2026/27 Stronger Together Grants Program - Projects
Form Preview

Instructions and Eligibility Check

* indicates a required field

Program Details

Grant Program Name

This field is read only.
The program this submission is in.

Instructions for Applicants

Before completing this application form, you should have read the program guidelines. Incomplete applications and/or applications received after the closing date will not be considered.

Application Number

This field is read only.

You will be issued with a unique reference number when you start your application. Please quote this reference number in any correspondence or queries regarding your application. Your application can be completed in more than one session. You can save your progress and return to complete your application later. **Remember to save your application form regularly to avoid losing data.**

Deadline for submitting your application is at 4:00 pm (AEDST), Monday, 14 September 2026. The closing date and time is a strict deadline. No extensions to the deadline will be permitted.

Once you have submitted your application, a confirmation email will be sent to your nominated email address (attached to your SmartyGrants account). If you have not received this email, it means that you have not officially submitted your application. This confirmation email will also include a copy of your application for reference. Please keep the confirmation email and the copy of your application in a safe place as part of your records as you may need to refer to it later.

Your application is not officially submitted until you have received an email. Simply hitting the save button in the online system does not officially submit your application. If you '**review and submit**' your application and there are unanswered required questions, they will be marked in red. Click 'Go to page' to complete the question, then click 'Review and Submit' again. Please note, by clicking 'Go to page', your application form will be in edit mode. Your application cannot be varied once submitted. If you realise that you have made an error once you have submitted your application, please contact us for assistance **before the closing deadline** by calling the Grants Team on 02 8255 6779 or email grantsinfo@multicultural.nsw.gov.au

Multicultural NSW assess all applications on merit through a competitive process.

Thank you!

Multicultural NSW Grants Team

PLEASE REMEMBER TO SAVE YOUR APPLICATION EVERY 20 MINUTES TO AVOID LOSING DATA

1. Is the Applicant Organisation a registered non-profit organisation *	○ Yes	○ No
2. Is the project located in NSW? *	○ Yes	○ No
3 Has the organisation acquitted all grants that are due for acquittal *	○ Yes Please tick yes if you have not received a grant from Multicultural NSW.	○ No
4. Does your organisation have all appropriate insurances and licenses *	○ Yes	○ No
5. Can you confirm other funding sources that are contributing to the total event budget *	○ Yes	○ No
6. Can you confirm that you will deliver the project between 1 January 2027 and 31 December 2027? *	○ Yes	○ No
7. Can you demonstrate how the Project aligns with Multicultural NSW's strategic plan *	○ Yes	○ No
8. Can you demonstrate how the Project will measure outcomes *	○ Yes	○ No
9. Can you demonstrate that the Project is cost effective and viable with an accurate budget *	○ Yes	○ No

10. Can you demonstrate the community need for the Project? *

○ Yes ○ No

11. Will promote the Multicultural NSW and NSW Government funded event or project on their website and social media platforms *

○ Yes ○ No

Confirm that your organisation: *

☐ Has No Redress sanctions
☐ Has No winding up order or appointed adminstrator
☐ Has No pending or ongoing legal case
☐ Is Not bankrupt
☐ Has No financial and organisational mismanagement

If applicable, all 5 must be selected. Please see https://www.nationalredress.gov.au/ for more information about Redress sanctions.

EXCLUDED ACTIVITIES

The following activities are excluded from receiving funding through the Stronger Together Grants Program. For Guidelines, please click HERE

- political activities
- commercial or fundraising activities
- celebration of national or independence days
- festival and events
- single faith religious activities or projects
- activities that are dependent on recurrent funding
- applications that seek support to fund the core business of the organisation. This includes supplementing, increasing or continuing ongoing service delivery
- projects that duplicate existing services
- capital expenses. Including but not limited to building works (including maintenance) and equipment purchases
- media productions that have not been endorsed by Multicultural NSW prior to publication

12. Is the project an excluded activity? *

☐ No ☐ Yes

Focus Areas

13. Multicultural NSW encourages applications for projects that focus on any or all of the following areas. Please identify the focus area/s that your project will address: *

☐ Language Services
☐ Sector Capability
☐ Community resilience
☐ Settlement
☐ A shared sense of value

Where relevant, please identify focus areas that your project will address. For more information on the above focus areas you can view our Strategic Plan at https://multicultural.nsw.gov.au/other-publications/strategic-plan-2021-2025

Disclaimer

The Applicant acknowledges and agrees that:

- submission of this application does not guarantee funding will be granted for any project, and the Department expressly reserves its right to accept or reject this application at its discretion;
- it must bear the costs of preparing and submitting this application and the Department does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- it has read the Funding Guidelines for the Program and has fully informed itself of the relevant program requirements.

Use of Information

By submitting this application form, the Applicant acknowledges and agrees that:

- if this project application is successful, the relevant details of the project will be made public, including details such as the names of the organisation (Applicant) and any partnering organisation (state government agency or non-government organisation), project title, project description, location, anticipated time for completion and amount awarded;
- the Department will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked ‘Commercial-in-confidence’ or ‘Confidential’ is treated as confidential, however, such documents will remain subject to the Government Information (Public Access) Act 2009 (NSW) (GIPA Act); and
- in some circumstances the Department may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.

Privacy Notice

By submitting this Application form, the Applicant acknowledges and agrees that:

- the Department is required to comply with the Privacy and Personal Information Protection Act 1998 (NSW) (the Privacy Act) and that any personal information (as defined by the Privacy Act) collected by the Department in relation to the program will be handled in accordance with the Privacy Act and its privacy policy (available at: https://www.dpc.nsw.gov.au/privacy);
- the information it provides to the Department in connection with this application will be collected and stored on a database and will only be used for the purposes for which it was collected (including, where necessary, being disclosed to other Government agencies in connection with the assessment of the merits of an application) or as otherwise permitted by the Privacy Act;
- it has taken steps to ensure that any person whose personal information (as defined by the Privacy Act) is included in this application has consented to the fact that the Department and other Government agencies may be supplied with that personal information, and has been made aware of the purposes for which it has been collected and may be used.

Eligibility Confirmation

Please declare this application meets the Program eligibility criteria:

- It has been prepared by and is being submitted by an eligible applicant
- Projects must be delivered between **1 January 2027** and **31 December 2027** of the funding deed commencing
- Projects can be operated and maintained within the funding period
- Applicants will notify the Department if grant funding is secured from another source

I confirm that the applicant and project is eligible according to the criteria outlined in the Program Guidelines *
☐ Yes

Applicant Details

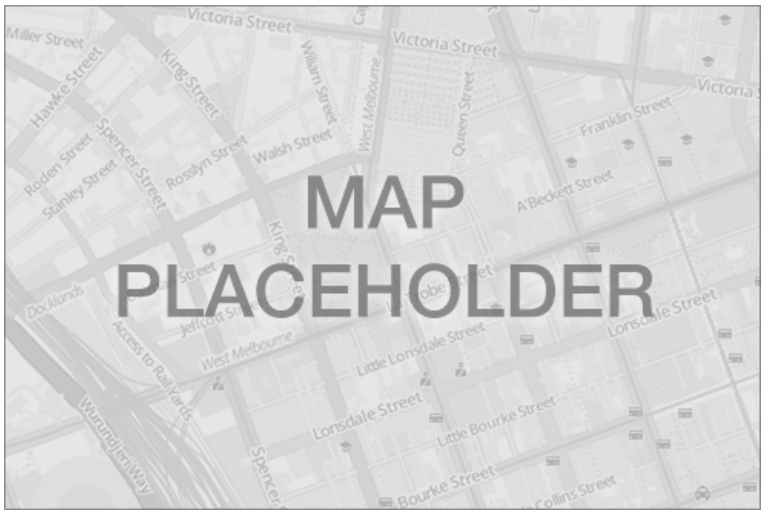
* indicates a required field

Organisation Details

Organisation Name *
Organisation Name

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

Primary Address *
Address



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

Postal Address
Address

Primary Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Other Phone Number

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Email Address *

Must be an email address.

Website

Must be a URL.

Primary Contact Details

Primary Contact *
Title | First Name | Last Name

This is the person we will correspond with about this grant.

Primary Contact Position *

e.g., Manager, Board Member or Fundraising Coordinator.

Primary Contact Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Other Phone Number

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Email *

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

Does the applicant have an Australian Business Number (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	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

Organisation Details

* indicates a required field

The following organisations are NOT eligible to apply for funding:

- Federal, State and Local Government Departments and associated entities
- Individuals and Sole traders
- For-profit organisations and Commercial enterprises

14. Type of Organisation *

○ Incorporated under the Associations Incorporations Act
○ Company limited by guarantee under the Corporations Act 2001
○ Cooperative registered under Co-operatives Act 1992
○ Incorporated by an Act of Parliament
○ Corporate trustee of a trust that has deductible gift recipient status under the Commonwealth Taxation laws
○ An Aboriginal and/or Torres Strait Islander Corporation registered under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cth) or a Local Aboriginal Land Council under the Aboriginal Land Rights Act 1983 (NSW

Application Details

* indicates a required field

Title *

Word count:
Must be no more than 25 words.
Provide a name for your initiative. Your title should be short but descriptive.

Brief description *

Word count:
Must be no more than 100 words.
Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

Anticipated start date *

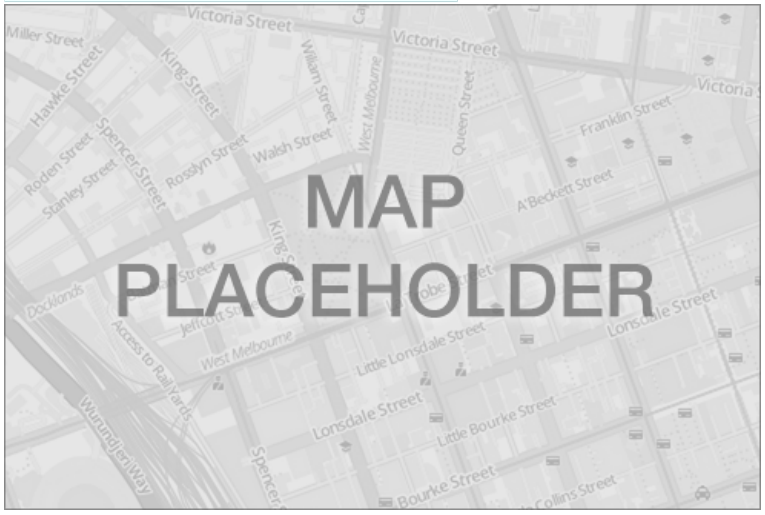
Must be a date and between 1/1/2027 and 31/12/2027.

Anticipated end date *

Must be a date and between 1/1/2027 and 31/12/2027.

Primary location of your initiative *

Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Coordinates Required. Country must be Australia
Primary location does not need to be a specific address, and can be postcode, suburb, state (NSW), etc. If delivered online, please specify the area of focus for delivery.

15. How many people do you think your project will support? *

Must be a number.

16.Community Group *

Other:

17. What category does your Project best align with? *

Other:

Select the region where the Project will be delivered *

- ○ Greater Sydney (East and North)
- ○ Greater Sydney (West)
- ○ Greater Sydney (South)
- ○ Hunter and Central Coast
- ○ Illawarra and South East NSW
- ○ Murray Lower Darling
- ○ New England and North-West
- ○ Northern NSW
- ○ Riverina
- ○ Western NSW

18. What research did your organisation undertake to develop the project? *

19. How did your research prove that there is a real community need? *

20. Are you aware of any other organisations that are undertaking similar projects? Please describe what they are doing and where. *

Workshops

21. Will there be workshops delivered as part of your Project? *

○ Yes ○ No

Workshops Details

22. How many workshops will there be? *

Must be a number.

23. Provide details on what the workshops are and how many people can attend each *

- Workshop 1 - Topic 1 - How many people can attend
- Workshop 2 - Topic 2 - How many people can attend

Speaker Details

24. Will there be expert speakers as part of your Project Delivery? *

○ Yes ○ No

25. What kind of speakers, what will they speak about and how are they important to the Project Delivery? *

For Example:

- Speaker 1 - Topic 1 - How many people can attend - Relevance to project delivery

- Speaker 2 - Topic 2 - How many people can attend - Relevance to project delivery

Faith-Based Activity

Religious festivals, rituals, events or promotions are not eligible for funding under this program.

Multi-faith activities which involve people from more than one religion can apply.

26. Are you applying for a Multi-faith Project? *

○ Yes ○ No

Multi-faith Project Detail

27. Describe what will take place that makes the Project Multi-faith *

Priority Areas

Demonstrate how the project will address any of the priority areas of language services, sector capability, community resilience, settlement, a shared sense of value.

Language Services

- Ensuring that language is not a barrier to information and that barriers are broken down between speakers of different languages.
- Small, new and emerging communities have language support.

28. Will your project address Language Services priority? *

○ Yes ○ No

29. Explain how your project will address the Language Services priority: *

Sector Capability

- Developing programs and services to meet the needs of culturally diverse communities.
- Building resources that enhance leadership, engagement, communications, service delivery and planning capability for culturally diverse communities.

30. Will your project address Sector Capability priority? *

○ Yes ○ No

31. Explain how your project will address the Sector Capability priority: *

Community Resilience

- Building and maintaining networks across the community that can solve and respond to problems and actively support social cohesion.

32. Will your project address Community Resilience priority? *

○ Yes ○ No

33. Explain how your project will address the Community Resilience priority? *

Settlement

- Establishing programs that help new arrivals to thrive in new locations.

34. Will your project address Settlement priority? *

○ Yes ○ No

35. Explain how your project will address the Settlement priority: *

A Shared Sense of Value

- Building programs with strong intercultural and interfaith networks.

36. Will your project address A Shared Sense of Value priority? *

○ Yes ○ No

37. Explain how your project will address A Shared Sense of Value priority? *

Financial Information

* indicates a required field

Ticketing

38. Will this Project activity be ticketed? *

○ Yes ○ No

Ticketing Cost

39. How much will a ticket cost for one person? *

Must be a dollar amount.
If you are using tickets to manage the amount of people attending but not charging anyone to participate put $0

40. Estimated Ticket Sales Income

This number/amount is calculated.

Past and Current Funding Sources for the past three years

41. Name of the Funding Source	Amount
	Must be a dollar amount.

Foreign Organisation or Foreign Government Funding

42. Have you received or are you going to request funding from a foreign organisation/s and/or foreign government/s for this project? *

○ Yes ○ No

43. Have you received funding from a foreign organisation/s and/or foreign government/s for your organisation? *

○ Yes ○ No

Provide details on Foreign Organisation or Foreign Government Funding

44. Which Foreign Organisation/s or Foreign Government/s have you received or will be requesting funding from?	Amount
	Must be a dollar amount.

Budget

* indicates a required field

Total Amount Requested *

$

Maximum amount of request should be no more than $50,000

45. Itemised Budget

Outline your project budget. Clear item descriptions must be given.

Funding can only cover costs associated directly with the project with no more than 20% of the budget used for the administration of the project. Also please note that catering can account for no more that 10% of the total budget. Grant cannot be used for public liability insurance, equipment or capital purchase, cash or gifts prizes, including gift vouchers and audit fees. Administration costs include organisation staffing.

If you are selling tickets for this project activity please identify estimated ticket sales.

The budget **MUST** balance (**TOTAL INCOME = TOTAL EXPENDITURE**). Please include these areas in your budget INCOME and EXPENDITURE columns. All figures are GST exclusive.

Please don't add commas to figures, eg. write $1000 not $1,000

Do not include In-Kind services in the Itemised Budget. The Itemised Budget should only outline Cash Income and Paid Services

Income	**$**	**Expenditure**	**$**
Grant Amount (no more than $50,000)		Project Coordinator Wages	
Applicants Contribution - Cash		Administration	
Sponsor Income		Catering	
Other Income			

Budget Totals

Total Income Amount

This number/amount is calculated.

Total Expenditure Amount

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.

Do you have Value-In-Kind

In-kind services and contributions are **valued at their fair market value or at their actual cost**. In other words, they are valued at what you would pay for them if they were not donated.

46. Do you have Value-In-Kind services supporting your Project that you would like to outline? *

○ Yes ○ No

List your Value-In-Kind

47. List your Value-In-Kind	**Value in Kind Amount ($)**
	Must be a dollar amount.
Marketing	
Coordinator or employee accommodation	

INCOME EXPENDITURE Summary

48. What is the grant amount requested in this application

This number/amount is calculated.

49. What is the total estimated income for the project?

This number/amount is calculated.

50. What is the total estimated expenditure for the project?

This number/amount is calculated.

51. Value in Kind

This number/amount is calculated.

Funding Restriction Indication

52. This is the maximum amount of Grant funding you would be permitted to use for catering if you receive your requested amount.

This number/amount is calculated.

Note you can only use a **maximum of 10% of any Grant amount** you may receive for Catering.

Catering is ALL food and beverages expenses related to your project.

53. This is the maximum amount of Grant funding you would be permitted to use for Staff Administration if you receive your requested amount.

This number/amount is calculated.

Note you can only use a **maximum of 20% of any Grant amount** you may receive for Staff Administration expenses.

The above is an indication based on the amount you are requesting. This is for your information only. If successful in receiving funding, the amount you can use for each of these restricted items is calculated on the amount you receive, not the amount you requested in this application.

Measuring Success and Promoting your Project

* indicates a required field

54. Provide details of how you will achieve having a mix of community groups involved in the project? *

55. Demonstrate how the project will measure outcomes. Please provide details of measurement tools, analysis and ongoing monitoring *

56. Demonstrate how you will promote Multicultural NSW and the NSW Government on your website and social media platforms *

Supporting Documents

* indicates a required field

Supporting Documents

57. A copy of the organisation's certificate of registration *
Attach a file:

A copy of the organisation’s certificate of registration is preferable. However, copies and excerpts from the Australian Securities and Investments Commission (ASIC) or NSW Fair Trading websites will also be accepted.

The applicant organisation confirms that if the application is successful, it will provide the following documents to enable the payment of the grant:

- A copy of the organisation’s most recent financial statements for the year ending 2025 or 2026. Older financial statements will not be accepted. The statements must be approved and signed by the authorised delegate(s), with their name, position and signature clearly visible, and include the auditor’s contact details, in accordance with the requirements of the organisation’s constitution.
- Copy of the organisation's constitution.
- A copy of the Certificate of Currency Public Liability Insurance
- Banking details of the organisation to which the grant will be remitted

58. We, the authorised delegates of the organisation, understand if the application is successful, we will provide the above documents *
○ Yes

59. Where did you hear/learn about this program

Declaration and Authorisation

* indicates a required field

Declaration

The Applicant represents and warrants that this application has been submitted by an authorised representative of the Applicant (e.g. CEO, Chief Financial Officer, General Manager, Director, Chair of the Board, President, authorised manager etc).

Where this Application is submitted in the course of employment by a representative of any kind (e.g. authorised representative or agent) of the Applicant, you: (i) acknowledge and agree that the Applicant is deemed to be jointly and separately bound by this application; and (ii) represent and warrant that you have the authority to represent and bind the Applicant as contemplated by this provision.

By submitting this application form I hereby declare that:

- I agree for my project to be automatically considered in other NSW funding programs;

- I have read and understood each of the acknowledgements, agreements, representations and warranties provided above, and that each of these are true and correct;
- All information provided including the responses to each question in the relevant sections of this application is true and correct to the best of my knowledge;
- Any information contained in this application may be disclosed to other Government agencies, staff administering the program, and to external stakeholders (including consultants, lawyers and other advisers) as part of the assessment of this application;
- I am authorised to submit this application on behalf of, and have the authority to represent and bind the Applicant;
- I understand that any false declaration may render this application ineligible/invalid; and
- All relevant conflicts of interest have been declared

Authorisation

I agree *

☐ Yes

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)

Phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.

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.

How did you find 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 (example 60 minutes or 120 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.

GMS-SGO/Locn/2025 v2.0