NAB Foundation Community Grants Application Form

Introduction

NAB Foundation Community Grant Program

Australian communities are being impacted by natural disasters more frequently and severely.

NAB Foundation Community Grants fund local projects and initiatives that help communities prepare for natural disasters, support long-term recovery and build resilience against future disasters.

Privacy Statement

NAB Foundation is an initiative of the NAB Group and is governed by Equity Trustees.

Equity Trustees Limited, Equity Trustees Superannuation Limited, and Equity Trustees Wealth Services Limited (the EQT Group) are committed to protecting your privacy and supporting the Australian Privacy Principles under the Privacy Act 1988 (Cth). Our Privacy Statement is available here and is intended to inform you about the following:

- the type of personal information that we collect;
- the manner in which we collect your personal information;
- the main purposes for which we use that information;
- how you can access, correct or update any personal information that we hold about you; and
- how we keep the information secure.

Before submitting your application, please ensure you have read Equity Trustees' Privacy Statement. If this Grant Application is successful, Equity Trustees may make public your project description, the name of your organisation and the grant amount awarded to you.

Eligibility Check

* indicates a required field

Is your organisation registered in Australia? *

○ Yes

○ No

You answered "No" to the question "Is your organisation registered in Australia?" This means that your project is ineligible for a NAB Foundation Community Grant. For more information about our eligibility requirements please go to www.nab.com.au/communitygrants.

Is your organisation: * ○ Registered with the Australian Charities and Not-for-Profits Commussion (ACNC) ○ Is an organisation with an ABN that is seeking funding for a program that furthers a charitable purpose ○ A local government or government-funded facility (such as a school or childcare centre) seeking funding for a program that furthers 'charitable purpose ○ None of the above
You answered "None of the above" to the previous question.
This means that your project is ineligible for a NAB Foundation Community Grant.
For more information about our eligibility requirements please go to www.nab.com.au/communitygrants .
Please certify that this grant will be used for charitable purposes.
An application for funding must demonstrate the program or initiative meets <u>charitable</u> <u>purposes</u> .
*
I certifyI do not certify
You answered "I do not certify" to the question "Please certify that this grant will be used for charitable purposes."
This means that your project is ineligible for a NAB Foundation Community Grant.
For more information about our eligibility requirements please go to www.nab.com.au/communitygrants .
The project we are seeking funding for relates to the NAB Foundation Community Grants program focus of natural disaster resilience and recovery? * O Yes O No
You answered "No" to the question "The project we are seeking funding for relates to the NAB Foundation Community Grants program focus of natural disaster resilience and recovery?"

This means that your project is ineligible for a NAB Foundation Community Grant.

Has your organisation previously received a NAB Foundation Community Grant? *

For more information about our eligibility requirements please go to www.nab.com.au/communitygrants.

0	Yes No
20 0	as your organisation already received a NAB Foundation Community Grant in 024? Yes No
	ou answered "Yes" to the question "Has your organisation already received a AB Foundation Community Grant in 2024?"
Tŀ	is means that your project is ineligible for a NAB Foundation Community Grant
	hile previous recipient are eligible, organisations cannot receive two grants in
	rccessive rounds. Please apply again in our next grant round. Or more information about our eligibility requirements please go to
	ww.nab.com.au/communitygrants.
Y	our organisation
* i	ndicates a required field
	rganisation name * rganisation Name
Ą	oplicant ABN *
	e ABN provided will be used to look up the following information. Click Lookup above to eck that you have entered the ABN correctly.
In	formation from the Australian Business Register
Al	BN
Er	ntity name
Al	BN status
	ntity type
	oods & Services Tax (GST)
D	GR Endorsed

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ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	
M I I ABN	

Must be an ABN.

If you are unsure of your ABN please go to https://abr.business.gov.au/

Does your organisation hold Deductible Gift Recipient (DGR) status? *

- O Yes, DGR1
- O Yes, DGR2
- O Not endorsed as a DGR, but is registered with the Australian Charities and Not-for-profits Commission (ACNC)
- O Not endorsed as a DGR, however the organisation has a charitable purpose
- None of the above

For the description of a charitable purpose please visit https://www.acnc.gov.au/for-charities/start-charity/you-start-charity/charitable-purpose

You answered "None of the above" to the question "Does your organisation hold Deductible Gift Recipient (DGR) status?"

This means that your project is ineligible for a NAB Foundation Community Grant.

For more information about our eligibility requirements please go to www.nab.com.au/communitygrants.

Proof of charitable purpose

As your organisation does not hold Deductible Gift Recipient (DGR) status and is not registered with the ACNC, we require proof that the organisation has a <u>charitable purpose</u>.

Organisation can demonstrate their charitable purpose through:

- Clear mission statement and governing documents.
- Documentation of charitable activities and programs.
- Financial records showing funds used for charitable purposes.
- Reports showcasing impact and case studies.
- Partnerships with other charitable entities.
- Information on board members and governance.
- Any external recognition or accreditation received for charitable work.

Upload proof of charitable purpose * Attach a file:	
Address * Address	

Will the majority of the project be conducted in this state? * ○ Yes ○ No
What state will the majority of this project be conducted in? *
Please provide a short summary of your organisation's mission statement or objectives (100 words max) *
Word count: Must be no more than 100 words.
Organisation website *
Must be a URL.
Contact Information
Primary Contact
First name *
Last name *
Email *
Must be an email address.
Phone Number *
Must be an Australian phone number.
Job title *
Secondary Contact

First name *
Last name *
Email *
Must be an email address.
Phone Number *
Must be an Australian phone number.
Job title *
Your project
* indicates a required field
Please provide a brief name for this project *
Word count:
Must be no more than 10 words. Eg. Readiness workshops for Mitchell Shire residents
Please enter the specific amount (\$) you are requesting *
Must be a whole dollar amount (no cents) and no more than 25000.
NOTE: If approved, the grant value may differ from this requested am
Does your project or initiative relate to natural disaster: * O Readiness O Recovery O Both O None

You have selected "None" to the question "Does your project or initiative relate to natural disaster:"

This means that your project is ineligible for a NAB Foundation Community Grant.

For more information about our eligibility requirements please go to www.nab.com.au/communitygrants

Project Description
 Which theme best aligns to your project or initiative: * Training and planning Community recovery Equipment and infrastructure Environment and wildlife
Tell us about your initiative (100 words each for the below questions - dot points encouraged)
What is the main need, problem or issue this will address? *
Word count: Must be no more than 100 words.
Who is impacted by this issue? (population group, region, species) *
Word count: Must be no more than 100 words. What specific activities will the grant fund? *
Word count: Must be no more than 100 words.
What outcomes or goals will be achieved? *
Word count: Must be no more than 100 words.
Why is your organisation uniquely positioned to tackle this problem? *
Word count: Must be no more than 100 words.
Is the project being conducted in a geographic location that has been impacted recovering from or is prone to natural disasters? * O Yes O No

You have selected "No" to the question "Is the project being conducted in a geographic location that has been impacted, recovering from or is prone to natural disasters?"

This means that your project is ineligible for a NAB Foundation Community Grant.

For more information about our eligibility requirements please go to www.nab.com.au/communitygrants

Please provide the most relevant local g impact:	overnment areas that your project will
Select up to 5	
Please provide details of natural disaste	r: (50 words max) *
Word count: Must be no more than 50 words. Eg. 2023 flooding in the Kimberley or 2024 bushfir	es in Western Victoria
Who are the target beneficiaries of your ☐ Child and Youth (age 0 - 17) ☐ Aboriginal and/or Torres Strait Islander peoples ☐ Culturally and Linguistically Diverse (CALD	☐ LGBTI+ people☐ Economically disadvantaged people (incl. people living below the poverty line, homeless people and low-income earners)
people ☐ Women and Girls ☐ Families ☐ People with disabilities, disease or illness Select one or more	 □ People who have experienced a natural disaster □ Environment (incl. animals and wildlife) □ Other
You selected "Other" to the question "W project?"	ho are the target beneficiaries of your
Please select additional beneficiaries from the	e list below.
Who are the primary beneficiaries of thi	s project/program? *
Please choose only the group/s that are at the ver	y core of this project/program
Where are your target beneficiaries geo ☐ Remote ☐ Regional ☐ Urban/Metro Select one or more	graphically located? *

Evaluation			
Please tell us about how you will evaluate whether you've been successful in achieving the key outcomes and goals for your project or initiative: (150 words max) *			
Word count: Must be no more than 150 words.			
Project budget			
Budget overview			
Please provide a brief overview of your project	s budget using the template below:		
Expenditure	\$		
	Must be a whole dollar amount (no cents).		
Budget Totals			
Total Expenditure Amount			
This number/amount is calculated.			
Final Questions			
* indicates a required field			
NAB is an organisation with 38,000 staff members all over Australia. Is there an opportunity for NAB to support your organisation through volunteering? * Yes No			
Please tell us about your need for local ve	olunteers (50 words max): *		

Word count:

Must be no more than 50 words.

NAB Foundation Impact Grants
As part of the Community Grants program, NAB Foundation offers up to four Impact Grants each round for projects with big potential.
These Impact Grants provide a further \$25,000 to recipients to scale up their project and maximise the impact they have on their communities.
Do you wish to nominate your organisation for an Impact Grant? * ○ Yes ○ No
Please detail how your organisation will use the addition \$25,000 Impact Grant? (dot points encouraged, 100 works max.) \ast
Word count: Must be no more than 100 words.
Did a NAB branch or employee refer you to apply for this grant program? * ○ Yes ○ No
Please provide the name of the NAB employee or branch: *
How did you hear about this program? * Grant noticeboard eg. Grantshub NAB colleague or local branch Word of mouth Google search Email from NAB Foundation Local council / government Social media I am a previous applicant NAB Foundation website Other
Please specify how you heard about the program? *

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Please specify what grant noticeboard you saw the	program	OH

Other supporting documents

If there are any additional documents would you like to upload, please do so here:

Eg. annual reports, project plans, letters of support etc.

Agreement

By submitting this application I confirm that I have the authority to submit this request and agree to the conditions described below.

- 1. 1.All information contained herein is true and accurate to the best of my knowledge.
 - 2.Should NAB Foundation agree to provide support for the initiative proposed in this application I am willing and able to comply with the NAB Foundation Grant Agreement.
 - 3.Should NAB Foundation agree to provide support for the initiative proposed in this application, I agree that information about this initiative may be highlighted in some of NAB corporate communication vehicles.
 - 4. Should NAB Foundation agree to provide support for the initiative proposed in this application, I agree to complete a project or event evaluation after the initiative has taken place.
 - 5.I consent to receiving email notifications regarding this request and any subsequent emails from NAB Foundation or its suppliers that relate to this request or any future grants associated with this initiative

Declaration *

O I declare that all details supplied in this application and attachments are true and correct to the best of my knowledge and that this application has been submitted with the full knowledge and agreement of the management of my organisation