Australian Government
Organ and Tissue Authority

DonateLife

DonateLife Community Awareness Grants

Local events and activities application form

Please read the Organ and Tissue Authority's (OTA) Community Awareness Grant Guidelines before completing this application form.

Email your completed application with all necessary attachments to grants@donatelife.gov.au **prior to 4:00 pm AEDT, Friday 15 January 2027**.

Organisation name	
Event or activity title **(up to 10 words)**	
Date of event or activity	
Number of attendees at your proposed event or activity	
Funding amount requested (GST exclusive)	☐ $5,000 ☐ $10,000 ☐ $15,000
Brief overview of your event or activity **(up to 100 words)**	

Eligibility requirements

Checklist

Is your organisation financially viable?
If no, you are not eligible to submit a grant application

☐ Yes ☐ No

Are you profiting from this activity?
If yes, you are not eligible to submit a grant application

☐ Yes ☐ No

Does your organisation have an Australian Business Number (ABN)?
If no, ensure you have an ABN before submitting your application

☐ Yes ☐ No

Is your business registered for GST?
If no, ensure you are registered for GST before submitting your application

☐ Yes ☐ No

Do you have an account with an Australian financial institution?
If no, you are not eligible to submit a grant application

☐ Yes ☐ No

Are you an entity legally established and operating in Australia?
If yes, select your entity type below (select all that apply)

☐ Yes ☐ No

- ☐ a registered charity or not-for-profit organisation
- ☐ a company incorporated in Australia
- ☐ a trustee on behalf of a trust
- ☐ an incorporated association
- ☐ a joint (consortia) application with a lead organisation
- ☐ a non-corporate state or territory entity (e.g. a school, State Department of Communities)
- ☐ a corporate state or territory entity (e.g. Universities, Aboriginal Land Councils, Sydney Local Health District)
- ☐ a non-corporate state or territory statutory authority (e.g. NSW Rental Board, QLD Director of Public Prosecutions)
- ☐ a local government entity (e.g. local councils)
- ☐ an Indigenous Corporation registered under the *Corporations (Aboriginal and /or Torres Strait Islander) Act 2006*. Must be registered on the Office of the Registrar of Indigenous Corporations (ORIC) for the CGH to validate its entity type. Must have an Indigenous Corporation number (ICN)
- ☐ a Cooperative (co-op)
- ☐ a statutory entity
- ☐ a corporate Commonwealth entity as listed in the Flipchart of PGPA Act Commonwealth entities and companies

You are not eligible to submit a grant application if you are:

- an organisation, or your project partner is an organisation, included on the National Redress Scheme's website on the list of 'Institutions that have not joined or signified their intent to join the Scheme' (www.nationalredress.gov.au)
- an unincorporated association
- an international entity
- a non-corporate Commonwealth entity as listed in the Flipchart of PGPA Act Commonwealth entities and companies
- a sole trader
- an individual
- a political organisation
- already receiving government funding for the same purpose
- in a legal partnerships agreement.

Compliance checklist

Do you or your consortia organisation have any outstanding reporting requirements (acquittals, evaluations and audited financial statements) for any previous DonateLife grants?

☐ Yes ☐ No

If yes, please provide an explanation

Does your organisation have the required levels of insurance?
If yes, please attach the following documents to this application:

- ☐ Workers' compensation
- ☐ Public liability
- ☐ Professional indemnity
- ☐ We do not currently hold all of these insurances but commit to obtaining them if successful

Are there any confidentiality issues which will be detrimental to your organisation if details of this funding agreement are reported on the DonateLife website? (In line with the reporting requirements in the Community Awareness Grant Guidelines.)

☐ Yes ☐ No

If yes, please provide an explanation

Do you have any conflicts of interest to declare?
(See section 12.2 of the Community Awareness Grant Guidelines.)

☐ Yes ☐ No

If yes, please provide an explanation

Manager of grant funding

CEO or equivalent title, name and position			
Telephone			
Email			
Street or postal address			
	City	State	Postcode

Your team details

Name of grant contact			
Organisation			
Position			
Telephone			
Email			
Street or postal address			
	City	State	Postcode

Event or activity project team

Name and position	Role and responsibility of each person, including a summary of relevant work experience

Project partners

Will your organisation partner with others?
If so, provide details including their role in delivering the project and **attach a letter of support** to your application

Assessment criteria

Criteria 1: In no more than 500 words, explain what your event or activity is, and how it will help to raise awareness of organ and tissue donation (10 points)

Consider:

- What is the purpose of the event or activity?
- How will you educate or engage with people about organ and tissue donation?
- How will the event or activity drive registrations or family conversations about donation?
- How many people will your event or activity reach, and how will you ensure they attend or participate?

Criteria 2: In no more than 500 words, outline who will be reached by your event or activity (5 points)

Consider:

- Who is your event or activity targeting and how will you reach them?
- Why does this audience need to know about organ and tissue donation?
- Why is your organisation best-placed to deliver this message to them?

Criteria 3: In no more than 500 words, outline why your project represents good value for money (5 points)

Consider:

- What is your budget for the project? Clearly outline the spend (be as specific as possible) and how this represents value for the amount of people who will attend your event or activity.
- How will you measure the effectiveness of your project? What are your key performance indicators (KPIs)?

Note: If you are successful, the KPIs from your application will be used in your contract, and you will need to report on these. Please ensure that KPIs included can be measured.

Criteria 4: In no more than 500 words, outline why you are best-suited to deliver this project (5 points)

Consider:

- What skills and experience do you have from other projects that will help you to deliver this project?
- Who is in your project team, and what will their responsibilities be?
- Have you delivered projects about organ and tissue donation previously? Why are you passionate about this cause?

Criteria 1 response

Criteria 2 response

Criteria 3 response

Criteria 4 response

Risk management plan

Please identify any potential risks or sensitivities, including actual or potential conflicts of interest associated with the project and how these will be managed.

Potential risk or conflict	How you will manage the risk

Project budget

The project budget **must** be realistic and detailed. It **must** clearly outline the main components of the project. When completing the budget:

- Clearly state all proposed costs for your proposal in this table.
- Include the itemised breakdown for major items of administration costs, equipment and/or materials for which you are seeking funding.
- Financial or in-kind contributions to be provided by the applicant or via other contributions must be clearly identified and supported where possible through letters of support from other contributors.

Community Awareness Grant expenditure

Activity	Cost using whole dollars only (excluding GST)
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
TOTAL A	**$ 0**

Other funding sources expenditure

If you receive any other funding, please list it here.

Activity	Cost using whole dollars only (excluding GST)
	$
	$
	$
	$
TOTAL B	**$ 0**

Grand total project expenditure

(Must equal Community Awareness Grants program expenditure and other funding sources expenditure totals)

TOTAL A + B	**$ 0**

In-kind contributions

Provide details of any in-kind support.

Provider	Description	Amount in whole dollars only (excluding GST)
		$
		$
		$
		$
		$
	TOTAL C	**$ 0**

Previous funding

Complete if your organisation has previously received funding from the DonateLife Community Awareness Grants program or other funding sources.

Date and title of project	Funded by DonateLife Community Awareness Grants program
	$
	$
	$
	$
	$
TOTAL D	**$ 0**

Please provide details of any previous failures by your organisation to adhere to grant requirements or occasions when your organisation had funding withdrawn

Your privacy and freedom

Full lists of grant recipients are published on the GrantConnect and DonateLife websites. We may also publicise grant recipients in other publications. If your organisation is successful in obtaining a grant, you are required to acknowledge the support of the OTA in all related organisational publicity.

In accordance with the *Freedom of Information Act 1992*, any information held by the OTA, including your application, is accessible by you. Whilst the information you present to us is treated as confidential, staff and individuals who help us to assess and monitor grants may see it. The information you supply may also be made available to those assessing any other grant applications that your organisation makes.

Data held in the OTA's system may be used for statistical reporting, application assessment, media inquiries, accounting purposes and for contacting you. The details of all successful grants will be public information. However, any personal details will only be accessible by our staff, appointed auditors and individuals or organisations that may help us assess or monitor grants.

If you are successful in gaining funding from the DonateLife Community Awareness Grants program you need to recognise that there are certain expectations such as financial accountability, public liability insurance requirements and evaluation, and monitoring requirements.

Declaration by Principal / CEO / or equivalent official head of organisation (and/or of consortia organisation)

I, the undersigned on behalf of the organisation listed below, certify that:

- I have read the Community Awareness Grants Guidelines
- The information in this application is true to the best of my knowledge and any supporting material is my own work or the work of employees of the organisation.
- All of the information provided in this application and any attachments is true and correct.
- I am aware that action may be taken to recover any grant payment made where information provided in this application is subsequently found to be false or misleading or where the grant received is not used entirely for the purpose(s) for which it is approved.
- I understand the staff of the OTA may contact other government agencies in relation to this application.
- I have read and understand the section on Privacy and Freedom of Information and accept these terms.

Signature

Signature (from consortia organisation, if applicable)

Date

Date

Name

Name

Position in organisation

Position in consortia organisation