2027 CRG Application Form
Form Preview

Eligibility

* indicates a required field

Applicants Please Note

Before completing this application, please ensure you have read the **2027 Celebrating Reconciliation Grant Program Guidelines** and **Frequently Asked Questions**.

Applications that are incomplete or submitted after the closing date will not be considered.

The eligibility questions in this section are designed to help determine whether your organisation is eligible to apply for this grant. We recommend completing these questions first, as they will help you assess your suitability for the program before investing time in the remainder of the application.

If you have any questions about the eligibility requirements or the application process, please contact the Community Investment and Grants Team at **CRG@dwatsipm.qld.gov.au.**

If you contact us regarding your application, please quote the application number provided below.

Application Number

This field is read only.

Confirmation of Eligibility

Before proceeding with your application, please complete the eligibility screening questions below. Your responses will be used to determine whether your organisation is eligible to apply for funding under this program.

Have you read and understood the Program Guidelines? *

○ Yes ○ No

Can you demonstrate how your proposed event aligns with the objectives of this program? *

○ Yes ○ No

Before You Continue

Before proceeding, please review the Program Guidelines and ensure you understand the program objectives and eligibility requirements.

Applicants should only continue with an application if they can demonstrate how their proposed project aligns with the objectives and intended outcomes of the program.

If you require assistance, please contact **CRG@dwatsipm.qld.gov.au**.

Your Legal Entity Type

What is your organisation's legal entity type? *

Choose the legal entity type under which your organisation is legally established and operates. If unsure, refer to your incorporation, registration, trust deed, or ASIC/ACNC records.

Ineligible - Legal Entity Type

Based on the legal entity type selected, your organisation is not eligible to apply for funding under this program.

However, you may still be able to submit an application through an eligible auspice organisation. An auspice organisation agrees to accept legal and financial responsibility for the grant on behalf of another group or organisation. Refer to the **Frequently Asked Questions** for more information on auspice arrangements.

If you are unsure whether you have selected the correct legal entity type, please refer to your organisation's registration documents or contact **CRG@dwatsipm.qld.gov.au** for assistance.

Location

Is your organisation based in Queensland and will the proposed event or activity be delivered in Queensland? *

○ Yes ○ No

Ineligible - Queensland Based

To be eligible for this program, organisations must be based in Queensland and the proposed activity must be delivered in Queensland.

Based on your response, your organisation is not eligible to apply.

If you would like to discuss your circumstances further, please contact **CRG@dwatsipm.qld.gov.au**.

Australian Business Number

Does your organisation hold a current and valid Australian Business Number (ABN)? *

○ Yes ○ No

Ineligible - ABN Requirement

Organisations must hold a valid Australian Business Number (ABN) to be eligible for funding under this program.

Based on your response, your organisation does not meet this eligibility requirement.

However, you may still be able to submit an application through an eligible auspice organisation. An auspice organisation agrees to accept legal and financial responsibility for the grant on behalf of another group or organisation and would apply using its own eligible ABN. Refer to the **Frequently Asked Questions** for more information on auspice arrangements.

If you require further information about this eligibility requirement, please contact **CRG@dwatsipm.qld.gov.au**.

Debts or Outstanding Acquittals

Does your organisation have any outstanding acquittals, reporting obligations, or debts relating to previous funding provided by the Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism? *

○ Yes ○ No

Ineligible - Debts or Outstanding Acquittals

Organisations with outstanding acquittals, reporting obligations or debts relating to previous departmental funding may not be eligible to apply.

Please contact **CRG@dwatsipm.qld.gov.au** to discuss the status of your funding obligations and eligibility to apply.

Working with Children

Will the proposed event or activity involve children or young people? *

○ Yes ○ No

Working with Children Check

Have you reviewed the Working with Children Check requirements and confirmed that your organisation can meet all applicable requirements for the proposed activity? *

○ Yes ○ No

Further information is available at https://www.bluecard.qld.gov.au/bluecardprocess.html

Ineligible - Working with Children Requirements

Where a proposed activity involves children or young people, applicants must comply with Queensland Working with Children Check requirements.

If you are unsure about these requirements, or would like to discuss your circumstances further, please contact **CRG@dwatsipm.qld.gov.au** for assistance.

Eligible

Thank you for completing the eligibility screening.

Based on your responses, your organisation appears to meet the eligibility requirements for this grant program and may proceed with an application.

Please note that in addition to organisational eligibility requirements, applications must also meet the eligible activity and eligible expenditure requirements outlined in the Program Guidelines. Applicants should review these requirements carefully before proceeding.

Eligibility will be formally assessed as part of the application assessment process. Meeting the eligibility requirements does not guarantee funding.

Ready to proceed? *

○ I have completed the eligibility screening and would like to proceed to the application form.

You can save your application and return to complete it at any time before the closing date.

Contact Details

* indicates a required field

Privacy Notice

The Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism (the department) manages personal information in accordance with the *Information Privacy and Other Legislation Amendment Act 2023*.

The department collects personal information through this application form to administer the **2027 Celebrating Reconciliation Grants Program**, assess applications, and contact applicants where required. This may include your name, contact details and role within your organisation.

If you choose not to provide the requested personal information, the department may be unable to assess or administer your application.

In administering this grant program, the department may disclose your personal information to:

- members of assessment panels, including representatives from Queensland Government agencies and external organisations
- other Queensland Government agencies involved in the administration or assessment of the program
- relevant Members of Parliament
- the Minister for Women, Aboriginal and Torres Strait Islander Partnerships for official purposes associated with the program, including stakeholder engagement, announcements and recognition of successful applicants.

Details of successful applicants, including the organisation name and a description of the funded activity, may be included in a Ministerial Media Statement or other public communications announcing funding outcomes.

The department will not use or disclose your personal information for any other purpose unless authorised or required by law.

Further information about how the department manages personal information, including how you can access or correct your personal information, make a privacy complaint, and how any complaint will be handled, is available in the department's Privacy Policy: **https://www.dwatsipm.qld.gov.au/information-privacy**.

If you have questions about the department's management of personal information, please contact the **Manager, Governance, Planning and Reporting** at **privacy@dwatsipm.qld.gov.au**.

Privacy Acknowledgment *

○ I have read and understood the Privacy Notice and consent to the collection, use and disclosure of personal information as described above.

Applicant Details

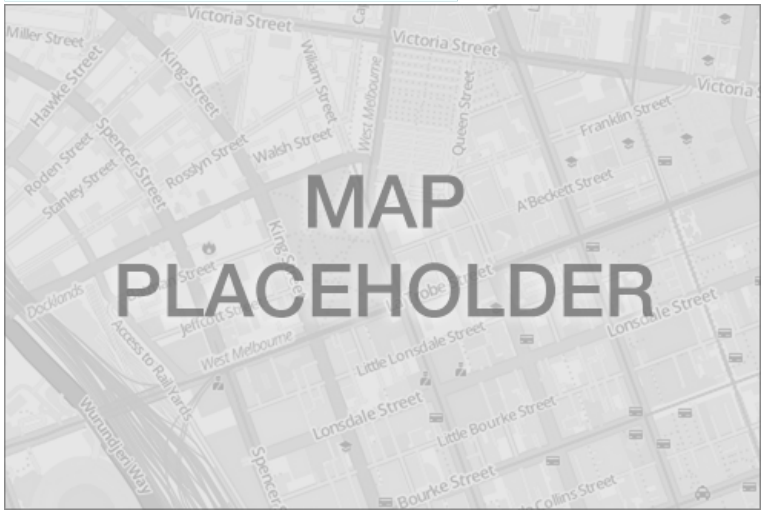
Organisation Name *

Organisation Name

Must have an active ABN in the same name.

Applicant primary address

Address



Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Applicant 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.

Position held in organisation *

e.g., Manager, Director or Fundraising Coordinator.

Primary contact phone number *

Must be an Australian phone number.

Primary contact office phone number

Must be an Australian phone number.

Primary contact email address *

This is the address we will use to correspond with you about this grant.

Organisation Details

* indicates a required field

What is your organisation's purpose? *

Word count:
Must be no more than 150 words.
Provide a brief overview of your organisation's primary purpose, objectives and the community, sector or stakeholders you support. Do not describe the project for which funding is being sought.

Which of the following best describes your organisation? *

Other:

Please select the option that best describes your organisation. This information helps us understand the types of organisations applying to the program.

Has your organisation previously received funding through this program or department? *

○ Yes ○ No ○ Unsure

Does your organisation currently hold, or will it obtain prior to the commencement of the activity, the appropriate insurance coverage, including public liability insurance, required to deliver the proposed activity? *

○ Yes ○ No

Applicants must hold, or be able to obtain, appropriate insurance coverage for the proposed activity. This may include public liability insurance and any other insurance relevant to the nature of the activity being delivered. If successful, you may be required to provide a copy of the relevant Certificate of Currency prior to receiving the funding.

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	

Auspice Information

* indicates a required field

Is your organisation auspiced by another organisation for the purpose of this grant? *

○ Yes ○ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

Auspice Organisation Details

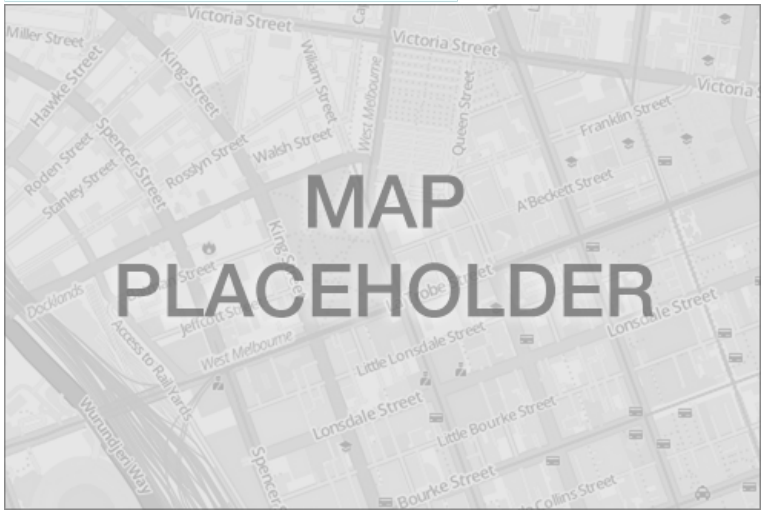
Auspice organisation name *

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.

Auspice primary address

Address



Auspice primary phone number *

Must be an Australian phone number.

Auspice email address *

Must be an email address.

Auspice website

Must be a URL.

Primary contact person at auspice organisation *

Title | First Name | Last Name

We may contact this person to verify that the auspice arrangement is valid and current.

Position held in organisation *

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

Auspice primary contact phone number *

Must be an Australian phone number.

Auspice primary contact office phone number

Must be an Australian phone number.

Auspice primary contact email address *

Must be an email address

Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. *
Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

Auspice 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.

Project Details

* indicates a required field

Event Title *

Word count:
Must be no more than 25 words.
Provide a name for your proposed event. Your title should be short but descriptive.

Who are the primary beneficiaries of the event? *
☐ Aboriginal and Torres Strait Islander people ☐ All Queenslanders ☐ Businesses ☐ CALD People ☐ Children under 16 years ☐ Community Groups ☐ Families ☐ Individuals ☐ Language Owners, Elders and Custodians ☐ Local government ☐ Migrants ☐ Non-government organisations ☐ People accessing health services ☐ People with disability ☐ Rural communities ☐ Seniors over 65 years ☐ Students ☐

Teachers ☐ Veterans and family ☐ Vulnerable adults over 18 years ☐ Women ☐ Young people 16-25 years
Other

Select all groups that the proposed activities are specifically designed to support.

Please provide a short description of your event *

Word count:
Must be no more than 500 words.
Describe your proposed event, including the need or opportunity being addressed, who will benefit, and the outcomes you expect to achieve.

Activity Details

Please include details of all funded activities in the table below.

All funded events and activities are expected to be delivered **during National Reconciliation Week (27 May to 3 June 2027).**

All funded events and activities must be **completed by 30 June 2027.**

For a single-day activity, enter the same date for both the start and end date.

Activity Name	Activity Type	Start Date	End Date	Location	Estimated Attendance
Must be no more than 10 words.		Must be a date.	Must be a date.	Enter the address of where the activity will take place.	Please provide your estimated total attendance for each activity. Must be a number.

Total Estimated Attendance

This number/amount is calculated.

How Your Event Meets the Assessment Criteria

Applications will be assessed against the criteria outlined in the Program Guidelines.

When responding to each criterion:

- address all aspects of the criterion and supporting guidance
- provide clear and concise responses
- include evidence, examples and data where available
- demonstrate how your proposal will achieve the intended outcomes of the program
- outline any relevant organisational experience, partnerships or delivery arrangements
- ensure your response is proportionate to the scale and complexity of the proposed initiative.

Assessment Criterion 1: Demonstrate how the proposed event or activity supports the objectives of National Reconciliation Week by promoting reconciliation, cultural understanding, respectful relationships, social inclusion and social cohesion, with meaningful involvement of Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians. *

Word count:
Must be no more than 300 words.
For information about National Reconciliation Week, visit https://www.reconciliation.org.au/our-work/national-reconciliation-week/

Assessment Criterion 2: Demonstrate a well-planned and achievable event or activity, including proposed promotion methods and the meaningful involvement of Aboriginal and/or Torres Strait Islander peoples in planning and delivery, supported by a complete and realistic budget that provides value for money and clearly outlines the use of grant funding. *

Word count:
Must be no more than 300 words.

Assessment Criterion 3: Demonstrate the capability and capacity to deliver the activity, including a realistic activity plan, expected outputs and outcomes and a clear evaluation approach. *

Word count:
Must be no more than 300 words.

Supporting Documentation

Where available, please upload documentation that supports your responses to the assessment criteria.

Supporting documentation may include:

- project plans, workplans or activity schedules
- evidence of community need or demand
- quotations or cost estimates
- partnership agreements or confirmation of project partners

- examples of similar projects or activities previously delivered
- evaluation reports or outcomes from previous projects
- promotional or communications plans
- organisational capability information
- any other documentation relevant to your application.

Supporting documentation may strengthen your application and provide additional evidence to support your responses against the assessment criteria.

Upload supporting documentation
Attach a file:

Please note letters of support, cultural authority documentation, consultation evidence or ICIP permissions should be uploaded in the Community Consultation section below.

Community Consultation

Have you consulted with the Aboriginal and/or Torres Strait Islander communities, Traditional Owners, Elders, Language Owners, custodians or community representatives relevant to your proposed activity? *

○ Yes ○ No ○ Not applicable

Applicants should demonstrate meaningful consultation and involvement of relevant Aboriginal and/or Torres Strait Islander people in the planning and delivery of the proposed activity, where appropriate.

Please describe the consultation undertaken and how feedback has informed the design and delivery of your proposed activity. *

Word count:
Must be no more than 500 words.
Include who was consulted, when consultation occurred, key feedback received and how this feedback has influenced the proposed activity.

If consultation has not yet occurred, please explain how relevant stakeholders will be engaged during project planning and delivery. *

Word count:
Must be no more than 200 words.

Please explain why consultation is not applicable to your proposed activity and outline any alternative engagement, communication or consultation activities that will be undertaken, if relevant. *

Word count:
Must be no more than 200 words.

Supporting Documentation

Where available, please upload supporting documentation relevant to your proposed activity. This may include:

- letters of support from community members, partner organisations, Traditional Owners, Elders, Language Owners, custodians or other relevant stakeholders
- evidence of community consultation or engagement
- letters, emails or other documentation demonstrating cultural authority, permissions, endorsements or support for the proposed activity
- documentation demonstrating permission or approval to use Aboriginal and Torres Strait Islander cultural knowledge, language, stories, artwork or other ICIP, where applicable.

Supporting documentation can help demonstrate community support, consultation, cultural authority, appropriate management of ICIP and collaboration, and may strengthen your application.

Upload supporting documentation
Attach a file:

Project Budget

This information assists the department to assess the overall viability of your event, including the total cost of delivery, the funding sources that will support the event and the expenditure for which grant funding is being sought.

Project Budget (Income)

Please enter all funding sources that will support the delivery of the event, including funding you are seeking through this application, contributions from your organisation, and funding from other sources. Include both confirmed and unconfirmed funding.

Funding source	Income type	Is this funding confirmed?	Income amount	Notes
2027 CRG Grant	Donations Earned Income Government Grants Philanthropic Grants Pro Bono/In-kind Sponsorship	Confirmed Unconfirmed		Grant funding requested through this application

Provide the name of the organisation, program, sponsor or funding source contributing to your event or project (e.g. Community Grants Program, XYZ Pty Ltd Sponsorship, fundraising activities, ticket sales, or participant contributions).	Please select the type of income		Enter the total amount expected to be received. Must be a dollar amount.	Add notes if you need to provide more context

Total Income

Total Income Amount

Total Grant Funding Requested

2500

This number/amount is calculated.

Project Budget (Expenditure)

Please outline all expenditure items associated with delivering the proposed event. The **Total Expenditure Amount** should reflect the full cost of delivering the event.

For each expenditure item, please indicate:

- the total cost of the item; and
- the amount of funding being requested through this grant to contribute to that cost.

The **Total Income Amount** must equal the **Total Expenditure Amount**.

All expenditure items must be directly related to the delivery of the proposed event and grant funding must be applied in accordance with the eligible expenditure requirements outlined in the Program Guidelines.

Expenditure item	**Expenditure type**	**Expenditure amount**	**Grant funding requested for this item**	**Notes**
Provide a clear description of the expenditure and how it will contribute to the delivery of the proposed activity.	Please select the type of expenditure.	Enter the total budgeted cost of this expenditure item. Must be a dollar amount.	Enter the amount of funding you are requesting from this grant to cover this expenditure item.	Add notes if you need to provide more context.

			Must be a dollar amount.	

Total Expenditure

Total Expenditure Amount

This amount is automatically calculated from the Total Expenditure Amounts entered in the table above. It reflects the total budgeted cost of delivering the proposed activity and should equal the Total Income Amount.

Total Grant Funding Allocation

This amount is automatically calculated from the expenditure table above and must equal the Total Grant Funding Requested.

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree *

☐ Yes

Name of authorised person *

Title | First Name | Last Name

Must be a senior staff member, trustee 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.

Banking Details and EFT Form

Why we collect this information

To facilitate the timely payment of approved grant funding, applicants are required to provide a completed Electronic Funds Transfer (EFT) Form as part of their application.

Download the EFT Form template here: **EFT Registration Form**

Please ensure all required fields have been completed and the form has been signed prior to upload.

The nominated bank account must be in the legal name of the applicant organisation. For auspiced applications, the EFT Form must be completed using the auspicing organisation's bank account details.

Submitting an EFT Form does not guarantee funding approval. EFT details will only be used if your application is successful.

Please upload a completed and signed EFT Form *
Attach a file:

Privacy Notice: Banking information is collected solely for the purpose of administering grant payments and will only be used if your application is approved for funding.

Supporting the promotion of successful projects

The department may seek opportunities to promote successful grant recipients and showcase the positive outcomes achieved through funded activities.

If your application is successful, would your organisation be willing to be contacted by the department's Media and Communications team regarding potential promotional opportunities, including good news stories, media releases, social media content, photography or other publicity activities? *

○ Yes ○ No

Selecting "Yes" does not guarantee that your project will be featured, nor does it create an obligation to participate. It simply indicates that your organisation is willing to be contacted to discuss potential promotional opportunities.

Media Consent and Release Forms

If your event is selected for promotional activities and includes photographs, video recordings or other identifiable images of participants, your organisation may be required to provide evidence that appropriate consent and release forms have been obtained.

Applicants should ensure all necessary permissions and consents are obtained prior to collecting, using or sharing photographs, video footage or other promotional materials.

Departmental consent and release forms are available here: Film and photo consent form | Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism.

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.

Please indicate how you found 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.