**YOUR DETAILS:**

Title:

First Name: Last Name:

Position: Email:

**APPLICANT’S DETAILS:**

Organisation’s Legal Name:

Registered Business Name:

ABN: State: Postcode:

GST Registered:  Yes  No Charity:  Yes  No

For Profit:  Yes  No Withholding Tax Exempt:  Yes  No

Entity Type:

(please see eligible entity types in the [Grant Program Guidelines](https://www.aacassgrants.org.au/wp-content/uploads/2021/11/Grant-Program-Guidelines.pdf))

Is the applicant able to provide documentation to support the entity type?\*  Yes  No

Does the applicant have a bank account?\*  Yes  No

 My Organisation will set up a bank account prior to accepting the grant offer

**GOVERNANCE:**

Has any senior official or person to be involved in delivering the activity been involved in any of the following events in the last 5 years?\*

*You must at least tick one of these boxes. You may be contacted to provide more information and documentation in relation to these events*

 GOVERNANCE INVESTIGATION OF RELEVANT PERSON(S)

 ANY BUSINESS FAILURE OF RELEVANT PERSON(S) INCLUDING BUSINESS FAILURE OF ENTITIES IN WHICH THEY HOLD, OR HELD AT THE TIME OF THE EVENT, A MANAGEMENT OR BOARD POSITION. EXAMPLES OF A BUSINESS FAILURE INCLUDE A COURT ORDERED OR A CREDITION VOLUNTARY ADMINISTRATION

 LIQUIDATION, EXTERNAL ADMINISTRATION, OR RECEIVERSHIP

 BANKRUPTCIES OR RELEVANT PERSON(S)BANKRUPTCY PROCEEDINGS, INCLUDING PART IX DEBT AGREEMENT OR PART X INSOLVENCY AGREEMENTS, AGAINST RELEVANT PERSON(S)

 LITIGATION AGAINST RELEVANT PERSON(S) INCLUDING JUDGEMENT DEBTS

 NONE OF THE ABOVE APPLY AND THERE IS NO ADVERSE INFORMATION ON ANY RELEVANT PERSON ASSOCIATED WITH THIS ENTITY.

Select the appropriate box(es) related to any events to which your entity may have been subjected in the last 5 years.\*

*You must at least tick one of these boxes. You may be contacted to provide more information and documentation in relation to these events.*

 GOVERNANCE INVESTIGATION OF YOUR ORGANISATION OR RELATED ENTITIES

 LITIGATION OR LIQUIDATION PROCEEDINGS

 A CONTRACT WITH YOUR ENTITY TERMINATED BY THE OTHER PARTY

 CONTINGENT LIABILITIES OF A MATERIAL AMOUNT

 OVERDUE TAX LIABILITIES

 FACTORS WHICH MIGHT IMPACT ON YOUR ENTITY. FOR EXAMPLE, PENDING SIGNIFICANT LITIGATION, BUSINESS COMMITMENTS, COLLECTIONS BY DEBT COLLECTION AGENCIES ON BEHALF OF CREDITORS, OR POTENTIAL LIQUIDATION PROCEEDINGS

 ANY OTHER PARTICULARS WHICH ARE LIKELY TO ADVERSELY AFFECT YOUR CAPACITY TO UNDERTAKE THIS PROJECT

 NONE OF THE ABOVE EVENTS APPLY AND THERE IS NO ADVERSE INFORMATION ON MY ENTITY.

**Application Title:**

Provide a short title for your Application for this Project/Activity.\*

Character limit: 250 characters

**Criterion 1:**

Demonstrate your understanding of the need for support within the target Afghan cohort.\*

Word limit: 750 words

**Criterion 2:**

Describe your proposed activity and how it will achieve positive outcomes for the target cohort.\*

Word limit: 750 words

**Criterion 3:**

Demonstrate your organisation’s capability to achieve objectives for the target cohort and successfully deliver the activity on time and within budget.\*

Word limit: 750 words

**Project Activity Start and End Date:**

What is the proposed start date of the activity?

What is t he proposed end date of the activity?

Provide an overview of the service areas you will be delivering the activity in:

**BUDGET:**

In addition to addressing these assessment criteria, applicants must also fill out the online budget form outlining a high-level breakdown of the costs associated with the proposed activity.

The total funding list here must equal the total funding information entered in the breakdown of the proposed grant funding by service area/s.

| **Activity/Cost** | **Amount\*** (excl. GST) 2021-22 | **Amount\*** (excl. GST) 2022-23 | **Total amount** (incl. GST) |
| --- | --- | --- | --- |
| Staffing |  |  |  |
| Administration |  |  |  |
| Project costs |  |  |  |
| Other costs |  |  |  |
| **TOTAL** |  |  |  |

If you are allocating funding to other costs, please explain the nature of the costs: Word limit: 50 words

**APPLICANT CONTACTS:**

Who is the applicant’s preferred authorised contact person for this Application?  
This person must have the authority to act on behalf of the Applicant in relation to this Application

TITLE:

FIRST NAME:

LAST NAME:

POSITION:

EMAIL:

TELEPHONE:

MOBILE:

Provide an alternate authorised contact for this Application:

TITLE:

FIRST NAME:

LAST NAME:

POSITION:

EMAIL:

TELEPHONE:

MOBILE:

Child Safety Statement:

Having made diligent inquiries, I have reasonable grounds to believe that the organisation itself, and staff working with children on behalf of my organisation in relation to the funding arrangements:  
  
- Comply with relevant legislation relating to requirements for working with children in the jurisdiction in which the activities are delivered.  
- Have complied with relevant legislation in their jurisdictions relating to mandatory reporting of suspected child abuse and neglect as required or otherwise defined by state and territory legislation.

A CHILD SAFETY CLAUSE MAY ALSO BE INCLUDED IN THE GRANT AGREEMENT IF MIGRATION COUNCIL AUSTRALIA CONSIDERS THE GRANT ACTIVITY INVOLVES CHILDREN MORE BROADLY:

MY ORGANISATION WILL BE COMPLIANT PRIOR TO ACCEPTING THE GRANT OFFER  Yes  No

Declaration:\*

DO YOU HAVE ANY CONFLICTS OF INTEREST THAT MAY OCCUR RELATED TO OR FROM SUBMITTING THIS APPLICATION?  Yes  No

**Please read and complete the following declaration.**

This Declaration must be signed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

I declare that:  
- The information contained in this form is true and correct  
- I have read, understood and agree to abide by the Grant Program Guidelines.  
- I have read, understood and agree to information provided in this Application as detailed in the Use of Information  
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this application and for their personal information to be shared as detailed in the Use of Information  
- I give consent to Migration Council Australia to make public the details of the Applicant and the funding received should this Application be successful

 I understand and agree to the declaration above

 I declare that the information provided within this application is true and correct. I also understand that any wilful dishonesty may render for refusal of the application.

FULL NAME OF AUTHORISED OFFICER:\*

POSITION OF AUTHORISED OFFICER:\*

DATE:\*

**Please provide an estimate of the time taken to complete this Application Form, including:**

- Actual time spent reading the grant program guidelines, instructions, and questions:  
- Time spent by all employees in collecting and providing the information and:  
- Time spent completing all questions in the Application form

HOURS:\*

MINUTES:\*

**PLEASE RETURN THIS FORM BY THE DUE DATE TO :**

[grants@migrationcouncil.org.au](mailto:grants@migrationcouncil.org.au)