

Application Form - Local Awareness Stream

Form Preview

Background and Eligibility

* indicates a required field

About the Local Awareness Stream Application

The aim of the Positive Ageing and Elder Abuse Awareness Grant is to support community and statewide activities that raise awareness of ageism and elder abuse to promote prevention and early intervention.

The grant is divided into two streams: a Local Awareness Stream and a Statewide Awareness Stream.

This is the application form for the Local Awareness Stream.

Total funding of \$150,000 (excluding GST) is available through the Local Awareness Stream, with a minimum of \$30,000 (excluding GST) being set aside for projects that support First Nations peoples, culturally and linguistically diverse (CALD) communities and people living in rural and remote areas.

In this stream you can apply for a one-off grant of up to \$15,000 (excluding GST) to raise awareness of elder abuse or challenge ageism through place-based local projects.

Please note: If you wish to apply for the Statewide Awareness Stream, please use the Statewide Awareness Stream application form.

You may apply for funding under both streams by submitting a separate application form for each stream. Each application must be for a distinct project and clearly demonstrate how the proposed activities align with the purpose and intended outcomes of the relevant stream.

Completing this application form

The Department of Families, Seniors, Disability Services and Child Safety (the department) has prepared a number of resources to help improve your chances of success.

To make sure your application best meets program eligibility, download and read the Grant Guidelines and Frequently Asked Questions and additional resources you can find on www.qld.gov.au/positive-ageing-elder-abuse-grants.

Grant Guidelines [PDF](#) [MS Word](#)

Frequently Asked Questions [PDF](#) [MS Word](#)

The application form is designed to provide information to allow detailed consideration of all submissions by the assessment panel. All mandatory sections of the application form must be completed.

Mandatory questions are marked with a red asterisk.

Application Form - Local Awareness Stream

Form Preview

Late and incomplete applications will be deemed ineligible and will not be assessed.

Applications that exceed the word limit indicated, will not be able to be submitted.

Applications close 5.00PM AEST Monday 30 November 2026.

Confirmation of Eligibility

This section of the application form is designed to help assess your eligibility for this grant. It is important to ensure you are eligible to apply for this grants program before starting an application.

If you have any questions in regards to Positive Ageing and Elder Abuse Awareness Grant eligibility criteria and your project, please email: seniors@families.qld.gov.au.

As the authorised representative of the applicant organisation, I can confirm that the applicant organisation:

- has read and understands all requirements of applying to this funding program
- has no outstanding financial liability, service delivery or performance issues for funding previously and/or currently provided by the Queensland Government
- holds the appropriate public liability insurance, or has arranged access to appropriate public liability cover to be provided by an auspicing or partner organisation as required to undertake the project and all related activities
- will provide any documents as support material required to complete this application
- has a registered Australian Business Number (ABN)
- is a Queensland based organisation.

I confirm that the applicant organisation is not applying for:

- Capital works or upgrades to infrastructure such as renovations, refurbishment of building or facilities
- Salaries or wages for employees
- General ongoing operational costs
- Individual support such as medical expenses or financial assistance
- Commercial or for-profit activities
- Purchase of capital assets
- Personal gain
- Payment for individuals to participate in grant project
- Non-age-related projects
- Retrospective funding for activities that have started or have already been completed
- Political or religious activities
- Unrelated costs not clearly linked to the objectives of the grant program
- Social events and activities.

As the authorised representative, I confirm that our application meets the above eligibility requirements and is complete, including all required supporting documentation *

Application Form - Local Awareness Stream

Form Preview

☐ Agree

☐ Disagree

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

Does your organisation currently receive any funding from the Queensland Government, Australian Government, another state government or other authority? *

☐ Yes

☐ No

Please note: Projects that duplicate projects, programs or initiatives being delivered in the same location during 2026-2027 including those funded by Queensland Government, the Australian Government or non-government organisations are not eligible for funding.

If your organisation currently receives any funding from the Queensland Government, Australian Government, another state government or other authority, please confirm that your funded activity is not similar in nature to the proposed project.

☐ Yes, I confirm

Contact Details

* indicates a required field

Privacy Notice

The Department of Families, Seniors, Disability Services and Child Safety, is collecting your personal information in accordance with the Information and Privacy Act 2009 (Qld), in order to administer the Positive Ageing and Elder Abuse Awareness Grant. The information will be stored securely and accessed by the Department's authorised employees for the purpose of administering the Positive Ageing and Elder Abuse Awareness Grant.

Personal information contained in the application may be disclosed to the assessment panel for the purpose of assessing the applications and, if the application is successful, details of the applicant and the initiative may be used by the Department for advertising/promotional purposes as specified in the Positive Ageing and Elder Abuse Awareness Grant.

I agree that the State of Queensland may use and disclose my personal information in the manner set out above. *

☐ Yes

☐ No

Applicant Organisation Details

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.

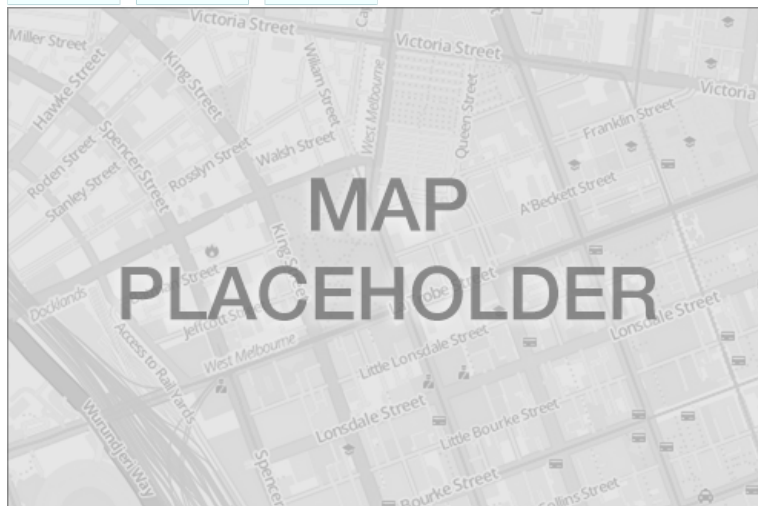
Primary (physical) address *

Address

Application Form - Local Awareness Stream

Form Preview

Suburb State Postcode



Address Line 1, Suburb/Town, State/Province, and Postcode are required. Coordinates Required.
Country must be Australia

If your organisation operates in multiple locations, provide the details of one office only

Postal address (if different to above)

Address

Suburb State Postcode

We may send mail to this address.

Applicant website

Must be a URL

Applicant Social Media Address

Provide your preferred social media address (eg: facebook)

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

Application Form - Local Awareness Stream

Form Preview

Primary phone number *

Do not include the area code

Secondary phone number

Do not include the area code

Contact person's email address *

Must be an email address. This is the address we will use to correspond with you about this grant.

Organisation Details

* indicates a required field

Does your organisation have an ABN? *

☐ Yes

☐ No

☐ Pending

Enter your ABN here: *

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.

Charitable status

Is your organisation endorsed as a Deductible Gift Recipient (DGR)? *

☐ Yes

☐ No

If you're unsure you can look up your DGR status at <http://abr.business.gov.au/AdvancedSearch.aspx>

Application Form - Local Awareness Stream

Form Preview

Is your organisation registered with the Australian Charities and Not-for-Profits Commission (ACNC?) *

☐ Yes ☐ No

If you're unsure, you can check your registration at the ACNC website: <http://www.acnc.gov.au/>

Which category best describes your organisation? *

- ☐ a non-government organisation
- ☐ an Aboriginal and Torres Strait Islander community-controlled organisation or corporation
- ☐ a university located in Queensland
- ☐ State-run entities such as schools and hospitals
- ☐ a Queensland local government authority
- ☐ Other:

No more than 1 choice may be selected.

What is your organisation's legal structure?

- ☐ Unincorporated association
- ☐ Incorporated association
- ☐ Company limited by guarantee
- ☐ Indigenous corporation, association or cooperative
- ☐ Organisation established through specific legislation
- ☐ Trust
- ☐ Unknown
- ☐ Other:

No more than 1 choice may be selected.

Insurance

Does your organisation have Public Liability Insurance (PLI) for the purposes of this project? *

☐ Yes ☐ No

Please attach a copy of your Public Liability Insurance *

Attach a file:

Financial acquittal

Please confirm your organisation will submit a financial acquittal with the final report at the end of the project. *

☐ Yes

Electronic Funds Transfer (EFT) Form

Application Form - Local Awareness Stream

Form Preview

An [Electronic Funds Transfer \(EFT\) Form](#) is required as part of the **application** to ensure funding is provided to successful applicants as quickly as possible after the funding announcement.

Please arrange for the form (both pages) to be printed, completed, signed (no digital signatures), scanned and attach below.

Please note that this information will be destroyed for unsuccessful applications.

Please attach your completed EFT form here: *

Attach a file:

Assessment Criteria - Local Awareness Stream

*** indicates a required field**

Key project dates

Proposed start date of the funded project

Must be a date and no earlier than 1/4/2027.
If you are not sure, please pick an approximate date or click 'unknown' below. Note that projects can start no earlier than when service agreement has been issued and dates can be changed at the department's discretion.

Proposed end date of the funded part of the project

Must be a date and no later than 31/3/2028.
If you are not sure, please pick an approximate date or click 'unknown' below. Note that projects must be completed by the contract completion date and dates can be changed at the department's discretion.

Start date unknown

☐ Unknown - to be advised

End date unknown

☐ Unknown - to be advised

Criterion 1 - Describe the proposed project you are seeking funding for.

- Provide a clear and detailed description of the project.
- How does the project meet the objectives of the grant and how will it be delivered?
- How many people will benefit from this activity/project?
- Identify the strengths of the proposed project and what benefits it will bring to your community.
- Identify how you will measure the success or capture the benefits of your project.

Please Note: If engaging with First Nations peoples or Culturally and Linguistically Diverse (CALD) communities:

- clearly indicate how your proposed project demonstrates how it will engage with the community, in particular Aboriginal and Torres Strait Islander peoples to ensure culturally safe service provision engagement, collaboration and implementation of proposed activities
- provide detail of your experience working with similar projects that demonstrates your capacity to work with First Nations Peoples and CALD communities in a culturally appropriate and safe environment.

Criterion 1 *

Application Form - Local Awareness Stream

Form Preview

Word count:

Must be no more than 600 words.

Criterion 2 - Describe how you will build and maintain partnerships and collaborations to support the delivery of your project.

- How will you work with other organisations, the department and the community to deliver the project?
- Describe any local partnerships/collaborations that will contribute to the success of this project.

Criterion 2 *

Word count:

Must be no more than 400 words

Criterion 3 - Your capacity to deliver the project.

- Describe your capacity and capability to deliver this project. Provide information about your previous success in delivering a project like this.
- How will you ensure that the project will be delivered on time, within budget and to the required standard?
- Are outcomes measurable, realistic, and linked to the project's aim?
- Describe how you will measure and report on project's progress.

Criterion 3 *

Word count:

Must be no more than 400 words.

Criterion 4 - Cost to deliver this project.

- Provide a breakdown of expected costs for the project.
- Are the project costs reasonable and realistic?
- Demonstrate that the project offers value for money.

Criterion 4 *

Word count:

Must be no more than 400 words.

Application Form - Local Awareness Stream

Form Preview

Declaration and Feedback

* indicates a required field

Applicant declaration and endorsement

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).

Please confirm the following: *

- ☐ The application includes a copy of public liability insurances.
- ☐ The application includes a copy of the EFT form (both pages).
- ☐ I have read and understand the Positive Ageing and Elder Abuse Awareness Grant Guidelines.
- ☐ I declare that I have submitted the application in accordance with the Positive Ageing and Elder Abuse Awareness Grant Guidelines.
- ☐ I warrant that I am authorised to submit the grant application on behalf of the organisation.
- ☐ I declare to the best of my knowledge all the information provided is true, correct and complete.
- ☐ I have provided the required attachments with the application form, including a copy of public liability insurances.
- ☐ If the application is successful, I will enter into a service agreement with the State of Queensland, acting through the Department of Families, Seniors, Disability Services and Child Safety.
- ☐ If the application is successful, I will provide regular reporting to the Department of Families, Seniors, Disability Services and Child Safety in accordance with the requirements of the service agreement.

I confirm *

☐ 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 *

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

Contact phone number *

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

Application Form - Local Awareness Stream

Form Preview

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.