

Application Form - Statewide Awareness Stream

Form Preview

Background and Eligibility

* indicates a required field

About the Statewide 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 Statewide Awareness Stream.

Total funding of \$100,000 (excluding GST) is available through the Statewide Awareness Stream.

In this stream you can apply for a one-off grant of up to \$50,000 (excluding GST) for capability-building projects that raise awareness of elder abuse, challenge ageism and support older people's wellbeing at the statewide level.

Please note: *If you wish to apply for the Local Awareness Stream, please use the Local 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.

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.

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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 *

☐ Agree

☐ Disagree

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

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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 Guidelines.

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.

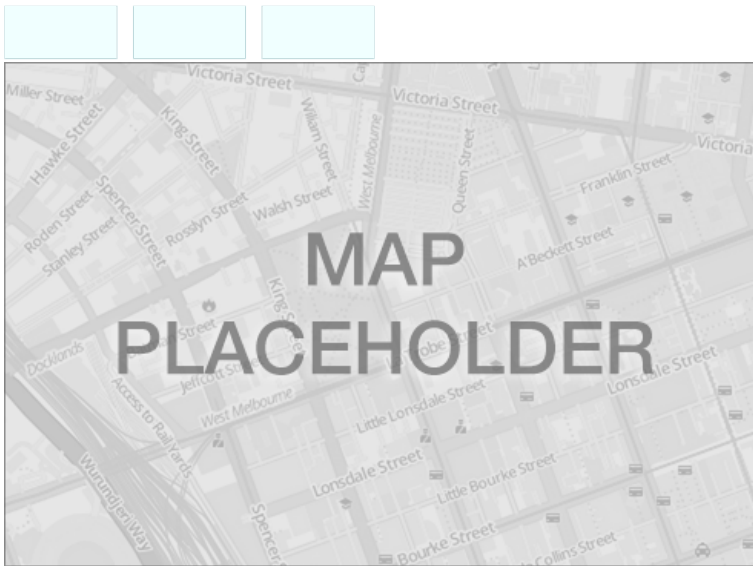
Primary (physical) address *

Address

Suburb State Postcode

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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

Primary phone number *

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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>

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

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☐ 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

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.

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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 - Statewide Awareness Stream

* indicates a required field

Key project dates

Please note that key project dates may change at the department's discretion.

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 project cannot commence before service agreement has been issued and dates may change 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 may change 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.

When addressing the criteria, you should describe how you will:

- Use the funding to deliver the requirements outlined in the 'What will be funded' in the Guidelines and build the capability of individuals, communities and organisations.
- Coordinate the sharing of information across the community, including older people, the community services sector and/or local government to support improved and consistent understanding of ageism, elder abuse and available support services.
- Utilise effective statewide mechanisms and presence for engaging with diverse older Queenslanders, communities and organisations and for dissemination of information.
- Ensure, where a specific cohort is identified, that communication is tailored to meet the needs of the group.
- Please attach below a [Project Plan](#), using the template provided (no more than 3 pages).

Projects that demonstrate collaboration, partnership and/or an intergenerational approach will be highly valued.

Criterion 1 *

Word count:

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Must be no more than 600 words.

Please attach a Project Plan (on the provided template, no more than 3 pages). *

Attach a file:

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

When addressing the criteria, you should outline:

- Capability and processes to support working collaboratively and effectively with the department, organisations and government agencies to deliver the project.
- Describe what community support or partnerships you have established that will be involved with the delivery of this project.

Criterion 2 *

Word count:

Must be no more than 400 words

Criterion 3 - Describe how you will maintain quality control of the project to ensure effective reporting and evaluate the impact of the activity for individuals and the community.

- 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 *

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Word count:

Must be no more than 400 words.

Must be no more than 400 words

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 (2 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

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

Position *

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

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Contact 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.