Introduction

The Community Heritage Grants program has three funding stages. In addition, eligible organisations can apply for training projects at any time.

Professional organisations without collections are eligible to apply for training projects that are targeted at other community groups. These organisations are not required to complete questions on collections, although they are encouraged to include any information on training participants and their collections.

Applicant Details

* indicates a required field

Legal name of your organisation *	
Address *	Address
	Miller Street Victoria Street
	PLACEHOLDER

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Postal Address *	Address		

	Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.		
Phone number *	Must be 8 digits - e.g. 01 2345 6789 or 0123 456 789		
Organisational email address *			
Website	Must be a URL.		
	Must be a ONE.		
Social Media			
	If your organisation has an active Social Media page include the URL here.	he	
ABN (ABN must relate to the organisation supplying the invoice for	The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.		
payment of the grant.) *	information. Click Lookup above to check that you have entered the ABN correctly.	:	
	information. Click Lookup above to check that you have		
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	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 ACNC Registration		

Contact Details

the drop down list *

* indicates a required field

Provide details of the person within the organisation accountable for the management, reporting and financial control of the project. Please note that

these details may be published CHG Final Project Report.	ed on the Na	ational Library	of Aus	stralia website ir	ı the
Contact name *	Title	First Name		Last Name	
Position within organisation *					
Phone number (business hours) *	Can be landli	ne or mobile			
Email address *					
Your Organisation					
* indicates a required field					
Tick one box ONLY which best describes your organisation: *	Community g craft and visu and literary g service organ agricultural se	ity group* I society us group hority / council roup includes (but ial arts guilds, designoups, disability groups, disability groups, and environce and environce and environce are societies, and environce are societies.	Mu group O Pro (for tr. O Mu O Rel O Uni O Oth not limiting group oups, heand pro onmenta	ofessional associat aining projects) seum ligious group iversity organisatio	on clubs, ex- ons,
Describe your organisation and its history *					
	Word count: Maximum 250				
Please provide details of p	oaid and v	olunteer staf	f:		
Full-time paid staff					

Part-time paid staff	
Estimated number of volunteers	

Your Organisation's Budget

* indicates a required field

Funding Budget

Provide an estimate of your organisation's expected funding sources in 2024/25

This table should reflect funding for YOUR organisation, NOT the parent body of your organisation. Click on **Add More** for extra lines.

Source of funding	\$ (AUD)
Membership / subscription	\$
Admission fees	\$
Fundraising	\$
Donations	\$
Funding from your parent body (if applicable)	\$
Local government	\$
State government	\$
Federal government	\$
Grants	\$
Private	\$
Other	\$
	\$

Budget Totals

Total Income Amount

\$

This number/amount is calculated.

If your organisation has received additional cash or in-kind support for your proposed CHG project (perhaps from a parent organisation, interested group or other grant programs), please provide verification of the details.

Attach letter or other	Attach a file:
verification	
	 Click on the Browse button Select the file on your computer Click Open and you will then see the file uploaded.

Has your organisation previously received a Community Heritage Grant? ★
○ Yes

NoUnsureMust be no more than 1 choice select	ted	
If Yes, please record previous significance assessment)	CHG application number(s) if k	nown (e.g. 2022/174
Your Proposed Training	Project	
* indicates a required field		
Training Project Title *		
	Maximum 25 words, eg Preventive Cor [name of organisation] and regional gr	
Project Description		
Describe the training project.	This description may be used i	n public documents. *
Maximum 100 words		
	oject, including participants, no	ominated trainers.
content and proposed approa		minuted trainers,
Word count:		
Maximum 300 words.		
Attach the CV of the trainer * Attach a file:		
Accept a file.		
Have you formed a partnershitraining? Please provide deta	ip with any other organisation t ils. *	o host / participate in

Max 250 words

Why is the training model appropriate incl *	luding value for mo	oney considerations?
Word count: Maximum 250 words.		
How will the training project be managed?	*	
Word count: Maximum 200 words		
Project Budget		
* indicates a required field		
DETAIL YOUR PROPOSED PROJECT BUDGET	EXPENDITURES IN	THE TABLE BELOW.
Key points:		
 Check the <u>Guidelines</u> to confirm that all bu Grant total MUST NOT exceed \$18,182 ex This applies to the combined value of all ap single round. 	cluding GST / \$20,0	000 including GST.
 Attach quotes to support all budget expended associated travel. If the training provider is needs to travel to your organisation, include location plus any accommodation expenses see ATO Tax Determination 2023/3 and the 	not located within yo e the cost of the prov s. For information on	ur city or region and ider's travel to your calculating expenses
 consultant is travelling by car. If your proposed project depends on addition organisation, this should be detailed in the of the Your Organisation's Budget section. Click on Add More if extra lines are needed. 	"additional cash or in on.	
Requested Project budget items (training provider fees, travel, materials)	Grant request (excl	uding GST)
\$	5	
\$)	

Project budget totals
Total grant request (excluding GST) \$ This number/amount is calculated.
Attach quotes for training provider fees, travel, materials. * Attach a file:
• Click on the Browse button • Select the file on your computer • Click Open and you will then see the file uploaded.
Your Collection
* indicates a required field
Professional associations without collections are not required to complete this section, although we welcome information on collections managed by participants.
Briefly describe your organisation's entire collection, including the size and the types of material. If the training proposal focusses on part of the collection, provide additional detail on the relevant collection material.
Word count: Maximum 250 words.
Attach supporting documents if applicable, including significance assessment or preservation needs assessment reports Attach a file:
Describe how your collection (or the collection material that is the subject of the application) is managed, including who manages or is responsible for the collection, if it is catalogued and how it is stored.
Word count: Maximum 250 words.
Describe how your collection is made available to the public and main user groups (eg exhibitions, displays, online access, publications, access by researchers).

Word count: Maximum 300 words.
Is your collection (or collection material that is the subject of the application) predominantly Indigenous cultural material? Yes No
If your collection is digitised, is it available in Trove? Yes No Not digitised Must be no more than 1 choice selected
Collection owners and partners
Does your organisation own the collection? * O Yes O No O Not applicable Select one choice only.
If no, include the contact details and a signed letter of consent from the collection owner.
Owner name First Name Last Name
Organisation (if applicable)
Owner Phone Number
Attach letter of consent. Attach a file:
• Click on the Browse button • Select the file on your computer • Click Open and you will then see the file uploaded.
Does your organisation have an agreement with another organisation to store, care for or exhibit the collection? * O Yes O No O Not applicable
If yes, provide details and a signed letter of support from your partner organisation for the application.

Word count: Must be no more than 100 words.
Attach letter of support Attach a file:
• Click on the Browse button • Select the file on your computer • Click Open and you will then see the file uploaded.
National Significance of Your Collection
Professional associations without collections are not required to complete this section.
All significance assessments and new applications will be assessed for the national significance of the collection, against the criteria outlined in <u>Significance 2.0</u> .
A summary of the primary and comparative criteria, along with guidance on how to build a case for national significance is provided \underline{here} .
Why do you think your collection is of national significance? Please refer to the findings of your significance assessment report in your response.
Word count: Maximum 250 words.
Attach supporting documents such as photographs of the significant items, publications, reports or testimonials that justify your claims (maximum six attachments) Attach a file:
A maximum of 6 files may be attached. • Click on the Browse button • Select the file on your computer • Click Open and you will then see the file uploaded.

Declaration

* indicates a required field

The President/Director and Contact Officer/Project Manager of the applicant organisation, are required to read and accept the Statements below and provide their name, position and contact details. If the President/Director and Contact Officer/Project Manager are the same person, the Declaration must be completed by another official officeholder.

The Conditions of Grant from the 2023 Round are provided for your information.			
Statements *	 □ We have read and agree to abide by the CHG 2024 Guidelines, including the standard Conditions of Grant □ We confirm that the applicant organisation and proposed activities are eligible for the CHG program 		
Contact Officer / Project Manager		President / Director (or other official officeholder)	
Position *		Position *	
Email *		Email *	
Must be an email address.		Must be an email address.	
Phone number *		Phone number *	
Must be an Australian phone number	·.	Must be an Australian phone number.	
Attachments Checklist			
Attachments included with your application help our assessors to understand your collection and fully assess your application.			
Tick all the listed documents that you have attached to this application:	 □ Quotes for training and related items (mandatory) □ Trainer CV □ Significance Assessment □ Collection Needs Assessment □ Collection description documents □ Photographs of collection items □ Preservation Policy □ Digitisation Plan □ Letters of support (for the project) / References □ Letter confirming in-kind or financial support □ Letter from collection owner and/or collection partner □ Other: 		
List and attach any other relevant documents.			

	Attach a file:
	Click on the Browse button • Select the file on your computer • Click Open and you will then see the file uploaded.
Feedback	
* indicates a required field	
How did you hear about Community Heritage Grants? *	 CHG e-flyer NLA website Internet search Social media Local media Local government Museums & libraries Previous recipient/applicant Professional network (including consultant) Word of mouth Tick one box only
Have you used SmartyGrants previously? *	YesNoMust be no more than 1 choice selected
How would you rate the application process, including the online application, CHG Team support and other resources? *	ExcellentGoodSatisfactoryUnsatisfactory
Please provide any additional comments and/or suggestions on	
the application process.	Word count: Maximum 150 words
	Thank you for your feedback on the CHG application

process.