

Expression of Interest – Culturally And Linguistic Diverse (CALD) Community Support Grant Application

Applicant Information

Full Name: _____ Date: _____
Last First

Address: _____
Street Address

City State Postcode

Phone: _____ Email _____

Website: _____

ABN: _____

Is your organisation a Not-For-Profit? YES NO

Are you a CALD community organisation YES NO If yes, what ethnicity? _____

Have you applied for other grants? YES NO

If yes, list the recent successful grants: _____

Grant

Application MUST align to the grant purpose below.

| Category | Prioritised funding areas |
|----------------|---|
| Wellness | Mental Health and wellbeing programs that supports an older person |
| | Programs that enhance the strengths and independence of an older person |
| Connections | Initiatives that build on community connections for the older person |
| | Innovative and creative programs that connects people |
| Futureproofing | Sustainability of the program – on going post grant |
| | Programs that will be community led, consumer driven |

Please provide your organisation background, number of clients, and the purpose of your organisation:

Please provide a brief description on what you are applying for, including the following areas–

- **Describe your program and the objectives:**_____

- **No. of participants:**_____

- **No. of sessions per week:**_____

- **Where the program will be delivered:**_____

- **How is will be delivered:**_____



- **How will the program continue post grant:** _____

- **Program budget detail (please attach an excel spreadsheet separately)**

Disclaimer and Signature

I certify that my answers are true and complete, and I have permission from the organisation to proceed with the grant application.

I understand that this is not the grant application and that I may not be selected to proceed with the actual application.

Name and
Signature: _____ Date: _____