

2024-25 Active State Collaboration Program - Application Form

Form Preview

2024-25 Active State Collaboration Program

Introduction

The Active State Collaboration Program (ASCP) directly supports the Office for Recreation Sport and Racing's (ORSR) Strategic Plan to increase involvement of people in sport and active recreation activities so that they can experience the many physical, mental and emotional health and wellbeing benefits that participation brings.

Applicants must demonstrate how their proposed projects will contribute to ORSR's strategic priorities:

- **Active Lives** – Embedding movement, play, and performance into the daily lives of South Australians.
- **Places and Spaces** – Ensuring that places and spaces supporting movement, play, and performance are accessible to everyone.
- **Strategic Partnerships** – Achieving community outcomes through meaningful strategic collaborations.

The ASCP offers funding through two streams:

- **Targeted stream (inactive youth)**
 - The targeted stream (inactive youth) will provide funding to projects that specifically encourage inactive youth aged 12 to 15 to adopt healthy physical activity behaviours.
- **Open stream (strategic)**
 - The open stream (strategic) is designed to support projects that align with the broader objectives of the ORSR Strategic Plan, focused on getting more South Australians moving.

All projects must demonstrate a partnership by providing documentation that clearly shows at least one other organisation is actively contributing to the development and delivery of the project.

Time required to submit the application

This application requires multiple attachments and supporting information to complete and submit.

It is expected that the time required to coordinate the support letters, project plans, financial documents and other relevant attachments required can take in excess of 5+ hours. The Office for Recreation, Sport and Racing (ORSR) suggest that applicants take this into consideration when planning to submit an application.

Application Form layout

1. Introduction
2. Organisational Details
3. Project Design
4. Collaboration and Partnering
5. Participation and Community Impact
6. Delivery (capacity and planning)
7. Project Costs and ORSR Request Amount

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8.Declaration and Submission

Available Funding

The total budget for the 2024–2025 Active State Collaboration Program (ASCP) is **\$2,380,000**.

\$1,850,000 will be allocated to the **targeted stream (inactive youth)** and \$530,000 allocated to the **open stream (strategic)**.

In the event where the nominated budget for one stream is not fully exhausted, the remaining portion of that budget will be allocated to the other stream.

Of the total budget, \$1,300,000 is exclusively available to sport and active recreation organisations.

Eligibility

Before completing this application form, you must read the program guidelines: [ASCP Guidelines](#)

Completing an application

If you need further guidance in the application process, are unable to submit the SmartyGrants application or wish to withdraw a submitted application, you can contact ORSR via email or phone: ORSR.Grants@sa.gov.au or 1300 714 990.

If you do contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.

The identification number or code for this submission.

Key specifics to get correct

Applicants must ensure the following;

- The applicant's legal name is entered exactly how it appears on the ASIC Registers website.
- The applicant's Australian Business Number (ABN) is correctly entered and matches the legal name.
- If you do not have an ABN, you will need to submit a completed Australian Taxation Office (ATO) Statement by Supplier Form with your application, otherwise 46.5% of any approved grant may be withheld. Download the Statement by Supplier form from the ATO.
- Check that all the questions have been answered and all essential documentation is attached.

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- Press submit once you have completed the application. Upon request, amendments can be made prior to the closing date upon request.

Ensure you follow the helpful hints on each question within the application form as well as the following tips:

- Keep responses to the questions clear and concise. Go to the SmartyGrants [Answers Bank](#) if you need some ideas about how to frame your response.
- Prioritise writing to ensure the most critical information is in a prominent position.
- Use dot point writing where possible.
- Assume the reader is not familiar with your project.
- Directly reference additional documents within the application.
- Accurately label attached files and avoid use of acronyms.
- Collate documents into singular files where possible eg attach one collection of photos in one file rather than uploading multiple individual photos.
- Attachments should be pdf format where possible.

Organisational Details

* indicates a required field

Organisational Details

What is the legal name of the organisation submitting this application? *

Organisation Name

Please ensure your organisation name is entered as it appears on your Certificate of Incorporation. If you are unsure, please search for your organisation name under the "Organisation & Business Names" drop down option on the Search ASIC Registers website below.

IMPORTANT: Abbreviations such as 'Inc.' will NOT be accepted. Please ensure you enter the name EXACTLY how it appears according to the ASIC Registers website:

https://connectonline.asic.gov.au/RegistrySearch/faces/landing/SearchRegisters.jspx?_adf.ctrl-state=nfiqptagw_20https://connectonline.asic.gov.au/RegistrySearch/faces/landing/SearchRegisters.jspx?_adf.ctrl-state=ijte80jlp_4

Please select what type of organisation you are *

What is your organisation's total membership? (Where applicable)

Must be a number.

Has your organisation been operating for longer than 12 months? *

☐ Yes

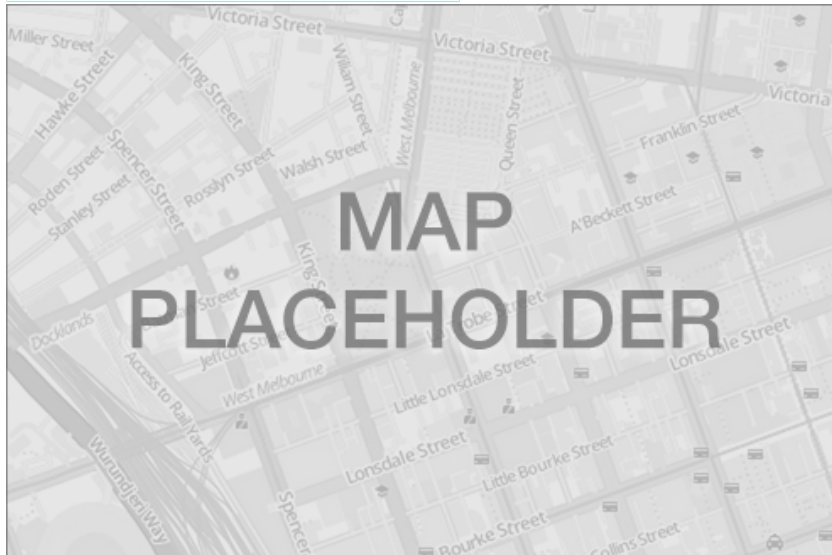
☐ No

Organisation Postal Address *

Address

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

Local Council

State Electorate

Organisation Primary Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Name of Banking Institution *

Organisation Website *

Must be a URL.

If you do not have a website please link us to your Facebook page.

ABN

ABN details

If you require further assistance, please check the [ABN Cheat sheet](#)

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Please confirm which statement is relevant to you *

- ☐ Our organisation has an ABN as per the Australian Business Register website
- ☐ Our organisation does NOT have an ABN and therefore needs to complete the Statement by a Supplier Form

If you require further assistance, please check the ABN Cheat sheet

Only complete this question if you HAVE an ABN.

Applicant 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.

Only complete this question if you DO NOT have an ABN: Statement by a Supplier Form

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 46.5% of any approved grant may be withheld. Download the Statement by Supplier form from [the ATO](#).

Please upload completed Statement of Supplier Form:

Attach a file:

Financial Statements

Statement of Financial Position (Balance Sheet) and/or Statement of Financial Performance (Income and Expenditure Statement)

This statement must be for your most recently completed 12-month period.

Failure to provide this information correctly may result in your application being deemed ineligible.

If the Club's Treasurer is looking for assistance, the following are useful;

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[Guide for Community Financial Officers in Australia](#) (CA Australia, New Zealand)

[A Guide to Understanding the Financial Reports of Not-For-Profit Entities](#) (CPA Australia)

[Example of Profit and Loss \(Income and Expenditure\)](#)

[Example of Balance Sheet](#)

BANK STATEMENTS AND BANK RECONCILIATION REPORTS WILL NOT BE ACCEPTED.

I am providing my Statement of Financial Position (Balance Sheet) and/or Statement of Financial Performance (Income and Expenditure Statement) by: *

☐ Weblink

☐ Attaching file

If the Financial Reports attached are not audited or certified (signed by the Treasurer), I electronically certify these attached reports for consideration. *

☐ Yes

Online - Statement of Financial Position (Balance Sheet) and/or Statement of Financial Performance (Income and Expenditure Statement)

Weblink - Statement of Financial Position (Balance Sheet) and/or Statement of Financial Performance (Income and Expenditure Statement) *

Must be a URL.

File Upload - Statement of Financial Position (Balance Sheet) and/or Statement of Financial Performance (Income and Expenditure Statement)

Please upload *

Attach a file:

Child Safe Environment Compliance Statement

Child protection legislation in South Australia requires certain organisations to provide a child-safe environment. All state authorities and persons or bodies who provide a service or undertake an activity that constitutes child-related work under the Child Safety (Prohibited Persons) Act 2016 must meet these obligations.

To meet the requirements under the Children and Young People (Safety) Act 2017 and the Child Safety (Prohibited Persons) Act 2016, these organisations must have a child-safe environments policy in place, meet working with children check obligations and lodge a child-safe environments compliance statement.

For further information please click [here](#).

Does your organisation or its governing body hold a Child Safe Environments Compliance Statement? *

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☐ Yes

☐ No

☐ Our organisation does not provide services or activities that constitutes child-related work

If your organisation does not provide services wholly or in part to members or participants under 18 years of age, choose "Our organisation does not provide services or activities that constitutes child-related work".

Project Details

* indicates a required field

Project Title *

Must be no more than 15 words.

What is the target gender(s) for this project? *

☐ Male ☐ Female ☐ Different term

Please select all relevant genders.

What age group(s) is your project targeted at? *

☐ [0-4] ☐ [5-12] ☐ [13-17] ☐ [18-25] ☐ [26-54] ☐ [55+]

Please select all relevant age groups.

Is the project specifically aimed at encouraging inactive youth aged 12 to 15? *

☐ Yes ☐ No

To apply through the inactive youth stream, the primary beneficiary of the project MUST be inactive youth.

What activities will the project address? *

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Equestrian | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Athletics / Little Athletics | <input type="checkbox"/> Fencing | <input type="checkbox"/> Motor Sport | <input type="checkbox"/> Sport Climbing |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Flying Disc / Ultimate Frisbee | <input type="checkbox"/> Motorcycling | <input type="checkbox"/> Squash / Racketball |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Football (Australian Rules) | <input type="checkbox"/> Netball | <input type="checkbox"/> Surf Life Saving |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Football (Gaelic) | <input type="checkbox"/> Orienteering | <input type="checkbox"/> Surfing |
| <input type="checkbox"/> Billiards / Snooker / Darts | <input type="checkbox"/> Football (Gridiron) | <input type="checkbox"/> Outdoor Recreation / Camping | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> BMX / Mountain Biking | <input type="checkbox"/> Football (Rugby League / Oztag) | <input type="checkbox"/> Racing - Greyhound | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Bocce / Boccia / Petanque | <input type="checkbox"/> Football (Rugby Union) | <input type="checkbox"/> Racing - Harness | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Bowls | <input type="checkbox"/> Football (Soccer / Futsal) | <input type="checkbox"/> Racing - Thoroughbred | <input type="checkbox"/> Tenpin Bowling |
| <input type="checkbox"/> Boxing | <input type="checkbox"/> Football (Touch) | <input type="checkbox"/> Recreational Fishing | <input type="checkbox"/> Triathlon / Biathlon |
| <input type="checkbox"/> Calisthenics | <input type="checkbox"/> Gliding | <input type="checkbox"/> Recreation (Indoor / Fitness) | <input type="checkbox"/> Underwater Sports |

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- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Canoeing / Kayaking | <input type="checkbox"/> Golf | <input type="checkbox"/> Recreation (Motor) | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Cricket | <input type="checkbox"/> Gymnastics / Kindergym / Cheerleading | <input type="checkbox"/> Recreation (Outdoor / Fitness / Adventure / Camping / Horse) | <input type="checkbox"/> Water Polo |
| <input type="checkbox"/> Croquet | <input type="checkbox"/> Handball / Goalball | <input type="checkbox"/> Recreation (Water Activities) | <input type="checkbox"/> Water Skiing |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Hockey | <input type="checkbox"/> Roller Sport | <input type="checkbox"/> Weightlifting / Powerlifting |
| <input type="checkbox"/> Dance (Non Sport) | <input type="checkbox"/> Ice Hockey | <input type="checkbox"/> Rowing | <input type="checkbox"/> Wheelchair Sports |
| <input type="checkbox"/> Dance (Sport) | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Royal Life Saving | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Diving | <input type="checkbox"/> Korfbal | <input type="checkbox"/> Sailing / Yachting | <input type="checkbox"/> Ineligible Activity |
| <input type="checkbox"/> Dragon Boat | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Shooting / Rifle / Pistol | <input type="checkbox"/> Other: <input type="text"/> |

No more than 6 choices may be selected.
Please select all activities that apply to this application.

I confirm we have a partnership which is directly involved/contributing to the development and delivery of the project *

☐ Yes

All projects must be able to provide evidence of a partnership by providing documentation that shows at least one other organisation is contributing to the development and delivery of the project. Additional partners will be considered favourably within the assessment of the project.

Please provide a summary of your project *

Word count:

Must be no more than 350 words.

To assess your application, we need to understand what is being delivered, by who, to whom, when, where, how much and how often. If this essential information is not provided in a clear and succinct format your application cannot be assessed accurately. Go to the SmartyGrants [Answers Bank](#) if you need some ideas about how to frame your response.

Short Presentation (optional)

Applicants have the opportunity to submit a **two-minute** video or audio presentation.

The presentation should be approached as an 'elevator pitch' for your project - both succinct and persuasive. Applicants should attempt to address as many assessment criteria as possible, whilst explaining what the project is, how it will be done, and why.

Indicate how you wish to provide us with your presentation *

☐ File upload ☐ Youtube Link ☐ No presentation

At least 1 choice and no more than 1 choice may be selected.

Please note, any presentation longer than two minutes will NOT be accepted.

Presentation via Youtube Link

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Enter URL *

Must be a URL.

Presentation via File Upload

Please note that SmartyGrants has a maximum file size limit, as such, providing a link may be the better option.

File upload *

Attach a file:

Project Design

* indicates a required field

Project Design - Assessment Criteria

The following questions may be used when assessing against the Project Design assessment criteria.

Extent to which:

- the project aligns with the ASCP program objectives and ORSR Strategic Plan.
- the project demonstrates an evidence informed approach to engaging the target population(s). If the project is an expansion of an existing opportunity, it demonstrates how this expansion will reach new markets and/or locations.
- the project demonstrates value for money through a project budget and the provision of any co-contributions. (Please note: this will be addressed under the Project Costs and ORSR Request Amount later in the application).
- the project demonstrates sustainability and has an ongoing delivery plan beyond the funding period

Which ORSR Strategic Plan priority does the project address? *

- ☐ Active Lives – Movement, play and performance is embedded into the daily lives of South Australians.
- ☐ Places and Spaces – Places and spaces that encourage and support movement, play and performance are accessible to all.
- ☐ Strategic Partnerships – Community outcomes are delivered through strategic partnerships.

At least 1 choice must be selected.

Explain how this project will contribute to the selected ORSR Strategic Plan priority above. *

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Word count:

Must be no more than 250 words.

What evidence was used to develop your project? If this project is an expansion on an existing one, how will it expand to reach new markets and/or locations?

Word count:

Must be no more than 200 words.

How will the project ensure sustainability and continue delivery beyond the funding period? *

Word count:

Must be no more than 250 words.

Collaboration and Partnering

* indicates a required field

Collaboration and Partnering - Assessment Criteria

The following questions may be used when assessing against the Collaboration and Partnering assessment criteria.

Extent to which the applicant demonstrates:

- the project partners actively contribute to its development and delivery.
- evidence of co-investment from partners, enhancing the project's capacity to succeed.

Project Partners

[Evidence of Partnership Template](#) – refer to attached template including, cash and in-kind contributed and goods and services being delivered

All projects are required to have a level of co-investment from project partners to drive greater returns on ORSR investment. Whilst no minimum percentage is stipulated, the level of co-contribution will form part of the assessment.

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Please indicate the partnerships to your project, by listing the legal name of the organisation.

- If they are contributing financially, please provide how much.
- If they are contributing in-kind, please describe the contribution(s) and estimate the value of these activities.
- If they are receiving payment for goods and services to be delivered as part of this project, please describe the goods and services and the amount being received for these goods and/or services.

If the applicant organisation is contributing funding to the project, please use this table to evidence own contributions.

All projects are required to have a level of co-investment from project partners to drive greater returns on ORSR investment. Whilst no minimum percentage is stipulated, the level of co-contribution will form part of the assessment.

Use the +/- buttons on the right to add additional rows.

Legal name	Type of contribution	\$ Amount	Evidence of partnership
		Must be a dollar amount.	
		\$0	
		\$0	
		\$0	

Using the names of the partners listed above, explain how each partner is involved/contributing to the development and delivery of the project. *

Word count:

Must be no more than 300 words.

Approximately 50 words maximum per partner is preferred.

Participation and Community Impact

* indicates a required field

Participation and Community Impact

The following questions may be used when assessing against the Participation and Community Impact assessment criteria.

Extent to which:

- the project addresses the need of the target group(s) to increase and sustain participation for lifelong involvement in sport and active recreation.
- the project demonstrates the expected scale and reach, including the number of participants, project locations, and access to suitable facilities.

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- the project will be evaluated and how the learnings and findings will be shared with the community and sector.

Use this table to indicate how many active participants will be involved in the project.

Each row should relate to an identifiable group.

Use the +/- button to the right to add or remove rows as needed.

Name of target group	Approximate hours	Frequency	Females	Males	Different Term	Total number of participants
	Must be a number.	Per day, per week, per month.	Must be a number.	Must be a number.	Must be a number.	This number/amount is calculated.

Succinctly explain the need for this project and the short and long term impact on participation for the identified target groups.

Your response should consider:

- Why the project is needed for the target group(s).
- How the project will reach the target group(s), i.e. through partners, direct referral, social marketing etc.
- How the project will increase, sustain or provide participation opportunities for the target group(s).
- The benefits the project will deliver or how the project overcome identified barriers or gaps in the market.

Word count:

Must be no more than 300 words.

Outline the facilities and locations that have been secured to deliver this project *

Word count:

Must be no more than 300 words.

How will the project be evaluated, and what strategies will you use to share the learnings and findings with the community and relevant sector? *

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Word count:
Must be no more than 300 words.

Delivery (capacity and planning)

* indicates a required field

Delivery (capacity and planning)

The following questions may be used when assessing against Delivery assessment criteria.

Extent to which the applicant evidences:

- a project plan that clearly outlines the project scope, key deliverables and milestones, risk management procedures and timeframe.
- the capacity to finance the project through confirmed co-investment. (Please note: this will be addressed under the Project Costs and ORSR Request Amount later in the application).
- the necessary skills, experience, and capacity to administer and deliver the project successfully.

List your key project milestones with timeframes

Feel free to use the following logic to guide your response.

- Should your application be successful, what are the remaining steps that must be undertaken prior to commencement?
- Once commenced what are the key events, actions, etc.?
- What are the critical components that must be completed for the project to be considered complete?

Note: funding will be announced in **May 2025**, agreements and payments are anticipated in **June 2025**.

Use the +/- buttons on the right to add additional rows to your answer.

Strategy, Action, or Milestone	Start Date	End Date
	Must be a date.	Must be a date.

Management

Please attach any Project Management Plans, Gantt charts, Delivery and Risk Management plans applicable to this project.

Attach a file:

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Who will be responsible for the direct management and successful delivery of the project? *

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

Summarise the relevant project management history of your organisation and your partners. *

Word count:

Must be no more than 200 words.

Key personnel associated with the project

Against each name listed, list their skills, experience and availability to assist in delivering the project. Use the +/- buttons on the right to add additional rows to your answer.

Name	Skills/expertise	Position/ Relevant Title	Approximate hours invested	Frequency
			Must be a number.	Per day, per week, per month.

Project Costs and ORSR Request Amount

* indicates a required field

Project Costs

Provide an itemised breakdown of the major costs associated with your project.

Costs should be only listed if they are in direct relation to the project in which you are applying for.

- If your organisation is GST registered costs are to be GST exclusive.
- If your organisation is not GST registered cost are to be GST inclusive.
- It is strongly recommended that applicants seek independent legal and financial advice to determine all taxation obligations before submitting an application.

Please use the +/- buttons on the right to add additional rows to your answer.

Project Cost Type	Brief details	\$ Amount	Evidence of Project Costs (Quotes)
		Must be a dollar amount.	

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	Must be no more than 10 words.		A maximum of 1 file may be attached.
		\$0	
		\$0	
		\$0	

Total Project Costs

Total Project Cost

\$

This number/amount is calculated.
What is the total budgeted cost (dollars) of your project?

Financial contributions from partners

You have stated that the project partners listed in your application are contributing the below amount towards the project. This amount is calculated through your answer to *Page 4 - Collaboration and Partnering*.

Total financial contribution from partners

\$

This number/amount is calculated.

Other financial contributions

Please provide evidence of each of the funding sources below. Evidence could be a formal letter/email with organisational letterhead.

Co-contributions are limited to confirmed cash contributions and in-kind contributions.

Evidence relating to in-kind support should be as detailed as possible.

Details Funding Sources (do not include ASCP or partner contributions)	Source of Funding	\$ (whole numbers)	Evidence of Project Funding
--	-------------------	--------------------	-----------------------------

Must be no more than 10 words.		Must be a dollar amount.	
		\$0	
		\$0	
		\$0	
		\$0	

Amount Requested from the Office for Recreation, Sport and Racing

Please take the time to consider your answer - this figure is final.

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Amount Requested 2024-25 (Year 1) *

\$0

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the first year?

Amount Requested 2025-26 (Year 2)

\$0

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the second year?

Total Amount Requested *

\$

This number/amount is calculated.

Please be aware that if your application is successful the grant funds offered may either be offered in the first financial year (2024-25) or split over the two years as noted above.

Project Cost and Funding Reconciliation

Total project contributions

\$

This number/amount is calculated.

This field is automatically summed using the contributions to the project found on page 3.

The field is used to ensure the total funding contributions matches the total costs for the project.

If the field below does not balance out (equal \$0) please review your costs and funding.

Total project costs - Total financial contributions

\$

This number/amount is calculated.

This number should equal zero. If it does not, please review your Costs and Funding Tables above.

Declaration and Submission

* indicates a required field

Declaration Instructions

1. The declaration below must be read and acknowledged by two authorised representatives of your organisation.
2. At least one representative must be a member of the Board / Management Committee or Senior Management in case of larger organisations.

Declaration by authorised persons

I make the following declaration:

1. I am duly authorised by the organisation to prepare and submit this application.

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2. This organisation is eligible to apply for funding in accordance with the eligibility criteria in the Funding Guidelines.
3. The responses in this application and all supporting documents provided are to the best of my knowledge true and correct.
4. I understand that the Office for Recreation, Sport and Racing may disclose the information provided in this application to other Government agencies, Local Government, reviewers and staff assisting with the administration or promotion of State Government Grant Schemes and/or in the event of a request pursuant to the *Freedom of Information Act 1991*.
5. I understand that information in relation to this project will be made public in the event that the application for funding is successful and in other circumstances as outlined in the program guidelines.
6. Where required, our project will comply with all the relevant codes, standards and applicable legislation including, but not limited to, the *Disability Discrimination Act 1992* and the *Children and Young People (Safety) Act 2017*.

First Authorised Representative - Applicant Admin Contact *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Primary Phone Number *

Must be an Australian phone number.

Other Phone Number (optional)

Must be an Australian phone number.

Email *

Must be an email address.

Date *

Must be a date.

Second Authorised Representative - Head of Organisation *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

eg. CEO, President, General Manager. If successful in receiving funding, the grant agreement will be issued to the Head of Organisation.

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Primary Phone Number *

Must be an Australian phone number.

Other Phone Number (optional)

Must be an Australian phone number.

Email *

Must be an email address.

Date *

Must be a date.

Feedback

If you have the time, we would appreciate some feedback.

How did you find out about this grant application?

- | | | |
|--|--|---|
| <input type="checkbox"/> Council | <input type="checkbox"/> Facebook post | <input type="checkbox"/> Other Social Media |
| <input type="checkbox"/> Electorate Office | <input type="checkbox"/> Grant Finder Website (e.g. GrantAssist) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Email from other organisation | <input type="checkbox"/> Newspaper | |
- select any that apply

Have you previously applied for our grants?

- ☐ Yes ☐ No

Did you contact the Grants Administrators for Assistance?

- ☐ Yes ☐ No

Did you email or telephone the grant administrators for assistance

How satisfied were you with the assistance you received when contacting the Grant Administrators?

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

1 very dissatisfied to 5 very satisfied

How many minutes did you take to complete this application?

Must be a number.

An estimate number of minutes.

Any other comments or feedback to share with us about the application process?

