# Test- Application form
Form Preview

## About the grant

* indicates a required field

### Instructions for Applicants

Before completing this application form, you should have read the program guidelines. Incomplete applications and/or applications received after the closing date will not be considered.

**Application Number**

This field is read only.

### Program Details

**Grant Program Name**

This field is read only.
The program this submission is in.

### Disclaimer

The Applicant acknowledges and agrees that:

- submission of this application does not guarantee funding will be granted for any project, and the Department expressly reserves its right to accept or reject this application at its discretion;
- it must bear the costs of preparing and submitting this application and the Department does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- it has read the Funding Guidelines for the Program and has fully informed itself of the relevant program requirements.

### Use of Information

By submitting this application form, the Applicant acknowledges and agrees that:

- if this project application is successful, the relevant details of the project will be made public, including details such as the names of the organisation (Applicant) and any partnering organisation (state government agency or non-government organisation),

project title, project description, location, anticipated time for completion and amount awarded;

- the Department will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked 'Commercial-in-confidence' or 'Confidential' is treated as confidential, however, such documents will remain subject to the Government Information (Public Access) Act 2009 (NSW) (GIPA Act); and
- in some circumstances the Department may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.

## Privacy Notice

By submitting this Application form, the Applicant acknowledges and agrees that:

- the Department is required to comply with the Privacy and Personal Information Protection Act 1998 (NSW) (the Privacy Act) and that any personal information (as defined by the Privacy Act) collected by the Department in relation to the program will be handled in accordance with the Privacy Act and its privacy policy (available at: https://www.dpc.nsw.gov.au/privacy);
- the information it provides to the Department in connection with this application will be collected and stored on a database and will only be used for the purposes for which it was collected (including, where necessary, being disclosed to other Government agencies in connection with the assessment of the merits of an application) or as otherwise permitted by the Privacy Act;
- it has taken steps to ensure that any person whose personal information (as defined by the Privacy Act) is included in this application has consented to the fact that the Department and other Government agencies may be supplied with that personal information, and has been made aware of the purposes for which it has been collected and may be used.

## Eligibility Confirmation

**Please declare this application meets the Program eligibility criteria:**

- It has been prepared by and is being submitted by an eligible applicant
- Project applications are specific to a Local Government Area
- Applicants will notify the Department if grant funding is secured from another source

## Eligibility Criteria

To be eligible for funding, an applicant must, at the time of application:

· have its principal place of business in New South Wales

· be at least a 51% Aboriginal owned business or organisation

· hold a valid ABN, ACN or ICN,

· be financially viable and not bankrupt or insolvent

· hold at least $5 million in public liability insurance

Applicants must meet all eligibility requirements. Transport for NSW may request additional information to verify an applicant's eligibility.

Applications that do not meet all eligibility requirements will not proceed to merit assessment.

## Eligibility Criteria - Supporting Evidence - ONE TO BE SUPPLIED

To be eligible for funding, an applicant must, at the time of application: be currently registered/recognised with at least one of the below and be able to provide evidence of current and valid registration. **Please supply evidence of at least one of the below**:

*

☐ Supply Nation Evidence
☐ NSW Indigenous Chamber of Commerce
☐ Office of the Registrar of Indigenous Corporations (ORIC)

**Supply Nation Evidence** *
Attach a file:

**NSW Indigenous Chamber of Commerce** *
Attach a file:

**Office of the Registrar of Indigenous Corporations (ORIC)** *
Attach a file:

## Public Liability Evidence

**Please upload evidence of Public Liability Insurance of $5 million minimum** *
Attach a file:

**I confirm that the applicant and project is eligible according to the criteria outlined in the Program Guidelines** *
☐ Yes

## Applicant Details

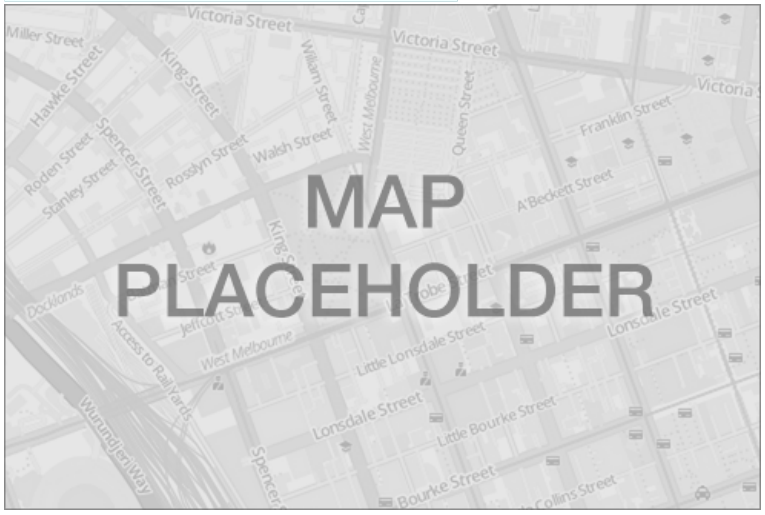
* indicates a required field

## Organisation Details

**Organisation Name** *
Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

**Primary Address** *
Address




Address Line 1, Suburb/Town, State/Province, Postcode, Country, and Coordinates are required.
Country must be Australia.

**Postal Address**
Address

**Primary Phone Number** *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

**Other Phone Number**

Must be an Australian phone number.
Country code not required, area code for landlines is required.

**Email Address** *

Must be an email address.

**Website**

Must be a URL.

## Primary Contact Details

**Primary Contact** *

Title | First Name | Last Name

This is the person we will correspond with about this grant.

**Primary Contact Position** *

e.g., Manager, Board Member or Fundraising Coordinator.

**Primary Contact Phone Number** *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

**Primary Contact Other Phone Number**

Must be an Australian phone number.
Country code not required, area code for landlines is required.

**Primary Contact Email** *

Must be an email address.
This is the address we will use to correspond with you about this grant.

**Does the applicant have an Australian Business Number (ABN)?** *

○ Yes ○ No

**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.

**Applicant Organisation ACN or AIN** *

Enter Organisation ACN (Australian Company Number) or AIN (Association Incorporation Number) if ABN not there.

## Application Details

* indicates a required field

**Title** *

Aboriginal Business Uplift Project

Word count:

Must be no more than 25 words.

Provide a name for your initiative. Your title should be short but descriptive.

**Brief description** *

Word count:

Must be no more than 50 words.

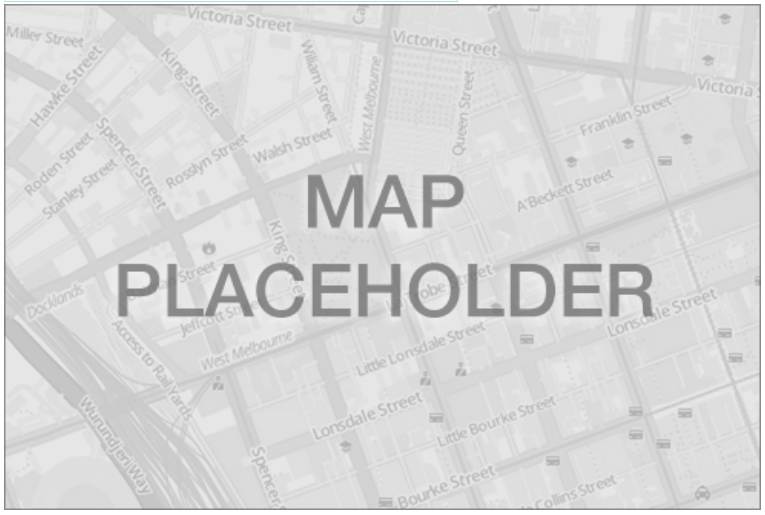
Please ensure you are capturing why your project aims to strengthen the operational, digital and commercial capability of Aboriginal businesses and organisations across NSW, improving their procurement readiness, competitiveness and long-term sustainability

**Anticipated start date** *

**Anticipated end date** *

**Primary location of your initiative** *

Address




Address Line 1, Suburb/Town, State/Province, Postcode, Country, and Coordinates are required. Country must be Australia.

## Current Business Profile

* indicates a required field

### Current Barriers

Click **"Add More"** at the bottom of this table to create additional rows if required.

Select "**Maximise**" in the top right corner of the table for more space to view and enter information.

| **What are the main barriers currently limiting your ability to compete for larger procurement opportunities?** | **What business capability gap, challenge or opportunity will this project address?** |
|---|---|
| | |
| | |
| | |
| | Tell us what is currently limiting your business and why this investment is needed. |

**In the last financial year, how many tenders did the business submit?** *

Must be a number.

## Procurement Opportunities

**Are there particular contracts, tenders, supplier panels, projects, customers or markets that this investment will help your business pursue?** *

○ Yes ○ No

**If yes, provide more examples and supporting information here:**

## Project Proposal

* indicates a required field

**Please select all eligible projects you wish to apply for:** *

☐ Upgrade to Business System and Softwares - eg. Computer Software, Systems Implementation, Establishment and Set-up Costs
☐ Upgrades to Business Hardware and Equipment - eg. Computers, Printers fit for purpose equipment
☐ Training - enrolment - eg. Accredited or non-accredited training and workshops.
☐ Broader business-related activities - eg. Goods or services that will improve business capability

## Upgrade to Business Systems and Softwares

Eligible costs may include:

- software required to deliver the approved project, including reasonable establishment, configuration and onboarding costs
- financial, information technology, cybersecurity or systems advisory services directly required to deliver the approved project

| Software Type | System Software Name | Estimated Quote | Quantity Required |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | Must be a dollar amount. | Please enter the quantity required of this type. Must be a number. |

## Upgrade Business Systems and Softwares Estimated Costs

**Quote/Evidence:** *
Attach a file:

**Quantity of software upgrades requested:** *

This number/amount is calculated.
This is the total number of upgrades requested in above table.

**Estimated Cost (EXC GST)** *

This number/amount is calculated.

## Upgrades to Business Hardware and Equipment - eg. Computers, Printers

Eligible costs may include:

- business hardware and equipment required to deliver the approved project

| Hardware Type | Hardware Name | Estimated Quote | Quantity Required |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | Must be a dollar amount. | Please enter the quantity required of this type.<br>Must be a number. |

## Upgrade Hardware and Equipment Estimated Costs

**Quote/Evidence:** *
Attach a file:

**Quantity of hardware upgrades requested:** *

This number/amount is calculated.

**Estimated Cost (EXC GST)** *

This number/amount is calculated.

## Training Enrolments

Eligible costs may include:

- accredited or non-accredited training, workshops, licences or professional development directly related to the approved capability uplift

| Training Type | Training Name | Estimated Quote | Number of Participants |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | Must be a dollar amount. | Must be a number. |

Please provide more training information on each type of training:

## Training Enrolments Estimated Costs

**Quote/Evidence:** *
Attach a file:

**Quantity of Training Enrolments Requested:** *

This number/amount is calculated.

**Estimated Cost (EXC GST)** *

This number/amount is calculated.

## Broader Business Related Activities

Eligible costs may include:

- Other goods, services or activities may be considered where the applicant provides a clear business case demonstrating how the proposed investment will improve business systems, workforce capability, operational capacity, or procurement readiness. Applicants must identify the capability gap being addressed, provide itemised cost evidence, and explain the measurable benefit expected from the investment. Examples may include specialist business advice or consultancy (such as financial management, governance, workforce planning, strategic business planning or business process improvement), workforce capability development that addresses an identified

operational or skills gap, development or enhancement of a business website or digital presence, financial or IT advisory and support services, and other strategic business advisory or capability-building activities.

| Activity Type | Estimated Quote | Quantity Required |
|---|---|---|
| | Must be a dollar amount. | Must be a number. |
| | | |
| | | |
| | | |

**Please provide more information on each type of activity:** *

## Broader Business Related Activities Estimated Costs

**Quote/Evidence** *
Attach a file:

**Quantity of other business related activities:** *

This number/amount is calculated.

**Estimated Cost (EXC GST)** *

This number/amount is calculated.

## Budget

* indicates a required field

**Total Amount Requested** *

$

Must be a dollar amount and between 5000 and 20000.
What is the total financial support you are requesting under this grant?

## Total of proposed projects

**Total of proposed projects - Quantity**

This number/amount is calculated.

**Total of proposed projects - Value**

This number/amount is calculated.

**If there are any other figure other than $0.00 below, you will have a discrepancy from page 5 "Project Proposal" and the above total amount requested. Please review and correct.**

**Discrepancy:**

This number/amount is calculated.

## Outcomes and Benefits

* indicates a required field

**The below outcomes and benefits will be assessed against the criteria and weightings listed in the program guidelines (5.3)**

### Demonstrated Uplift

- Demonstrate how the project will strengthen the capability, capacity and procurement readiness of the organisation. This may include improvements to governance, business systems, certifications, supplier registrations, workforce capability, business planning, management systems, operational capacity, training, licensing or accreditation.
- Applicants should clearly articulate the business capability need being addressed and how the project will better position the organisation to participate in supplier panels, procurement opportunities and NSW Government supply chains.
- Success measures may include improved governance, enhanced operational capability, registration on supplier databases or procurement platforms, strengthened workforce skills, and increased readiness to pursue and secure procurement opportunities.

**How will the project improve your ability to pursue or deliver government, major project or other commercial procurement opportunities? ***

Consider addressing tendering capability, governance/compliance, supplier registration, licences/ accreditations, financial management, project management, workforce capability, systems and processess

### Deliver Value for Money

- Demonstrate that the proposed expenditure is necessary, reasonable and directly linked to achieving program objectives and outcomes.
- Applicants should show how the project will deliver measurable economic, employment, commercial and organisational benefits, including improved compliance, business systems, financial management, project management, CRM systems or other operational improvements that support contract readiness.
- Projects should provide clear benefits relative to the funding requested and may increase workforce participation, create employment pathways, strengthen buyer relationships, improve access to markets.

**How have you determined that the proposed project costs are reasonable?** *

**How will the project deliver value for money and measurable benefits to your business?** *

## Capacity to Deliver

- Demonstrate that the project is achievable within the proposed timeframe and that the organisation has the capacity and capability to successfully deliver the project.
- Applicants should outline how the project will achieve sustainable outcomes such as increased revenue, contracts secured, new clients obtained, stronger governance, greater self-sufficiency and long-term economic benefits for Aboriginal businesses, organisations and communities.

**Delivery Plan - How will you deliver the project within six months?** *

**Delivery Readiness - What resources, people, suppliers or arrangements do you already have in place to successfully deliver the project?** *

**Risks - What, if anything, may prevent or delay the project from being delivered, and how will you manage this?** *

## Payments

* indicates a required field

## Bank Details

**Applicant Bank Account** *
Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

## Declaration and Authorisation

* indicates a required field

### Declaration

The Applicant represents and warrants that this application has been submitted by an authorised representative of the Applicant (e.g. CEO, Chief Financial Officer, General Manager, Director, Chair of the Board, President, authorised manager etc).

Where this Application is submitted in the course of employment by a representative of any kind (e.g. authorised representative or agent) of the Applicant, you: (i) acknowledge and agree that the Applicant is deemed to be jointly and separately bound by this application; and (ii) represent and warrant that you have the authority to represent and bind the Applicant as contemplated by this provision.

By submitting this application form I hereby declare that:

- I agree for my project to be automatically considered in other NSW funding programs;
- I have read and understood each of the acknowledgements, agreements, representations and warranties provided above, and that each of these are true and correct;
- All information provided including the responses to each question in the relevant sections of this application is true and correct to the best of my knowledge;
- Any information contained in this application may be disclosed to other Government agencies, staff administering the program, and to external stakeholders (including consultants, lawyers and other advisers) as part of the assessment of this application;
- I am authorised to submit this application on behalf of, and have the authority to represent and bind the Applicant;
- I understand that any false declaration may render this application ineligible/invalid; and
- All relevant conflicts of interest have been declared

### Authorisation

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**I agree** *

☐ Yes

**Name of authorised person** *

Title | First Name | Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

**Position** *

Position held in applicant organisation (e.g. CEO, Treasurer)

**Phone number** *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

**Email** *

Must be an email address.

## Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

**How did you find the online application process?**

○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

**How many minutes in total did it take you to complete this application?**

Estimate in minutes i.e. 1 hour 60

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**

*GMS-SGO/Locn/2025 v2.0*