

# Naidoc Week Grant Application Form 2025

## Form Preview

### Eligibility

\* indicates a required field

Applicants: please note

Before completing this application form, you should read the [NAIDOC Week Fund Guidelines and Criteria](#).

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact **Bindi Flook**

**Email: [bflook@lakemac.nsw.gov.au](mailto:bflook@lakemac.nsw.gov.au)**

### Confirmation of eligibility and assessment

- The proposed activity/project must take place within the Lake Macquarie Local Government Area (LGA).
- Activities/projects should actively involve local Aboriginal people in the planning, implementation, and evaluation phases. This involvement can encompass Aboriginal staff members, students, organisations, businesses, community members, and Elders.
- Activities/projects must integrate a hands-on cultural learning experience for participants, fostering a deeper understanding and appreciation of Aboriginal culture.
- Priority will be given to applications that showcase creative and innovative approaches engaging in culturally respectful practices when utilising the allocated funds, fostering the active participation of the entire school or community group in the proposed activity or project.
- Applicants are required to acknowledge Council as a funding body in all related activities. This includes prominently displaying the Council's logo on promotional materials and in media releases. For the latest logo and conditions of use, please contact the Council.
- Organisations, committees, contractors, market stalls, or displays associated with the funded activity/project must conduct themselves in a manner that does not bring Council's name or staff into disrepute.
- Funds will be available from 1 July 2025
- Ensure the [guidelines and criteria](#) are read thoroughly before considering an application.

**I confirm that all statements above are true and correct. \***

☐ Yes

☐ No

### Legal and insurance requirements

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- Applicants will be required to provide Council with evidence of current Certificate of Currency with \$20 million public liability insurance, prior to receiving funds.
- Applicants are responsible for ensuring that they have all the necessary insurances to cover themselves for any claims that may arise from the proposed project (e.g. Workers' Compensation, Volunteers Insurance, Working with Children Check, Police Check etc).
- If the project is to take place on a Council facility or park, the applicant is required to book the event by completing an event booking and application form from Councils' [How to hire a Council facility page](#). Phone 4921 0333 for more details.

## Certificate of Currency

Please attach your current Certificate of Currency.

### New Question

Attach a file:

## Local activity/project

### Category 1 District/Regional event - Funds up to \$2500

- Highly marketable cultural event that attracts substantial national, state or private sponsorship.
- Attracts substantial numbers of people from across Lake Macquarie City, and into the fringe suburbs of surrounding local government areas, and a growing number of visitors from around the region.
- Event concept has originality, offers hands-on cultural experiences and caters to a growing audience.
- Demonstrates the potential to evolve into a regional event for the City in future years with economic value and tourism results for Lake Macquarie City.

### Category 2 Local event/project Funds up to \$750

- Attracts people from the suburb/locality where the activity/project is being held, or from a small sector of the community (family group, membership body, special interest collective);
- Project has a safe, hygienic, hands on participation for learned cultural knowledge and experience;
- Project is focussed on promoting participation and creating a sense of cultural and heritage value while promoting Reconciliation.

## Contact Details

\* indicates a required field

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### Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*.

#### Primary contact person \*

Title First Name Last Name

This is the person we will correspond with about this grant

#### Position held in organisation \*

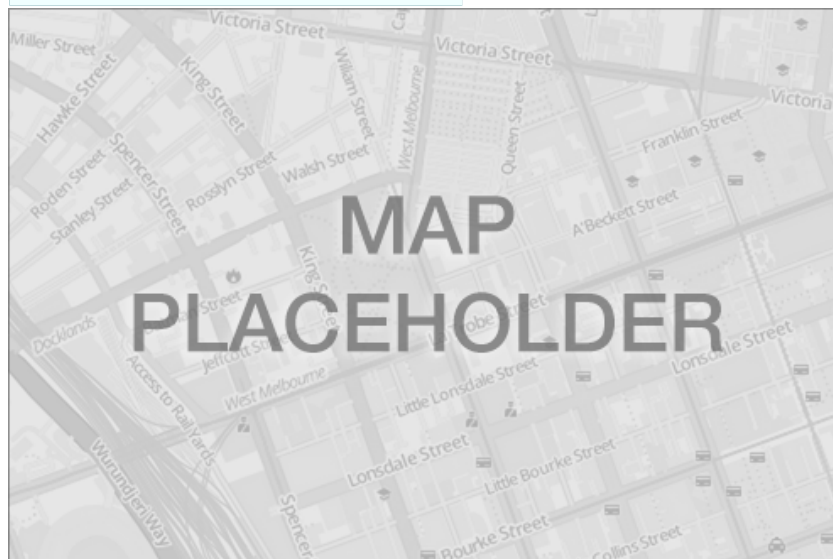
e.g. Manager, Board Member, Fundraising Coordinator

#### Primary contact person's phone number \*

Must be an Australian phone number.

#### Applicant Primary Address

Address



#### Applicant Postal Address

Address

#### Primary contact person's email address \*

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

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### Your organisation details

\* indicates a required field

#### Applicant organisation name

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

#### Does your organisation have an ABN? \*

☐ Yes

☐ No

#### 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

#### Applicant Project Contact

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### Applicant Project Contact Primary Website (if applicable)

Must be a URL.

#### Applicant Project Contact Primary Address

Address

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### Applicant Project Contact Primary Phone Number

Must be an Australian phone number.

### What is your organisation's purpose or mission?

## Activity/project details

\* indicates a required field

### Name of activity/project

### Date of event/project

Must be a date.

### Location of activity/project

Projects must be held in the Lake Macquaire LGA.

### Is this project to be held on Council land or property? \*

☐ Yes

☐ No

At least 1 choice must be selected.

If the event is to be held on Council land or property, an event application/DAn needs to be completed and submitted within reasonable timeframes for approval.

### Is this the first year the project has taken place?

☐ Yes

☐ No

### Please provide an overview of your proposed cultural event/project.

### What are the cultural benefits of the event?

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**What hands on activities will participants engage in?**

Briefly list (bullet points) the specific activities that will take place and where they will take place (200 words recommended)

**What are the anticipated numbers of staff attendees?**

**What are the anticipated numbers of volunteer attendees?**

**What are the anticipated numbers of participants (for projects)?**

**What are the anticipated numbers of community attendees (if applicable)?**

**In what capacity will Aboriginal people, cultural knowledge holders, community, staff or other organisations be involved in the planning, implementation and participation of the event/project?**

**Can the event/project continue if the application is not fully funded?**

☐ Yes

☐ No

**Would you be willing to accept partial funding if necessary? \***

☐ No

☐ Yes

Collaboration - details

**Provide information on other organisations you will be collaborating with to deliver this event/project.**

Organisation	Contact person	Date of contact

Budget

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### Total amount requested

\$

What is the total financial support you are requesting in this application?

### Total event/project cost

\$

What is the total budgeted cost (dollars) of your event/project?

### Budget (GST exclusive)

Please outline your project budget in the table below. All amounts should be GST exclusive.

Provide clear descriptions in the 'Item description' column, examples of income could include 'council community grant', 'fundraising activities', 'sponsorship/donations' etc.

Please **do not add commas** to figures – e.g. type \$1000 not \$1,000.

Item description	Funding provider	Amount
Do not include organisational, administration, insurance and event organiser fees	e.g. your organisation, LMCC, other	Must be a dollar amount.
		\$
		\$
		\$
		\$

### Project budget information

Total budget (\$)	Your Organisation contribution (\$)	Other funding contribution (\$)	Funding requested from Council (\$)
Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.
\$	\$	\$	\$

## 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

☐ No

**Name of authorised person \***

Title

First Name

Last Name

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Must be a senior staff member, board member or appropriately authorised volunteer

**Position \***

Position held in applicant organisation (e.g. CEO, Treasurer)

**Contact phone number \***

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

**Contact Email \***

Must be an email address.

**Date \***

Must be a date

## 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 minutes

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