Eligibility
* indicates a required field
Confirming your eligibility
Transgrid uses a third-party provider, SmartyGrants, to process grant and sponsorship applications. Please ensure you take the time to read the <u>Privacy Policy</u> available on the SmartyGrants page to understand how your personal information will be managed.
Important: This form must be completed in full for the application to be eligible for consideration - please complete all relevant fields.
Please select the postcode that applies to your chosen regional area *
Are you a not-for-profit organisation? *
<ul> <li>Yes</li> <li>No</li> <li>*Only not-for-profit organisations are eligible to apply</li> </ul>
Will your initiative provide a lasting or tangible benefit to the community in which you operate? *
<ul> <li>No</li> <li>*Your initiative must provide a lasting or tangible benefit to the community</li> </ul>
Do you hold an ABN for the applicable organisation? Or will your grant be supported by an incorporated not-for-profit organisation? *  O Yes  No
Organisation and applicant details
* indicates a required field
Organisation contact details
If you are applying on behalf of your organisation, include the organisation's details in this section.
Organisation name * Organisation Name
Organisation contact *

Last Name

First Name

Position (i.e. Secretary) *		
Applicant ABN		
The APN provided will be used	d to look up the following information	Click Lookup above to
check that you have entered t	d to look up the following information the ABN correctly.	. Click Lookup above to
Information from the Australian I	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.		
<b>Organisation primary addr</b> Address	ess *	
Address Line 1, Suburb/Town, Sta	ate/Province, and Postcode are required.	
Organisation phone number	er*	
Must be an Australian phone num	nber.	
Organisation email *		
Must be an email address.		
Organisation website		
Must be a URL.		
Organisation social media		
Must be a URL.		

Organisation services

Please select your organisation type: *  Not-for-profit organisation Community group or service Registered charity
Please provide a brief description of the services your organisation provides to the community. *
Must be no more than 150 words.
Your initiative
* indicates a required field
Project title *
Initiative location/area of service *
Total amount requested *  \$ Must be a dollar amount and between 500 and 10000. What is the total financial support you are requesting in this application?
Is this full or part funding for your initiative? *  O Full funding O Part funding
If you are seeking part funding for your initiative, how will you source the remainder of funds? *
If part funding was selected, briefly describe how the remainder of the funds will be sourced. If full funding was selected, simply type NA.
Is this a new or existing initiative? *  O New O Existing
Anticipated start date *
Must be a date.
Anticipated end date *

Must be a date.		
In delivering your initiative have direct access to the grown of the North No	, will you partner with any other rant funds? *	organisation who will
If yes, provide details of the funds.	e organisation and their reason f	or access to the
Word count: Must be no more than 100 words.		
Provide an expected timelinitiative. *	ne of any critical action dates du	ring the rollout of your
Word count: Must be no more than 150 words. Briefly list (bullet points) when the	specific activities that will take place and	d where they will take place
Community benefits		
Provide details about the ir improve/support either: *  Community resilience Community education and Supporting the transition to Community safety, health, Contributing to a sustainab	o clean energy and wellbeing	for and how it will
	nitiative will improve/support the , Automated External Defibrillato	
Must be no more than 150 words.		
Estimated costs		
Please provide a breakdown of quotes to support your applica	the initiative's estimated costs and ption.	provide at least two (2)
PLEASE NOTE: We do not cove that comprise general mainten	expenses of overhead costs (wages ance or overhead expenses.	, rent, etc.) or any costs
Expenditure	\$	

	\$ \$	
Grant management	Ψ	
What areas of the initiative  ☐ Organisation and implement ☐ Financial management ☐ General resources ☐ Promotional ☐ Staff skills	e will your organisation mana	age? *
Are there any areas of the or outsourcing? *  O Yes O No	initiative that your organisa	tion will not be managing
If yes, please provide an ex	planation.	
Word count: Must be no more than 50 words.		
Must be no more than 50 words.		
Opportunities		
* indicates a required field		
How can we help your o	community to spread the	good news?
	on the special and	good none.
Our communities are the back positive and lasting relationshi	bone of the places we work and ps with our local communities.	live. We aim to create
Would you be agreeable to event/initiative? *  O Yes O No	have Transgrid staff partici	pate or volunteer at your
How many people approximation the initiative? *  1 - 10  10 - 100  100 - 1,000  1,000 - 5,000  5,000 - 15,000  15,000 - 30,000  30,000 - 50,000  50,000+	nately within the community	are expected to benefit
	Transgrid's Broken Hill & Fa	ar West Community
Partnerships Program? *  ☐ Transgrid representative	□ Facebook	

☐ Word-of-mouth	□ Newspaper
☐ Google	□ Radio
☐ LinkedIn	□ Other:
☐ Twitter	