

2026-27 Empowering Multicultural Community Projects

Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before starting this application form, you must read the Strengthening Communities Multicultural Grants [Funding Guidelines](#).

- You may begin anywhere in the application form – ensure you save as you go.
- Answers are to be clear and concise.
- Responses to questions must be entered in the relevant application fields, and **not** submitted as attachments
- Application forms cannot be submitted if responses exceed a maximum word count limit. Questions will note any maximum word count.
- Responses must **not** be provided in ALL CAPITALS (uppercase). Standard sentence formatting must be used.
- Late or incomplete applications will **not** be considered to ensure fairness to all applicants.
- If the application is successful, the applicant (or auspice) organisation will enter into a contract with the Queensland Government which binds successful applicants.
 - The contract will consist of the:
 - approval letter
 - Funding Guidelines
 - funding application (which constitutes the **Particulars** referred to in the Terms and Conditions); and
 - [Terms and Conditions](#), as amended from time to time.

Assistance

Translation

Translation services are available for this grant program. If you require translation services, please contact **1800 512 451** and ask for an interpreter.

i Multicultural Affairs Queensland

If you have any questions about the [Funding Guidelines](#), eligibility criteria, application questions, or for any other queries, please email Multicultural Affairs Queensland at funding@maq.qld.gov.au. Contact officers cannot provide advice on individual applications.

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.

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i Ethnic Communities Council of Queensland (ECCQ)

If you need **grant writing and project planning assistance**, you can visit the [ECCQ website](#) for information on upcoming education workshops and to access their [Online Learning Hub](#) for courses and resources.

i SmartyGrants

If you need assistance with your SmartyGrants account, or for any technical issues, contact SmartyGrants Technical Support on (03) 9320 6888 or service@smartygrants.com.au.

SmartyGrants support desk hours are from 9am - 5pm AEDT, Monday to Friday.

i Register with SmartyFile

[SmartyFile](#) is a free data repository by SmartyGrants. SmartyFile allows organisations to collaborate with team members, pre-fill information into SmartyGrants forms, and manage, view, search and sort submissions across multiple grant funders in one spot.

Applicants with a SmartyFile organisation profile and appropriate permissions can share an application with other team members of their organisation, and change the owner of the application to another team member.

To learn more about SmartyFile go to <https://applicanthelp.smartygrants.com.au/smartyfile/>

- - Users who are registered with SmartyGrants will already have a login. To log in or create your organisation profile, go to <https://app.smartyfile.com.au/>
 - To register for SmartyFile, go to <https://smartyfile.smartygrants.com.au/applicant/register>

Applicant eligibility

This section of the application form is designed to help you, and us, understand if your organisation is eligible for this grant. It is important that you complete these questions first to avoid spending time applying for an unsuitable grant.

If you have any questions regarding the eligibility criteria, please contact funding@maq.qld.gov.au.

The applicant organisation is a:

- ☐ Incorporated association
- ☐ Unincorporated association with an auspicings arrangement
- ☐ Company limited by guarantee
- ☐ Company limited by shares registered as a charity with the ACNC
- ☐ Cooperative
- ☐ Aboriginal and Torres Strait Islander corporation
- ☐ State School P&C Association
- ☐ Local Government Authority (Council)
- ☐ Queensland University
- ☐ Organisation established through an Act of Parliament
- ☐ A social enterprise listed in the Social Enterprise Finder or the Queensland Social Enterprise Council directories
- ☐ None of the above

If your organisation was established by Letters Patent, please choose "Organisation established through an Act of Parliament" from the applicant entity type list.

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#You are not eligible to apply if you are:#

- Unincorporated association without an auspicating arrangement;
- Individual or Sole Trader;
- Company limited by shares without ACNC registration;
- Any other type of commercial entity;
- Queensland State School;
- Queensland Government department, agency or statutory authority;
- Australian Government department, agency or statutory authority;
- Diplomatic mission, consular post or other representative office;
- Political party; or
- Union.

⚠Important⚠

Please note that auspicating arrangements are only eligible if the:

- organisation being auspicated is an *unincorporated association*; and the
- auspicating organisation is an eligible entity listed above.

Other entity types are not eligible to apply under an auspicating arrangement.

I confirm that the applicant organisation: *

- ☐ has an active Australian Business Number (ABN) in the name of the legal entity
- ☐ has an Australian bank account in the name of the legal entity
- ☐ is located in and/or actively provides services in Queensland
- ☐ has no overdue reports, outstanding financial matters, or unresolved performance issues with Multicultural Affairs Queensland
- ☐ has, or plans to obtain, the appropriate type and level of insurance for the activities that are the subject of this grant

At least 5 choices must be selected.

I confirm that the applicant organisation: *

- ☐ is located in and/or actively provides services in Queensland
- ☐ has no overdue reports, outstanding financial matters, or unresolved performance issues with Multicultural Affairs Queensland

At least 2 choices must be selected.

I confirm that the auspicating organisation: *

- ☐ has an active Australian Business Number (ABN) in the name of the legal entity
- ☐ has an Australian bank account in the name of the legal entity
- ☐ is located in and/or actively provides services in Queensland
- ☐ has no overdue reports, outstanding financial matters, or unresolved performance issues with Multicultural Affairs Queensland
- ☐ has, or plans to obtain, the appropriate type and level of insurance for the activities that are the subject of this grant

At least 5 choices must be selected.

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⚠️Your application is ineligible if you are unable to tick all of the above boxes.

Project Eligibility

This section is designed to determine if your project is eligible under this funding category:

This field is read only.

The category this submission is in.

I confirm that the project: *

- ☐ will engage people from migrant and refugee backgrounds, people seeking asylum, or Australian South Sea Islander peoples, as the target audience/participants for the project, including the planning and delivery of the project;
- ☐ will be delivered between 1 July 2027 and 30 June 2029;
- ☐ will be delivered in Queensland;
- ☐ does not focus on delivering a festival or event;
- ☐ does not focus on competitions, commercial or fundraising activities;
- ☐ does not focus on conferences, expos, seminars, symposiums, research and academic studies.

At least 6 choices must be selected.

⚠️Your application is ineligible if you are unable to confirm all of the above boxes⚠️

Confirmation

I confirm that the applicant organisation:

- has read and understands the program guidelines;
- is able to demonstrate alignment between their project and the aims of this program;
- is an eligible entity type;
- is able to demonstrate financial viability.

Please select below: *

☐ Yes

☐ No

You must confirm that all statements above are true and correct.

Contact Details

* indicates a required field

Privacy Notice

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Multicultural Affairs Queensland is collecting your personal information, including your:

- Name
- Email address
- Phone numbers.

We are collecting your information to administer the grants program, and to contact you to discuss your submission, if required. We usually give the personal information we are collecting to assessment panel members (which may include members from other Queensland Government entities and external entities), other Queensland Government agencies and members of Parliament.

Your personal information may also be disclosed to the Minister for Multiculturalism and relevant members of parliament for official purposes related to this program, including stakeholder engagement, announcements and recognition of successful applicants.

Successful applicants may have the organisation's contact details and a description of the project included in the Ministerial Media Statement announcing the program funding outcomes.

We will not use your personal information for any other purpose unless we are authorised or required under Australian law, court or tribunal order to do so.

You can find our privacy policy at <https://www.dwatsipm.qld.gov.au/information-privacy>. Our policy explains how you can access and amend your personal information, how to make a complaint about the way we have handled your personal information, and how your complaint will be handled.

If you have questions about how we manage your personal information, contact Manager, Governance, Planning and Reporting at privacy@dwatsipm.qld.gov.au.

If you choose not to give us your personal information, this might impact our ability to administer your application.

Important

NOTE: If the application has an auspicing arrangement, you **must** enter the details of the **group/organisation being auspicied** below.

You **must** enter the details of the **auspicing organisation** on the *Auspicing Organisation* page.

Applicant Details

Organisation Name *

Organisation Name

✓ Capitalise Each Word. #Do not use ALL CAPITALS. Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with ASIC, ORIC or Office of Fair Trading.

- If the organisation is a legal entity, use the full legal registered name of the organisation.

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- Check your spelling and make sure you provide the same name that is listed in official documentation such as with the:

- [Office of Fair Trading \(OFT\)](#);
- [Australian Securities and Investments Commission \(ASIC\)](#);
- [Office of the Registrar of Indigenous Corporations \(ORIC\)](#).

Is your organisation is known by another name? *

☐ Yes

☐ No

For example: The organisation is more commonly known by its Business Name and not the legal entity name.

What is your business name or other name? *

For example: The organisation is more commonly known by its Business Name and not the legal entity name.

If applicable, what is the Department, Branch or Faculty within the organisation?

Use this field only if relevant. For example: Faculty of Science; School of Engineering; Brisbane Diocese; St Mary's Parish; Brisbane Chapter (of a National body); etc.

What is the Department, Branch or Faculty within the organisation? *

For example: Faculty of Science; School of Engineering; Brisbane Diocese; St Mary's Parish; Brisbane Chapter (of a National body); etc.

Organisation Contact Details

Please provide the main phone number and email for the organisation. If possible, a reception number or email address.

Postal Address *

Address

To use a PO Box, enter it in manually by clicking 'Can't find your address'.

Office Street Address

Address

Leave blank if the organisation does not have a physical office.

Office Phone Number *

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If available, please provide the main phone number for the organisation. For example, a reception number. Insert area code before the number e.g. (07)

Organisation Main Email *

If possible, please provide the main email for the organisation. For example info@email.com or reception@email.com. Must be a valid email address.

Website

Must be a URL.

Facebook Page

Must be a URL.

Organisation Contact

This person will be contacted about the application and if successful, the funding agreement. ✓ Capitalise Each Word #Do **not** use ALL CAPITALS

Name *

Title	First Name	Last Name

✓ Capitalise Each Word #Do not use ALL CAPITALS

Position Title *

Landline Phone Number

Must be an Australian phone number and 10 characters. Insert area code before the number e.g. 07.

Mobile Phone Number

Must be an Australian phone number and 10 characters.

Email Address *

Must be an email address.

Project Contact

This person will be contacted about the project and its delivery. ✓ Capitalise Each Word #Do **not** use ALL CAPITALS

Name *

Title	First Name	Last Name

✓ Capitalise Each Word #Do not use ALL CAPITALS

Position Title *

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Landline Phone Number

Must be an Australian phone number and 10 characters. Insert area code before the number e.g. 07.

Mobile Phone Number

Must be an Australian phone number and 10 characters.

Email address *

Must be an email address.

Applicant Organisation

* indicates a required field

Australian Business Number (ABN) details

The ABN **must** be registered in the same entity name as the applicant name.

What is the organisation's Australian Business Number (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	

Eligible organisations must have a registered and active Australian Business Number (ABN)

Is the organisation registered for GST? *

- ☐ Yes
☐ No
☐ Yes but is a local government

The 'Goods & Services Tax (GST)' status in the above Australian Business Register box will advise this.

Is the ABN main business location in Queensland? *

- ☐ Yes - the ABN main business location is in Queensland
☐ No - the ABN main business location is not in Queensland

The 'Main business location' field in the Australian Business Register above will indicate this.

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To be eligible to apply, you must be an organisation that is located in and/or actively provides services within the state of Queensland. As your ABN main business location is not in Queensland, you must provide details and evidence of the active services your organisation provides in Queensland.

Provide details of the services your organisation provides in Queensland *

Provide evidence of services your organisation provides in Queensland. *

Attach a file:

Is this the organisation's first time applying for funding from Multicultural Affairs Queensland? *

- ☐ Yes
☐ No
☐ Unsure

What type of organisation are you? *

Please choose the option that best applies to your organisation.

What are the main programs and services delivered by the organisation? *

Word count:

Must be no more than 100 words.

Attach a copy of the organisation's legal entity registration *

Attach a file:

A maximum of 1 file may be attached.

Certificate of Incorporation, Certificate of Registration, or Letters Patent

The attachment **must** be one of the following:

- *Certificate of Incorporation* as an association from the [Office of Fair Trading \(OFT\)](#) or similar;
- *Certificate of Registration* as a Company from [Australian Securities and Investments Commission \(ASIC\)](#);
- *Certificate of Registration* as a Co-operative from [Australian Securities and Investments Commission \(ASIC\)](#);
- *Certificate of Registration* as an Aboriginal and Torres Strait Islander Corporation from [Office of the Registrar of Indigenous Corporations \(ORIC\)](#); or

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- *Letters Patent* issued to organisations established through an Act of Parliament.

Note: The following will **not** be accepted:

- Certificate of Registration as a charity from the Australian Charities and Not-for-profits Commission (ACNC)
- Letters, extracts or screenshots from the ABN Lookup
- Letters, extracts or screenshots from ASIC's database
- Letters, extracts or screenshots from the Australian Tax Office (ATO)
- Letters, extracts or screenshots from the Australian Business Register
- The constitution of the organisation

Insurance

If the application is successful, you will be required to take out the relevant insurance for your project:

- Public liability insurance with a limit of indemnity of not less than \$10 million per occurrence.
- Worker's compensation insurance as required by the laws of Queensland.
- Any other insurance as may be required under any Legislative Requirement, or that a reasonable person would effect and maintain having regard to the nature of the funded activity.

Do you agree to take out the relevant insurance for your project if the application is successful? *

☐ Yes ☐ No

Does your organisation currently hold public liability insurance for a sum of not less than \$10 million that will cover the project? *

☐ Yes ☐ No

Does the auspice organisation currently hold public liability insurance for a sum of not less than \$10 million to cover the project? *

☐ Yes ☐ No

The public liability insurance policy and the Certificate of Currency **must**:

- be current;
- show the expiry date;
- show the type of insurance cover;
- show the limit of liability.

Attach a copy of the public liability insurance Certificate of Currency *

Attach a file:

1 file must be attached.

Ensure the attached document shows the expiry date, the type of insurance cover and the limit of liability (minimum \$10 million).

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Attach a copy of the public liability insurance policy *

Attach a file:

1 file must be attached.

Ensure the attached document shows the expiry date, the type of insurance cover and the limit of liability (minimum \$10 million).

⚠ Important

You will need to provide a copy of the Certificate of Currency and the insurance policy prior to receive the payment, if the application is successful.

I understand *

☐ Yes

☐ No

Auspecting Organisation

* indicates a required field

Auspecting Organisation

If the application is successful, the auspecting organisation carries the financial risk and legal responsibility for activities of the applicant organisation. The auspecting organisation is required to:

- enter into the funding agreement
- receive the funding and disburse to the applicant organisation
- ensure submission of any progress reports and the final Acquittal Report.

The auspecting organisation is a: *

- ☐ Incorporated association
- ☐ Company limited by guarantee
- ☐ Company limited by shares registered as a charity with the ACNC
- ☐ Cooperative
- ☐ Aboriginal and Torres Strait Islander corporation
- ☐ Local Government Authority (Council)
- ☐ State School P&C Association
- ☐ Queensland University
- ☐ Organisation established through an Act of Parliament
- ☐ A social enterprise listed in the Social Enterprise Finder or the Queensland Social Enterprise Council directories

Social enterprises must be listed in either the the [Social Enterprise Finder](#) or the [Queensland Social Enterprise Council directory](#).

Auspice Organisation Name *

Organisation Name

✓ Capitalise Each Word. #Do not use ALL CAPITALS. Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with ASIC, ORIC or Office of Fair Trading.

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- If a legal entity, use the full legal registered name of the organisation.
- Check your spelling and make sure you provide the same name that is listed in official documentation such as with the:
 - [Office of Fair Trading \(OFT\)](#);
 - [Australian Securities and Investments Commission \(ASIC\)](#);
 - [Office of the Registrar of Indigenous Corporations \(ORIC\)](#).

Is the auspicing organisation known by another name? *

☐ Yes

☐ No

For example: The organisation is more commonly known by its Business Name and not the legal entity name.

What is the business name or other name? *

For example: The organisation is known by its Business Name and not the legal entity name.

What is the Department, Branch or Faculty within the organisation? *

For example: Faculty of Science; School of Engineering; Brisbane Diocese; St Mary's Parish; Brisbane Chapter (of a National body); etc.

Attach a copy of the Auspice Organisation's legal registration documentation *

Attach a file:

A maximum of 1 file may be attached.

Certificate of Incorporation as an association, Certificate of Registration as a Company, Co-operative or Indigenous Corporation, or Letters Patent

The attachment **must** be one of the following:

- *Certificate of Incorporation* as an association from the [Office of Fair Trading \(OFT\)](#) or similar;
- *Certificate of Registration* as a Company from [Australian Securities and Investments Commission \(ASIC\)](#);
- *Certificate of Registration* as a Co-operative from [Australian Securities and Investments Commission \(ASIC\)](#);
- *Certificate of Registration* as an Aboriginal and Torres Strait Islander Corporation from [Office of the Registrar of Indigenous Corporations \(ORIC\)](#); or
- *Letters Patent* issued to organisations established through an Act of Parliament.

Note: The following will **not** be accepted:

- Certificate of Registration as a charity from the Australian Charities and Not-for-profits Commission (ACNC)
- Letters, extracts or screenshots from the ABN Lookup
- Letters, extracts or screenshots from ASIC's database
- Letters, extracts or screenshots from the Australian Tax Office (ATO)

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- Letters, extracts or screenshots from the Australian Business Register
- The constitution of the organisation

Australian Business Number (ABN)

The ABN must be registered in the same entity name as the Auspice legal entity name.

What is the auspicing organisation's Australian Business Number (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.

You can search your organisation's ABN at <https://abr.business.gov.au/>.

Is the auspicing organisation registered for GST? *

- ☐ Yes
- ☐ No
- ☐ Yes, but is a local government

The 'Goods & Services Tax (GST)' status in the above Australian Business Register box will advise this.

Is the ABN main business location in Queensland? The 'Main business location' filed in the above Australian Business Register box will advise this. *

- ☐ Yes - the ABN main business location is in Queensland
- ☐ No - the ABN main business location is not in Queensland

The 'Main business location' field in the Australian Business Register above will indicate this.

To be eligible to apply, the organisation must be an organisation that is located in and/or actively provides services within Queensland. As the ABN main business location is not in Queensland, you must provide details and evidence of the services the auspicing organisation actively provides in Queensland.

Provide details of the services the auspicing organisation provides in Queensland

*

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Provide evidence of the services the auspicing organisation provides in Queensland *

Attach a file:

Agreement to Auspice Letter

PLEASE NOTE: The letter must state:

- the auspicing organisation agrees to auspice the application.
- the auspicing organisation agrees to accept all legal and financial responsibility for the event as outlined in the *Funding Guidelines* and the *Terms and Conditions*.
- the contact details and must be signed by an authorised officer.

Attach a copy of the Auspice Organisation's letter agreeing to auspice the application *

Attach a file:

1 file must be attached.

Auspicing Organisation Contact Details

Please provide the main phone number and email for the organisation. If possible, a reception number or email address.

Postal Address *

Address

To use a PO Box, enter it in manually by clicking 'Can't find your address'.

Office Street Address

Address

Leave blank if the organisation does not have a physical office.

Office Phone Number

Please provide the main phone number for the organisation. For example, a reception number. Insert area code before the number e.g. 07. Must be an Australian phone number and at least 10 characters.

Office Email Address *

If possible, please provide the main email for the organisation. For example info@email.com or reception@email.com.

Website Address

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Must be a URL.

Auspecting Organisation Contact

This person will be contacted about the application and if successful, the funding agreement. ✓ Capitalise Each Word #Do **not** use ALL CAPITALS

Name *

Title

First Name

Last Name

Position Title *

Must be at least 4 characters.
Enter in the full position title e.g. write Chief Executive Officer
and not CEO

Landline Phone Number

Must be an Australian phone number and 10 characters. Insert
area code before the number e.g. (07)

Mobile Phone Number

Must be an Australian phone number and 10 characters.

Email Address *

Must be an email address.

Project Details

* indicates a required field

Project Title *

Word count:

Must be no more than 120 characters.

Ensure the title is short but descriptive as we will use the title on all correspondence and promotions.

✓ Capitalise Each Word. #Do not use ALL CAPITALS.

Project Start Date *

Must be a date and no earlier than 1/7/2027.

Project End Date *

Must be a date and no later than 30/6/2029.

Project Location

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NOTE: You will be able to indicate additional locations where the project will be delivered on the *Project Plan* page.

What is the name of the venue where the project will be primarily delivered from? *

*

Word count:

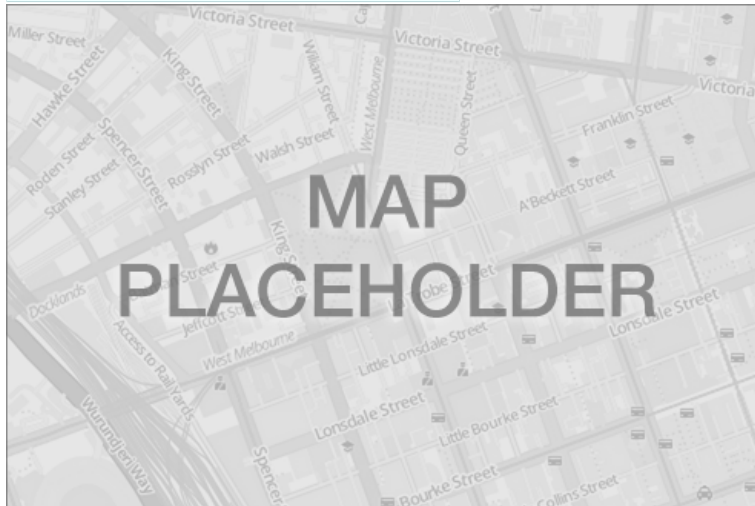
Must be no more than 6 words.

Include the venue name only. Do not include the street address or suburb. ✓Capitalise Each Word.

#Do not use ALL CAPITALS.

What is the street address of where the project will be primarily delivered from? *

Address



What is the street address where the primary activity will be held?

Project Details

Provide a short summary of the project, including who this project is for, the activities you will perform, and the positive outcomes you expect to achieve as a result of your project. *

Word count:

Must be no more than 100 words.

Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes). Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu1> if you need some ideas about how to frame your response.

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Alignment - How will your project help achieve the purpose of the funding category? *

Word count:

Must be no more than 200 words.

Please consult the program guidelines for more information - <https://www.dwatsipm.qld.gov.au/scmg-program>. Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu3> if you need some ideas about how to frame your response.

Rationale - What is the need for the project and how will you address it? *

Word count:

Must be no more than 200 words.

Tell us why your project is needed, and why you believe the activities you propose will produce the outcomes you seek. Provide statistics/evidence (where available) of both the need and the link between the work you will do and the outcomes you seek. Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu2> if you need some ideas about how to frame your response.

What are the primary areas of focus for this project/program? *

No more than 5 choices may be selected.

You can select items from any area of the list - all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. education, sport, health), rather than the types of people it will affect (e.g. young people, refugees).

You can select items from any area of the list - all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. education, sport, health), rather than the types of people it will affect (e.g. young people, refugees).

Examples that you may select are:

- Human Rights } Diversity and intergroup relations } Social inclusion
- Community Development } Community information
- Economic development } Business and industry } Entrepreneurship
- Economic development } Employment } Job Training
- Education } Education support } Literacy and numeracy support
- Human services } Youth development } Youth mentoring

Has this project been delivered before or is it currently being delivered? *

☐ Yes

☐ No

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Provide details on how this project has been delivered before or what is currently being delivered? *

Word count:

Must be no more than 200 words.

What is your organisation's experience in delivering needs-based projects and working with diverse communities? *

Word count:

Must be no more than 300 words.

Provide information about any past work that may demonstrate your organisation's capacity to undertake this work.

Project Participation

We want to learn more about:

- the participants/groups you think your project will benefit;
- who you will work with to reach participants/groups or to achieve your outcomes (partners)

How many participants are you planning to engage in the project? *

Must be a number only using characters 0 to 9 and not containing any other characters such as: , . + - / \ # ; :

Who are the primary cultural or faith groups that will be engaged? *

- | | | |
|---|---|---|
| ☐ Aboriginal | ☐ Hazara | ☐ Pacific Islander - Solomon Islander |
| ☐ Afghan | ☐ Hmong | ☐ Pacific Islander - Tongan |
| ☐ African | ☐ Hungarian | ☐ Pakistani |
| ☐ African - Burundian | ☐ Indian | ☐ Persian |
| ☐ African - Cameroonian | ☐ Indian - Gujarati | ☐ Polish |
| ☐ African - Congolese | ☐ Indian - Keralites | ☐ Punjabi |
| ☐ African - Egyptian | ☐ Indian - Maharashtra | ☐ Rohingya |
| ☐ African - Eritrean | ☐ Indian - Malayalee | ☐ Romanian |
| ☐ African - Ethiopian | ☐ Indian - Telugu | ☐ Russian |
| ☐ African - Ghanaian | ☐ Indonesian | ☐ Scandinavian |
| ☐ African - Liberian | ☐ Iranian | ☐ Scottish |
| ☐ African - Nigerian | ☐ Iraqi | ☐ Serbian |
| ☐ African - Rwandan | ☐ Irish | ☐ Slavic |
| ☐ African - Somali | ☐ Italian | ☐ South American |
| ☐ African - South Sudanese | ☐ Japanese | ☐ South Asian (Indian, Pakistani, Sri Lankan, etc) |

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- | | | |
|--|---|---|
| ☐ African - Sudanese | ☐ Karen | ☐ Sri Lankan |
| ☐ African - Togolese | ☐ Korean | ☐ Syrian |
| ☐ African - Ugandan | ☐ Kurdish | ☐ Taiwanese |
| ☐ African - Zimbabwean | ☐ Latin American | ☐ Tamil |
| ☐ Arakanese | ☐ Lebanese | ☐ Thai |
| ☐ Asian | ☐ Malaysian | ☐ Torres Strait Islander |
| ☐ Australian South Sea Islander | ☐ Mexican | ☐ Ukrainian |
| ☐ Bangladeshi | ☐ Middle Eastern | ☐ Vietnamese |
| ☐ Bengali | ☐ Mongolian | ☐ Yazidi |
| ☐ Bhutanese | ☐ Myanmar | ☐ Zomi |
| ☐ Brazilian | ☐ Nepalese | ☐ Culturally and Linguistically Diverse (CALD) communities |
| ☐ Caribbean Islander | ☐ New Zealander | ☐ Multi Faith |
| ☐ Celtic | ☐ Pacific Islander | ☐ Baha'i |
| ☐ Chin | ☐ Pacific Islander - Cook Islander | ☐ Buddhist |
| ☐ Chinese | ☐ Pacific Islander - Fijian | ☐ Christian |
| ☐ Colombian | ☐ Pacific Islander - Fijian Indian | ☐ Hare Krishna |
| ☐ Croatian | ☐ Pacific Islander - Maori | ☐ Hindu |
| ☐ Cuban | ☐ Pacific Islander - Nauruan | ☐ Jewish |
| ☐ Cypriot | ☐ Pacific Islander - Niuean | ☐ Muslim |
| ☐ Filipino | ☐ Pacific Islander - Papua New Guinean | ☐ Sikh |
| ☐ French | ☐ Pacific Islander - Samoan | ☐ Other: <input type="text"/> |
| ☐ Greek | | |

No more than 3 choices may be selected.

Please choose only the group/s that are at the very core of this project/program. If more than 3 cultural groups will be engaged, select 'CALD communities'.

Who are the primary beneficiaries of this project/? *

No more than 5 choices may be selected.

Please choose only the group/s that are at the very core of this project

Examples that you may select are:

- **Age groups:** Adolescents (people aged 13-17); People aged 65-84; etc.
- **Education status:** Primary school students; Secondary school students; etc.
- **Ethnic and Racial Groups:** Culturally and Linguistically Diverse (CALD) people
- **Gender groups:** Females
- **Health:** People with disabilities
- **Religious groups:** Hindus; Muslims; etc
- **Social and economic status:** At-risk youth; Migrant Workers; Refugees; etc

Please choose only the group/s that are at the very **core** of who the project will be **primarily targeted** to. For example:

- ✓ Select '*Adolescents (people aged 13-17)*' if the project is specifically targeted towards and will be limited to young people aged 13-17.
- # Do **not** select '*Adolescents (people aged 13-17)*' if the project is targeted towards people of all ages but young people aged 13-17 are likely to participate. The project is

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not specifically targeted towards young people aged 13-17. Do not select an age group if the project is not targeted towards specific people of a certain age.

- ✓ Select 'Refugees' if the project is specifically targeted towards people who come from a refugee background.
- # Do **not** select 'Refugees' if the project is targeted towards all people from culturally and linguistically diverse backgrounds. The project is not specifically targeted towards people who come from a refugee background. Select 'Culturally and Linguistically Diverse (CALD) people' instead.

Project Partners

Who are the partners you will work with to reach your target group and/or to achieve your outcomes.

Partners include any diverse cultural groups; general community groups; community associations; sporting groups; and service clubs that your organisation will engage with in the development and delivery of the project.

Insert **one** organisation per row. Click '**Add More**' to include additional rows.

Hints: Click the 'Maximise' button above the top right corner of the table to increase this section to full screen. You can increase the size of large text boxes by clicking and dragging the two diagonal lines in the bottom right corner.

Partner name	Organisation Type	Role	Status
One per row	What type of entity are they?	What is their role or contribution?	

Community Support

In particular, do the beneficiary and/or geographic communities affected by this project support the activities you are proposing?

Does this project have community support? *

☐ Yes ☐ No ☐ Don't know ☐ Not Applicable

What evidence do you have that this project has community support? *

Word count:

Must be no more than 200 words.

Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu7> if you need some ideas about how to frame your response.

Please upload letters of support (if available/relevant)

Attach a file:

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A maximum of 5 files may be attached.

Project Details - Outcomes

Outcomes

Please tell us about the outcomes you expect to achieve as a result of this project.

Outcomes are the changes you expect to occur for the participants of your project. Generally, outcomes can be framed as an **increase** or **decrease** in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation, (these are generally short-term or **immediate** outcomes)
- Actions, behaviour, change in policy (these are generally **medium-term** or intermediate outcomes)
- Social, financial, environmental, physical conditions (these are generally **long-term** outcomes)

A well-written outcome includes a direction, the intended change, and the people affected.

For example: **Increased** (*direction*) **social connection** (*intended change*) **of young people aged 13-17** (*who*).

Other examples:

- *increased access to economic pathways for people from a refugee background*
- *improved capability of service providers to be culturally responsive*
- *greater inclusion in the community for people from a culturally or linguistically diverse background*
- *gaining more experience to obtain employment for people from a migrant background*
- *increased engagement in community activities*
- *feeling more supported and confident*

Timeframes:

- Immediate outcomes occur directly following an activity (e.g. within 1 month);
- medium-term outcomes are those that fall between the short and long-term outcomes (e.g. between 1 month and 2 years); and
- long-term outcomes are those we expect to see years later (e.g. 2, 5, 10 years or later after the activity).

If you need more help understanding what outcomes are, read the materials at: <https://ourcommunity.com.au/evaluation> Go to the [Funding Centre's Answers Bank](#) if you need some ideas about how to frame your response.

Hints:

- *Click the 'Maximise' button above the top right corner of the table to increase this section to full screen.*
- *You can increase the size of large text boxes by clicking and dragging the two diagonal lines in the bottom right corner.*

Insert **one** outcome per row. Click '**Add More**' to include additional rows.

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Your outcomes	Timeframe	Alignment with our outcomes	How does your intended outcomes link to our outcomes?	Explanatory notes
What changes do you expect will occur as a result of your project (e.g. Enhanced physical fitness)? Please be brief. One per row. Must be no more than 20 words.	When do you expect this outcome to emerge?	Which of our outcomes will your project contribute to? If multiple apply pick the most relevant. No more than 1 choice may be selected.	Please explain how your intended outcome helps contribute to ours. Must be no more than 100 words.	Add notes if you need to provide more context. Must be no more than 100 words.

Project Details - Milestones and Activities

Milestones

Please tell us about the administrative stages you expect to pass through as part of your project. e.g. planning; recruitment; major activities; evaluation

Insert one milestone per row. Click '**Add More**' to add more rows for additional milestones.

Hints: Click the 'Maximise' button above the top right corner of the table to increase this section to full screen. You can increase the size of large text boxes by clicking and dragging the two diagonal lines in the bottom right corner.

Milestone	Start date	End date	Explanatory notes
One per row. e.g. Planning; recruitment; evaluation. Add more rows if you want to list additional milestones. Must be no more than 20 words.	Leave blank if date is unknown or not relevant. Must be a date.	Leave blank if date is unknown or not relevant. Must be a date.	Add notes if you need to provide more context. Must be no more than 100 words.

Activities

Tell us about the activities you will undertake to deliver this project.

Insert one key activity per row. Click '**Add More**' to add more rows for additional activities.

You can stipulate one location for each activity. If you have one activity taking place in multiple places, you can either list each location as a separate activity (e.g. Breakfast Club #1; Breakfast Club #2, with a specific location attached to each), or you can list one activity with a generalised location (e.g. "Brisbane CBD")

Examples of activities include:

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Activity TitleActivity Description

ConsultationConsultation meeting with *(insert organisation)* to plan engagement with young people

Engagement meetings*(insert number)* meetings with young people to lead and deliver activities

Networking sessionsConduct *(insert number)* community engagement sessions to facilitate networking

WorkshopsDeliver *(insert number)* workshops on topics such as *(insert)*

Hints: Click the 'Maximise' button above the top right corner of the table to increase this section to full screen. You can increase the size of large text boxes by clicking and dragging the two diagonal lines in the bottom right corner.

Title	Activity	Start date	End date	Expected Attendan ce	Venue	Location	Explanato ry notes
One per row. e.g. networking sessions; workshops; classes etc. Must be no more than 6 words.	One per row. Add more rows if you want to list additional activities. Must be no more than 20 words.	Must be a date and between 1/7/2027 and 30/6/2029.	Must be a date and between 1/7/2027 and 30/6/2029.	Must be a number.	Must be no more than 6 words.	Where will your activity occur?	Add notes if you need to provide more context. Must be no more than 100 words.

Project Details - Tracking Progress

Your metrics

A metric is a measurement designed to indicate whether or not progress towards an outcome is occurring, and quantify the extent to which it is occurring.

There are two types of metrics. An 'Outcome Metric' is a measurement designed to help you determine whether progress towards an outcome is occurring or not, and quantify the extent to which it is occurring. An 'Activity Metric' tells you how much of something you're doing or producing ('outputs' are often Activity Metrics, for example.)

NOTE: You can nominate your activities on the next page

Metrics work best when they:

- Are quantifiable/numeric
- Are clearly defined and succinct
- Contain all the context needed to gauge and compare the result (e.g. unit [e.g. cm, metres, people, people-days, %, etc]; direction of change [increase; decrease; etc.]; timeframe [e.g. per month; per year; etc])
- Have been tested, and/or are in common use, and/or are commonly understood as a relevant and useful indicator of performance in a particular arena

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- Are used sparingly - you are much better off to "ask one good question and answer it reliably" than try to track many things at once
- Relate to a clearly articulated outcome or activity.

Metric	Type of metric	Target	Collection method	Explanatory notes
One per row. Add more rows if you want to list additional metrics. Must be no more than 20 words.	'Activity metrics' measure an activity (e.g. 'Number of visitors'). 'Outcome metrics' measure the change experienced by a population group (e.g. 'Number of young people gaining employment').	Must be a number. Identify a target for the metric you have chosen - an estimated total for your project.	How will you collect and verify the data? E.g. survey, interviews/ case studies, focus groups, administrative data (e.g. case management data), observation/ estimation, government or public dataset (e.g. Census), other datasets. Must be no more than 50 words.	Add notes if you need to provide more context. Must be no more than 100 words.

Qualitative evidence

Qualitative evidence is a descriptive rather than numeric form of evidence designed to indicate whether or not progress towards an outcome is occurring.

Examples of qualitative data sources include interviews, testimonials, focus group transcripts/summaries, social media posts, media appearances/mentions, and artistic or multimedia depictions such as photographs, videos and audio/podcasts.

Qualitative evidence	Explanatory notes
Select the type of qualitative evidence you will use to help track your progress. One per row. Add more rows if you want to list additional types of qualitative evidence.	Add notes if you need to provide more context. Must be no more than 100 words.

Project Budget

* indicates a required field

Budget Instructions

Before completing this section, ensure you have read and understood the [Funding Guidelines](#), specifically:

- What can the funding be used for?

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- *What can't the funding be used for?*

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns. Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.

- **Responses are required in the fields below and cannot be submitted as attachments.**
- **Use whole dollar amounts (no cents)**
- **Do not add commas to figures - e.g. type 1000 not 1,000** - this will ensure your figures for each table total correctly.
- **Insert '0' against items not relevant to your project.**
- **List expenses of different categories on separate lines.**
- Click '**Add More**' to include additional rows.
- Click the '**Maximise**' button above the tables to increase the table view to full screen.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). You will be asked to provide further information if the budget does not balance.

When completing your budget table be sure to capture the 'in-kind' contributions in both the income and the expenses. Your 'in-kind' contributions would be an estimated amount in whole dollars that represents the 'value' of the 'in-kind' contribution of volunteer time, venue hire, equipment hire or the many other ways 'in-kind' contributions can be provided to an organisation.

Funding requested

Funding Amount Requested *

\$

Must be a dollar amount and no less than \$5,000 and no more than \$100,000.

Additional Income

Please outline your additional income in the budget table below, including:

- **your cash contribution;**
- **any in-kind support;**
- **details of other income or funding that you have applied for; and**
- **whether they have been confirmed or not.**

Do **not** include the funding requested under this program.

Income type	Income description	Is this funding confirmed?	Income amount	Notes
Please select the type of income	Provide a clear description for each budget		Enter the total amount expected to be received.	Add notes if you need to provide more context

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	item. Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'. Must be no more than 20 words.			Must be no more than 100 words.

#Cash contribution required#

Applicants *must* provide a financial contribution.

I understand that the application will be ineligible if no cash contribution is provided *

☐ Yes

Funding Requested +

This number/amount is calculated.

Total Additional Income =

This number/amount is calculated.

Total Income Amount

This number/amount is calculated.

⚠Goods and Services

As you have advised that your organisation **IS** registered for GST, you must provide the **GST exclusive** amounts for the expenditure.

For any advice on GST, the applicant is advised to seek independent professional advice on taxation obligations or seek assistance from the ATO on 13 28 69 or via its website at www.ato.gov.au. Multicultural Affairs Queensland is unable to provide advice on the applicant's particular taxation circumstances.

⚠Goods and Services Tax (GST)

As you have advised that your organisation is **NOT** registered for GST, you must provide the **GST inclusive** amounts for the expenditure.e.

For any advice on GST, the applicant is advised to seek independent professional advice on taxation obligations or seek assistance from the ATO on 13 28 69 or via its website at www.ato.gov.au. Multicultural Affairs Queensland is unable to provide advice on the applicant's particular taxation circumstances.

⚠Goods and Services Tax (GST)

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As you are a **local government**, you must provide the **GST inclusive** amounts for the expenditure.

For any advice on GST, the applicant is advised to seek independent professional advice on taxation obligations or seek assistance from the ATO on 13 28 69 or via its website at www.ato.gov.au. Multicultural Affairs Queensland is unable to provide advice on the applicant's particular taxation circumstances.

Expenditure

Please outline your event expenses in the expenditure tables below.

When completing your budget tables be sure to capture the 'in-kind' contributions in **both** the income and the expenses.

Your 'in-kind' contributions would be an estimated amount in whole dollars that represents the 'value' of the 'in-kind' contribution of volunteer time, venue hire, equipment hire or the many other ways 'in-kind' contributions can be provided to an organisation.

⚠ Important

You have included in-kind contributions in your budget income. You must also include the value of this support as expenses in the relevant expenditure sections below so that your budget totals match.

I understand * ☐ Yes

Salaries, wages & on-costs (Non-recurrent)

Non-recurrent salaries, wages and on-costs for fixed term or casual workers, volunteers and external consultants/contractors for the purpose of the project delivery.
Capped at 70% of the SCMG program funding.

Click '**Add More**' to include additional rows *if required*.

Type	Description	SCMG Expenditure Amount	Total Expenditure Amount	Notes	Difference
	Provide a detailed and clear description for the assessors to understand what and how the funding will be used towards	Enter the amount of grant funding to be expended on this budget item.	Enter the total amount to be expended on this budget item.	Add notes if you need to provide more context. Must be no more than 50 words.	Total Expenditure minus SCMG Expenditure

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ERROR: A SCMG Expenditure Amount is more than a Total Expenditure Amount

#You must go back and review the 'SCMG Expenditure Amounts' so they do not exceed the 'Total Expenditure Amounts' #

Maximum Amount	Amount Allocated	Difference
\$	\$	\$
Your maximum amount for 'Non-recurrent salaries, wages and on-costs' expenses is 70% of the SCMG program funding.	The amount you have allocated for 'Non-recurrent salaries, wages and on-costs' expenses from the SCMG funding.	The difference between the maximum eligible amount minus the amount you have allocated. This figure must NOT be less than 0

ERROR: The SCMG Expenditure Amounts for 'Non-recurrent salaries and on-costs' exceeds 70% of the SCMG program funding

You must go back and revise the 'Non-recurrent salaries and on-costs' so they do not exceed 70% of the SCMG program funding.

Capital expenditure

Equipment purchases

- **Provide detail on the equipment that is required to be purchased.**
- The equipment **must** be critical to the project's delivery and considered a specialist item that is **unable** to be hired.
- Insert '0' if not relevant to your project.
- Insert **one** item per row only. Click '**Add More**' to include additional rows *if required*.
- **Capped at \$2,000 in total of the SCMG program funding.**

Type	Description	SCMG Expenditure Amount	Total Expenditure Amount	Notes	Difference
	Provide a detailed and clear description for the assessors to understand what and how the funding will be used towards Must be no more than 10 words.	Enter the amount of grant funding to be expended on this budget item.	Enter the total amount to be expended on this budget item.	Add notes if you need to provide more context. Must be no more than 50 words.	Total Expenditure minus SCMG Expenditure
Assets Purchased					

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ERROR: A SCMG Expenditure Amount is more than a Total Expenditure Amount
#

#You must go back and review the 'SCMG Expenditure Amounts' so they do not exceed the 'Total Expenditure Amounts'.

Total SCMG Capital Expenditure

\$

Capped at \$2,000 of the SCMG program funding.

Total Capital Expenditure

\$

This number/amount is calculated.

ERROR: The SCMG Funding Amounts for 'Equipment Purchases' exceeds the capped amount **#**

You must go back and revise the 'Equipment Purchases' amounts so they do not exceed the capped amount.

Additional Expenditure

Please outline your additional project expenses in the expenditure table below.

- List expenses of different categories in separate rows.
- Insert **one** expense per row. Click **'Add More'** to include additional rows.

Hint: Click the **'Maximise'** button to increase the table view to full screen.

Expenditure type	Expenditure description	SCMG Expenditure amount	Total Expenditure Amount	Notes	Difference
Please select the type of expenditure.	Provide clear descriptions for each budget item. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'. Must be no more than 10 words.	Enter the total amount to be expended on this budget item.	Enter the total amount to be expended on this budget item.	Add notes if you need to provide more context. Must be no more than 50 words.	Total Expenditure minus SCMG Expenditure

ERROR: A SCMG Expenditure Amount is more than a Total Expenditure Amount
#

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#You must go back and review the 'SCMG Expenditure Amounts' so they do not exceed the 'Total Expenditure Amounts'##

Funding Allocations

The below totals will assist you to correctly allocate the SCMG funding against the expenditure, and allocate the total income against the total expenditure.

SCMG FUNDING ALLOCATIONFunding Amount Requested - SCMG Expenditure Total = SCMG Expenditure Balance.

- ✓If the *SCMG Expenditure Balance* **equals \$0**, you have correctly allocated the SCMG Funding Amounts.
- #If the *SCMG Funding Allocation Balance* **does not equal \$0**, please check your expenditure items and allocated funding.

TOTAL INCOME ALLOCATIONTotal Income - Total Expenditure = Budget Surplus or Deficit.

- ✓If the *Budget Surplus or Deficit* **equals \$0**, you have correctly allocated the Total Income.
- #If the *Budget Surplus or Deficit* **does not equal \$0**, please check your expenditure items and allocated funding.Ensure any in-kind income contributions are included in the expenditure table.

Funding Amount Requested

\$

This number/amount is calculated.

SCMG Expenditure Total

\$

This number/amount is calculated.

SCMG Expenditure Balance

\$

This number is calculated and must be \$0

Total Income

\$

This number/amount is calculated.

Total Expenditure

\$

This number/amount is calculated.

Budget Surplus or Deficit

\$

It is expected this number should be \$0

ERROR: The total of the SCMG Expenditure Amounts does not equal the Funding Amount Requested#

You must revise the SCMG Expenditure Amounts in the expenditure tables above so they do not exceed the Funding Amount Requested.

⚠**The Total Income amount is more than the Total Expenditure amount.**

Hint: To ensure the budget balances, any additional income and any in-kind contributions must be allocated against the expenditure items.

Provide details on why the budget has a surplus *

Word count:

Must be no more than 200 words.

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Do you have any additional comments regarding the budget? *

☐ Yes ☐ No

Provide any additional comments regarding the budget. *

Word count:

Must be no more than 200 words.

What project details will be affected if less funding is offered than the amount you have requested? *

- ☐ Timeline
- ☐ Locations
- ☐ Participant numbers
- ☐ Project activities

Provide details on the implications to the project if less funding is offered *

Word count:

Must be no more than 200 words.

Is this project or parts of the project currently funded? *

☐ Yes ☐ No

Please provide further details on the current funding *

Word count:

Must be no more than 200 words.

Payment Documentation

*** indicates a required field**

NOTE: The Auspicing organisation must complete the *Electronic Funds Transfer (EFT) form*.

If successful in receiving funding, the Auspicing organisation receives the funding.

Electronic Funds Transfer (EFT) form

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An **Electronic Funds Transfer (EFT) form** is required to be uploaded as part of your application to ensure funding is provided to successful applicants as quickly as possible after the funding announcement. This form provides the Multicultural Affairs Queensland with the organisation's bank account details for the direct deposit of the approved funds. **PLEASE NOTE: submitting the EFT form does not guarantee your organisation will receive funding.**

Download a copy of the **EFT Form template**, complete **all** fields, sign, and upload the completed form. Refer to the sample EFT form in the **Funding Guidelines** on how to complete the form.

EFT form checklist:

- All 18 fields are **mandatory** and **must** be completed.
- New forms **must** be completed for each funding round. Forms completed for previous funding rounds are **not** permitted.
- Only **one** email address for remittances is permitted in the form. All payment remittances from Multicultural Affairs Queensland will be emailed to this address.
- Only **one** telephone number is permitted in the form.
- The form **must** be certified as correct by **two** members of the organisation, signed and dated.
- The form **must** have signatures. Typed names and initials are **not** permitted.
- If the application is being auspiced, the EFT form **must** be completed by the auspicing organisation.

Incorrect or incomplete forms will delay the processing of payments.

Please review your completed EFT Form to ensure the form has: *

- ☐ the organisations name, postal address and the correct ABN;
- ☐ the organisations telephone and email address for remittances;
- ☐ the name of the bank or financial institution, and the bank account name;
- ☐ a 6 digit BSB number, and the correct bank account number;
- ☐ been certified as correct by two members of the organisation, signed and dated.

At least 5 choices must be selected.

Attach a completed and signed EFT form *

Attach a file:

A maximum of 1 file may be attached.

The EFT Form template can be downloaded [here](#).

Agreement to Issue Recipient Created Tax Invoice (RCTI) form

If you are registered for the Goods and Services Tax (GST), where applicable, we will add GST to your grant payment and issue you with a Recipient Created Tax Invoice. If you are a government related entity, GST will **not** apply.

As the applicant/auspice organisation is registered for GST, the following conditions will apply if the application is successful:

- The Organisation and the Department must be registered for GST when the Tax Invoice is issued;
- The Organisation will not issue a Tax Invoice in respect of the supply of services under this Agreement;

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- The Organisation acknowledges that it is registered for GST and agrees to notify the Department if the Organisation ceases to be registered or if ceases to satisfy any of the requirements relating to Recipient Created Tax Invoices; and
- The Department acknowledges that it is registered for GST and agrees to notify the Organisation if the Department ceases to be registered or if it ceases to satisfy any of the requirements relating to Recipient Created Tax Invoices.

I understand that the above conditions apply, if the application is successful. *

☐ Yes

Invoice

If the application is successful, Multicultural Affairs Queensland will request you to submit an **invoice** through SmartyGrants for the approved funding amount.

The invoice must **not** include GST.

Declaration and Feedback

*** indicates a required field**

Applicant Declaration

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

By submitting this application, I do solemnly and sincerely declare that: *

- ☐ The information contained in this application is true and correct, and will contact Multicultural Affairs Queensland immediately if any information changes or is found incorrect.
- ☐ I am duly authorised to submit this application on behalf of the applicant organisation.
- ☐ I have read, understood and agree to abide by the Funding Guidelines.
- ☐ I have read, understood and agree to the Terms and Conditions, should this application be successful.
- ☐ I understand that this is an application only and it may not result in funding approval.
- ☐ I understand the approved funding amount may be less than the requested funding amount, should this application be successful.
- ☐ I understand that the approved funding is one-off with no ongoing commitment of funding, should this application be successful.
- ☐ I understand that the organisation must effect and maintain public liability insurance to the value of not less than \$10 million that covers the event, and any other insurance as may be required, should this application be successful.
- ☐ I understand that the organisation must comply with any relevant laws and regulations in the delivery of the project, such as the requirements under the Child Safe Organisations Act and other requirements for working with children, should this application be successful.
- ☐ I understand that I will become bound by a contract consisting of the approval letter, the Funding Guidelines, the funding application, and the (Short Form) Terms and Conditions, as amended from time to time, should this application be successful. ("Particulars" in the Terms and Conditions means the submitted application)

At least 10 choices must be selected.

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Authorised Person

The person authorised to submit this application

Name *

Title

First Name

Last Name

Position Title *

Must be at least 4 characters.

Enter in the full position title e.g. write Chief Executive Officer and not CEO

Landline Phone

Must be an Australian phone number and 10 characters. Insert area code before the number e.g. 07.

Mobile Phone

Must be an Australian phone number and 10 characters.

Email Address *

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. The following question will not be used to assess your application. Your response may be used help promote or support the overall evaluation of Multicultural Affairs Queensland's grants programs.

How did you hear about the opening of this funding round? *

- ☐ Email notification from Multicultural Affairs Queensland
- ☐ Queensland Government Grants Finder - <https://www.grants.services.qld.gov.au>
- ☐ Department Website - <https://www.dwatsipm.qld.gov.au>
- ☐ Multicultural Affairs Queensland's Facebook - <https://www.facebook.com/multiculturalqld/>
- ☐ Multicultural Affairs Queensland's Twitter - <https://twitter.com/MulticulturalQ>
- ☐ Queensland Government Media Statement
- ☐ Word of Mouth
- ☐ Other:

How clear were the guidelines?

- ☐ Very clear
- ☐ Somewhat clear
- ☐ Neutral
- ☐ Somewhat unclear
- ☐ Very unclear

So far, does the application process feel fair?

- ☐ Yes
- ☐ No
- ☐ Unsure

2026-27 Empowering Multicultural Community Projects

Form Preview

Do you have any feedback about the fairness of the application so far?

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

Must be a whole number (no decimal place).

Hint: Estimate in minutes i.e. 1 hour = 60

Please indicate how you found the online application process.

☐ Very easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very difficult

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

How would your successful grant application foster inclusion, connection and opportunity for your target group? *

Think about the positive changes your project will create for your community. For example, how it might bring people together, create opportunities, or make your community feel more inclusive and connected. Please note, if your application is successful this information may be included in the Ministerial Media Statement announcing the program application outcomes.

Subscribe to the Multicultural Affairs Queensland mailing list

If you would like to subscribe to the Multicultural Affairs Queensland mailing list to receive information on government funding, Multicultural Queensland Month and Awards, or Queensland Government information, you can [complete the mailing list form](#) and indicate your topics of interest.

#IMPORTANT

On the next page, you need to review your form before you can submit it. You will not be able to submit your form until all the required fields are completed and there are no validation errors.

Once you have reviewed your form and corrected any errors you can submit it by clicking on the **Submit** button at the top or bottom of the screen.

When you have successfully submitted your form you will see a confirmation page, and you will receive a confirmation email with a copy of your submitted form attached. This will be sent to the email address you use to login, or the owner of the submission if you are collaborating on the form.

If you don't see a confirmation page or receive a confirmation email you should presume your form has NOT been submitted.

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I understand that if I do not receive these confirmations, the application has not been submitted and I will review the application for any highlighted errors and try again. *

☐ Yes