



Australian Government



Australia - Malaysia Institute

## Grants Program Application

### 1.1 NAME

Name of your organisation/group (if applicable): \_\_\_\_\_

Your name or name of contact person: \_\_\_\_\_

Title:  Mr  Ms  Other (please specify) \_\_\_\_\_

Given names: \_\_\_\_\_

Family name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### 1.2 ABN DETAILS

Your ABN: \_\_\_\_\_

In what name is the ABN registered? \_\_\_\_\_

What is your trading name or professional name? \_\_\_\_\_

If you do not have an ABN you may want to nominate a legally constituted organisation or individual to administer the grant, should one be awarded (complete section 1.6).

### 1.3 CONTACT DETAILS

Street address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal address: \_\_\_\_\_  
(if the same as your street address, write 'as above')

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: Work: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_ Website address: \_\_\_\_\_

### 1.4 SUMMARY INFORMATION

What is the name of your project? \_\_\_\_\_

What amount of money are you requesting? (AUD)\$ \_\_\_\_\_

Does this amount include GST? \_\_\_\_\_

What is the start date for this activity? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

What is the end date for this activity? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Briefly describe your activity. \_\_\_\_\_

Where will you undertake your activity? \_\_\_\_\_

Have you or your organisation previously requested or received funding from the FCI? If yes, please give details. \_\_\_\_\_

## 1.5 CERTIFICATION

### Privacy and Freedom of Information

*The information you provide in your funding submission is used when processing and assessing your submission. Summary information provided by all applicants will be stored centrally and will be available to Commonwealth officers and the government on a need-to-know basis. Information about successful applications may be distributed to the FCI, Commonwealth and State or Territory governments, national and local media and the general public. DFAT may also publish this information in its Annual Report and on the DFAT web site. DFAT will not use personal information for any purposes other than those consented to below and will not make further disclosures without consent.*

The provisions of the Freedom of Information Act 1982 apply to documents in DFAT's possession

#### I, the undersigned, certify that:

I have read the relevant information provided for this application and meet the general eligibility criteria.

The statements in this application are true to the best of my knowledge and any supporting material is my own work or the work of the persons named in this application.

I accept that DFAT and the FCI reserve the right to use whatever assessment processes and selection criteria they deem necessary to evaluate this and other applications for grant funding

I acknowledge that this application will be assessed on its merits, and compared to other projects, and that it may not be funded, or it may not be funded at the amount requested.

I consent that information provided in this application may be used for training and testing purposes by DFAT staff.

If my application is successful, I consent to the media or members of parliament being given information about the funded project and I may be contacted directly by them.

If my application is successful, I will provide a final project report in accordance with the requirements of the FCI and all the information and supporting documentation required to acquit properly and fully the money received

I understand that any information given to applicants by FCI Grants Program staff should be seen as information only and that I should not alter my circumstances or act upon expectations arising from such information.

Signature:  \_\_\_\_\_ Date:            /            /

Name in full: \_\_\_\_\_

Position in organisation/group: \_\_\_\_\_

## 1.6 ADMINISTERING ORGANISATION/INDIVIDUAL (OPTIONAL)

Groups, or unincorporated entities must nominate an individual or legally constituted organisation to take responsibility for administering any grant that may be offered.

Successful applicants who do not have an Australian Business Number (ABN) may have 48.5% of their grant withheld. This amount is forwarded to the Australian Taxation Office and you may seek to claim it as part of your annual tax return. Individual applicants who do not have an ABN may wish to nominate an organisation to administer their grant. Where an applicant is not registered for GST, they must provide an Australian Taxation Office *Statement by a Supplier* declaration. If they do not, DFAT will be required to withhold 48.5% of the grant.

Legal name of organisation or individual  
who will administer your grant

Street address: \_\_\_\_\_

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal address: \_\_\_\_\_  
(if the same as your street address, write 'as above')

Suburb/Town: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: Work ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Signature:  \_\_\_\_\_ Date:            /            /

Name in full: \_\_\_\_\_

Position in organisation: \_\_\_\_\_

## 1.7 PROJECT DETAILS

Project Details (maximum two pages)

Please describe the objectives of the project

Please describe how you propose to achieve these objectives

Please describe what criteria you will use to assess the success of this project

Please describe what, if any, publicity you intend to use to promote the project

Please provide details of who will be involved in the project and their relevant experience and/or qualifications

Additional Comments

**Please attach letters of support from two referees with no direct financial interest in this project. Referees should comment on the project's objectives and the strategies to achieve them.**

## 1.8 PROJECT BUDGET

### Budget Template (maximum two pages)

**Please note:** If you are **GST-registered**, your budget should be exclusive of GST and we will pay the grant plus GST. You should provide amounts in Australian dollars (AUD\$). If you are **not GST-registered**, your budget should include GST as this is part of the cost of the project. We do not add any amount to the grant to cover this expense as you are not obliged to charge DFAT GST.

List all projected income and expenditure items under the headings given (some of the items below may not be relevant to your proposal).

Indicate all **expenditure items** to be covered by this grant with an asterisk (\*).

You may substitute your own budget page but it must conform to the format below.

Please ensure that the project totals of your income and expenditure are exactly equal.

| Income                                 |              |
|--|--------------|
| <b>Earned income</b>                   | <u>AUD\$</u> |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
| <b>Subtotal</b>                        | <b>\$</b>    |
| All other grant income sought          |              |
| Federal Government (please itemise)    |              |
|  |              |
|  |              |
| State Government (please itemise)      |              |
|  |              |
|  |              |
| Local Government (please itemise)      |              |
|  |              |
|  |              |
| Other                                  |              |
| <b>Subtotal</b>                        | <b>\$</b>    |
| <b>Own contribution</b>                |              |
|  |              |
|  |              |
| In Kind                                |              |
|  |              |
|  |              |
| <b>Subtotal</b>                        | <b>\$</b>    |
| <b>Sponsorship/donations</b>           |              |
|  |              |
|  |              |
|  |              |
|  |              |
|  |              |
| In Kind                                |              |
|  |              |
|  |              |
| <b>Subtotal</b>                        | <b>\$</b>    |
| <b>Request from FCI Grants Program</b> | <b>\$</b>    |
| <b>Total Income</b>                    | <b>\$</b>    |

| Expenditure  |              |
|--|--------------|
| Salaries and fees  | <b>AUD\$</b> |
|  |              |
| Key personnel (please itemise)                           |              |
| Marketing and publicity personnel                        |              |
| Administrative and management personnel                  |              |
| Agent's fee/commission                                   |              |
| Travel allowance (___ per diem x ___ persons x ___ days) |              |
| Other  |              |
|  |              |
|  |              |
| <b>Subtotal</b>  | <b>\$</b>    |
| Direct costs   |              |
| Airfares (___ persons x _____ ticket cost)               |              |
| Freight  |              |
| Insurance  |              |
| Overseas surface travel                                  |              |
| Venue hire   |              |
|  |              |
|  |              |
| <b>Subtotal</b>  | <b>\$</b>    |
| <b>Overhead/administrative costs</b>                     |              |
| Postage  |              |
| Telephone and fax  |              |
| Stationery and printing                                  | <b>\$</b>    |
| Other  |              |
| <b>Subtotal</b>  |              |
| <b>Marketing/promotion costs</b>                         |              |
| Advertising – press                                      |              |
| Advertising – electronic media                           |              |
| Printed material   |              |
| Photography  |              |
| Programs   |              |
| Merchandise  |              |
| Other  |              |
| <b>Subtotal</b>  | <b>\$</b>    |
| Contingency  |              |
| <b>Total Expenditure</b>                                 | <b>\$</b>    |

## 1.9 STATISTICAL INFORMATION

This section is voluntary and is not used to assess applications and is not provided to the assessment committee. The information is collated with other statistical information and may contribute to the evaluation of the FCI Grants Program and administrative processes. Collated information may also be used to measure whether the FCI Grants Program is accessible and equitable. Please help us to improve our services by filling out the questionnaire.

**INDIVIDUAL APPLICANTS—please complete section A**

**GROUPS AND ORGANISATIONS—please complete section B**

### SECTION A—Details about individuals

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | I am male  |
| <input type="checkbox"/> | I am female  |
| <input type="checkbox"/> | I am Aboriginal. My Language is: _____   |
| <input type="checkbox"/> | I am Torres Strait Islander. My Language is: _____   |
| <input type="checkbox"/> | I was born overseas and my first language is not English. Language: _____  |
| <input type="checkbox"/> | I was born in Australia and the first language of at least one of my parents (or the people who raised me) is not English. Language: _____ |
| <input type="checkbox"/> | I have a disability  |

### SECTION B—Details about organisations and groups

Please indicate, from the groups below, the role and percentage of involvement of those people engaged and employed in the project/activities for which you are seeking funding.

| Involved personnel                           | Percentage of involvement in project |
|--|--------------------------------------|
| No specific group                            |                                      |
| Aboriginal people or communities             |                                      |
| Torres Strait Islander people or communities |                                      |
| Ethnic groups/communities                    |                                      |
| People with a disability                     |                                      |
| Other (please specify)                       |                                      |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| I completed the application form for people with a visual impairment:          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| An interpreter assisted me in completing this application form:                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| An Indigenous Language Centre assisted me in completing this application form: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Please estimate the time taken to complete this whole application form:        |                              |                             |