

**2025 SMALL GRANTS PROGRAM**

**APPLICATION FORM**

***Embracing and Valuing Diversity in Nature and Community***

**To apply for a grant please complete all questions.**

**Applicant**

|  |  |
| --- | --- |
| **Name of the organisation undertaking the project:** |  |
| **Name of the organisation that will receive and manage the funding (if different from above):** |       |
| **Contact person:** |       |
| **Postal address:** | **Street or PO Box number:**   |       |
| **Suburb/Town:**  |       |
| **State:**  |       | **Postcode:**  |       |
| **Email address:** |       |
| **Telephone contact:** |       |
| **Organisation website:** |       |
| **Name of partner organisations (if any):** |       |

**Project Information**

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| --- | --- |
| **Project name:**  |       |
| **Proposed commencement date:**  |       | **Proposed completion date:**  |       |
| **What are you doing?** Provide a brief project description in several sentences or dot points. |       |
| **Where is your project located?**Please name the town/location/s.  |       |
| **Which Indigenous Country/region will your project occur in?** Please refer to the map of Indigenous Australia at <https://aiatsis.gov.au/explore/map-indigenous-australia> |       |
| **Why is there a need for your project?** |       |
| **What are the project stages and timelines?** |       |
| **What do you hope to achieve?**What changes do you hope to see happen in your community? |       |
| **How will you know if your project has been successful?**How will you evaluate your project? |       |
| **How did you hear about the Small Grants Program?** Please tick. | [ ]  Website [ ]  Email[ ]  Newsletters[ ]  Parish networks [ ]  Local government networks [ ]  Environmental network [ ]  Community network [ ]  Social media[ ]  Previous grant applicant or recipient [ ]  Other Please specify:       |

**Safeguarding**

Mary MacKillop Today is committed to the safety and well-being of all people, especially children and vulnerable adults. If you are successful in obtaining this grant, Mary MacKillop Today will require you to adhere to our Safeguarding Policy and Code of Conduct and may request additional information from you to ensure compliance in this area.

**Does your project work with children** (that is, anyone under the age of 18 years)**, youth**

**and/or vulnerable adults?**

Yes / No

If yes, what safety measures will you have in place to make sure that children are kept safe, and vulnerable adults are protected from sexual exploitation, abuse and harassment in the delivery of this project? Please list any policies you have to keep children and/or vulnerable adults safe.

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If no, please proceed to the Project Budget section.

**Project Budget**

Please complete the budget proposal below.

*Note:*

* *the project budget must balance, i.e. Total Income = Total Expenditure.*
* *In-kind contributions must equal in-kind expense items.*

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| --- | --- | --- |
| **INCOME** | **$** | **Comments/Details** |
| **What is the amount requested from Mary MacKillop Today Highways and Byways Small Grants Program?** |       |       |
| **Do you have any other source of income?** Outline below |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| **In-kind contributions:**What is the estimated value of non-cash contributions such as services, equipment, time and material. Please outline below |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| **Total Income**  |  |  |
| **EXPENDITURE:** **How will you spend the grant? What are the specific costs?**List individual expense items such as equipment, travel/transport, administration, etc below |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| **In-kind contributions:** What are the estimated values of non-cash expense items. Please list below  |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| **Total Expenditure** |  |  |

**Declaration**

* I am authorised to submit this application on behalf of the applicant.
* The information contained within this application is true and correct.
* I understand that if this application for funding is successful, the applicant will be required to complete a funding agreement with Mary MacKillop Today.

Please date and sign the following. Electronic signatures are permissible.

|  |  |
| --- | --- |
| **Name of key contact person:** |       |
| **Phone number:** |       |
| **Date:** |       |

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**Signature**

**Submission:**

Please return one copy of this proposal by **5.00 pm AEDT Tuesday 1 April 2025** to:

Mary MacKillop Today Highways and Byways Small Grants Program

**By post:**

PO Box 1646

North Sydney NSW 2059

**Or by email:**

highwaysandbyways@marymackilloptoday.org.au

**MARY MACKILLOP TODAY HIGHWAYS AND BYWAYS**PO Box 1646, North Sydney, NSW 2059

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Phone: 02 8912 2777

[www.hb.org.au](http://www.hb.org.au/)/grants
Email: highwaysandbyways@marymackilloptoday.org.au

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