Community *

Word count:

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Must be no more than 200 words.

Outline any partners involved in your project and what they will do *

Word count:

Must be no more than 200 words.

What projects has your organization delivered before? *

Word count:

Must be no more than 200 words.

How will you make a record of your achievements? *

Word count:

Must be no more than 100 words.

Budget

* indicates a required field

Total Amount Requested from Port Stephens Council? *

\$

Must be a dollar amount and no more than 6000.

What is the total financial support you are requesting in this application?

Cash Income

Item (e.g grant, organisation contribution)	Amount (\$)	Cash source (e.g grant body name)	Notes (no more than 10 words)
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	This number/amount is calculated.		Must be no more than 10 words.
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

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Cash Expenditure

Expenditure item (e.g printing costs, facilitator costs)	Cash Expenditure (\$)	Notes (no more than 10 words)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Budget Totals

Total Income Amount

\$

Must be a dollar amount.

Total Expenditure Amount

\$

Must be a dollar amount.

Total Project Cost *

\$

Must be a dollar amount.

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

Quotes

Quotes for equipment and services to the value of \$500 or more should be included in the application

Item	\$	Quote
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Attach quotes

Attach a file:

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Attach quotes

Attach a file:

Support Documentation

Attach a copy of your Public Liability Certificate of Insurance

Attach a file:

You may provide other documentation to support your application by uploading files below.

Attach a file:

Document type - e.g. letter of support, plans, research

Link

URL e.g. video, presentations

Declaration and Feedback

* indicates a required field

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

- I certify that to the best of my knowledge the statements made in this application are true.
- I certify that I am authorised by my group/organisation to complete this application.
- I consent to the information contained within this application being disclosed to or by Port Stephens Council for the purpose of assessing, administering and monitoring my current and any future grant applications.
- I understand that if Port Stephens Council 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 Port Stephens Council.

I agree *

- ☐ Yes
☐ No

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Applicant Project Contact

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

Applicant Project Contact Position

Please tell us how you heard about our program?

- ☐ Word of mouth - through friends, family or colleagues
- ☐ Social Media - Facebook
- ☐ Council Website
- ☐ Direct Email from Council
- ☐ Newspaper
- ☐ Radio
- ☐ Other:

How would you rate your experience completing this application form?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5

1 Very Dissatisfied - 5 Very Satisfied

Please provide any feedback on the application process.