

# Seniors Month 2025 Grant Application

## Form Preview

### Eligibility

\* indicates a required field

Applicants: please note

Before completing this application form read the **Queensland Seniors Month 2025 Grant Guidelines** by [clicking here.](#)

#### You will need:

- Your ABN number
  - If you do not have an ABN number, you will need to complete and submit a Statement by Supplier form - [ato.gov.au/forms/statement-by-a-supplier-not-quoting-an-abn/](https://ato.gov.au/forms/statement-by-a-supplier-not-quoting-an-abn/)
- A digital copy of your organisations or auspicings organisations Public Liability Certificate of Currency showing the insured coverage amount as \$20 million or more to submit to in the application.
- Clear details of your event, location, the cultural and social outcomes aligning to the program objectives, estimated number attendees and target audience.
- A budget including your income and expenditure. **\*Tip** – Please include the amount you are applying for as unconfirmed funding in the income section.

**Only one application per event will be accepted.** Whilst we greatly encourage partnerships, two or more organisations **cannot** apply for the same event or activity.

**Eligible organisations can apply for up to \$2,000 and are encouraged to contribute to event.**

What you can spend your grant on

- Venue Hire
- Catering
- Guest speakers, entertainment, musicians, artists, workshop facilitators
- Temporary instructors and tutors engaged specifically for the event
- Transport to and from the event
- Marketing and advertising of the event
- Tools and resources specific to the event or activity such as art or cooking supplies.

What you cannot spend your grant on

- The same activity twice, i.e., two organisations cannot apply for the same event or activity
- General staff wages and organisational running costs
- Administration fees including phone and postage charges
- Capital works including building upgrades
- Permanent equipment or software purchases such as computers, tablets, and software
- Gifts of any worth/value, and
- Raffles and door prizes.

**If you are planning to host multiple events or activities, you will need to complete an application for each event you are seeking funding to support. If successful, each event will require a separate acquittal.**

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

**Applications opened on Monday 17 February 2025 and will close at 11:59 Friday 28 March 2025.**

If you have any questions, please email [seniorsmonth@cotaqld.org.au](mailto:seniorsmonth@cotaqld.org.au) or contact us on 07 3316 2999.

If you do contact us throughout the application process, please quote the application number below:

### Grant Round Name

This field is read only.

The round this submission is in.

### Application Number

This field is read only.

## Public Liability Insurance Certificate

**All organisations, or auspicing organisations must hold a minimum of \$20 million in public liability insurance.**

### Attach your Public Liability Certificate \*

Attach a file:

Please upload the public liability insurance certificate as a PDF, JPEG, or PNG file

### What is your Public Liability amount? \*

Your Public Liability must be \$20,000,000 and over.

## Confirmation of Eligibility

**In order to progress with Grant application, you must first confirm your eligibility.**

### Do you confirm:

- you have read and understood the grant guidelines.
- are able to demonstrate alignment with the 2025 Program Objectives.
- the organisation is NOT an individual, federal or state institution.
- are applying on behalf of a charitable or community organisations, school, local council or library.
- the organisation is either a registered charity, incorporated, or limited by guarantee or auspiced by an organisation that is.

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- the organisation is located in and services Queensland.
- are able to demonstrate financial viability through a comprehensive budget.

### Do you confirm your eligibility \*

Yes

## Contact Details

\* indicates a required field

### 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*.

This policy describes our current policies and practices in relation to the handling and use of personal information.

Council on the Ageing Queensland collects personal information to enable us to contact an organisation, and to assess the merits of an application.

We will collect and store information you provide to enable the implementation of this grant program. Any information you provide will be stored and accessed only by authorised personnel and is subject to the requirements of the Privacy Act 1988.

Applicants must ensure that people whose personal details are supplied with applications are aware of how this information will be used.

By disclosing information about your organisation or your sponsoring organisation, you give permission for your contact details:

- to be disclosed to the Queensland Government including Queensland Members of Parliament
- to be used by Council on the Ageing Queensland for promotion to the public to access events, and related activities. This may include your email address and phone number provided by you, at the time of completing an event registration form
- to be contacted by Council on the Ageing Queensland for future

Council on the Ageing Queensland does not sell or offer your personal details to third party sources other than the above mentioned.

To view our privacy statement, go to [www.qldseniorsmonth.org.au/privacy-policy/](http://www.qldseniorsmonth.org.au/privacy-policy/)

### Primary Contact Details

#### Primary contact \*

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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This is the person we will correspond with about this grant.

#### Position held in organisation \*

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

## Phone Number \*

Must be an Australian phone number.

## Email Address \*

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

## Organisation 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.

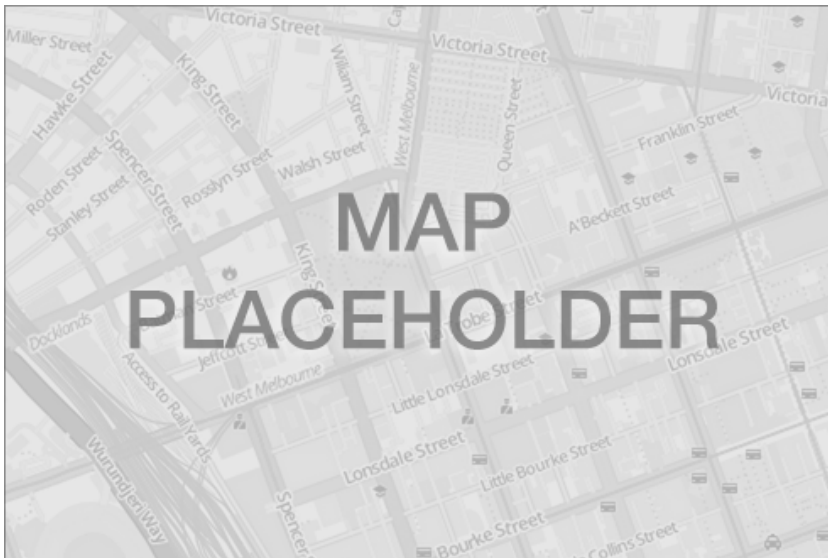
#### Department/Branch

Use this field only if relevant.

#### Primary address

Address

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## Postal address

Address

Select your region based on the local government area of where your organisation is located \*

State Electorate - Organisation

Federal Electorate - Organisation

Remoteness - Organisation

Website

Must be a URL - Example <https://qldseniorsmonth.org.au>, please ensure you do not have a space after the website address.

What is your organisation's purpose or mission? \*

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

- Yes  No

### Statement by Supplier

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. [Download the form from the ATO using this link.](#)

### Please upload completed Statement of Supplier Form:

Attach a file:

### Applicant 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	

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. [Download the form from the ATO website using this link.](#)

### Please upload completed Statement of Supplier Form: \*

Attach a file:

Max 25mb per file uploaded

### What type of organisation are you?

- Educational institution (includes pre-schools, schools, universities & higher education providers)
- Religious or faith-based institution

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- Peak body
- Social enterprise
- Professional association
- Healthcare not-for-profit
- Community group
- Research body
- General not-for-profit (i.e. none of the sub-types listed above)
- Local Government

Please choose the option that best applies to your organisation.

## What is your organisation's legal structure?

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

If your organisation is unincorporated, it must have an auspice organisation

## Is your organisation auspiced by another organisation for the purpose of this grant? \*

- Yes  No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

## Bank Details

### Bank Account \*

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

**If successful you will be required to verify your bank account details.**

## Auspice Information

\* indicates a required field

### Auspice Organisation Details

#### Auspice organisation name \*

Organisation Name

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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.

## Department/Branch

## Primary contact person at auspice organisation \*

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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We may contact this person to verify that the auspice arrangement is valid and current.

## Position held in organisation \*

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

## Auspice primary phone number \*

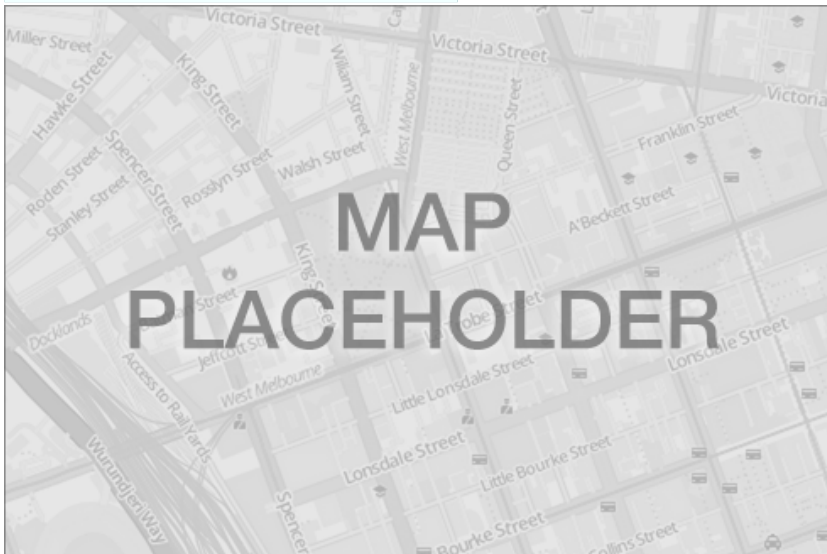
Must be an Australian phone number.

## Auspice email address \*

Must be an email address.

## Auspice primary address

Address

## Auspice postal address

Address



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**Select the local government area of the auspice organisation**

**State Electorate - Auspice**

**Federal Electorate - Auspice**

**Remoteness - Auspice**

**Auspice website**

Must be a URL.

**Bank Account Details Auspice \***

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

**If successful you will be required to verify your bank account details.**

**Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. \***

Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

**Does the auspice organisation have an ABN? \***

Yes

No

**Auspice 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

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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.

As the auspice organisation does not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. [Download the form from the ATO website using this link.](#)

## **Please upload completed Statement of Supplier Form: \***

Attach a file:

Max 25mb per file uploaded

## Event Details

\* indicates a required field

### **Event Name \***

### **Estimated Number of Attendees \***

Must be a whole number (no decimal place).  
Use whole numbers.

## Project Brief

### **Provide a brief description of your event.**

Word count:

Provide a short description (100 words recommended) of your project - what are you out to do?

## Project Timing - Section

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**Anticipated start date \***

Must be a date and between 1/10/2025 and 31/10/2025.

If unknown, provide your best guess or leave blank

**Anticipated end date \***

Must be a date and between 1/10/2025 and 31/10/2025.

If unknown, provide your best guess or leave blank

## Additional Dates

**List any additional dates**

**Is this an online event?**

<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

## Online Event

**Will you be holding your event online? \***

Yes

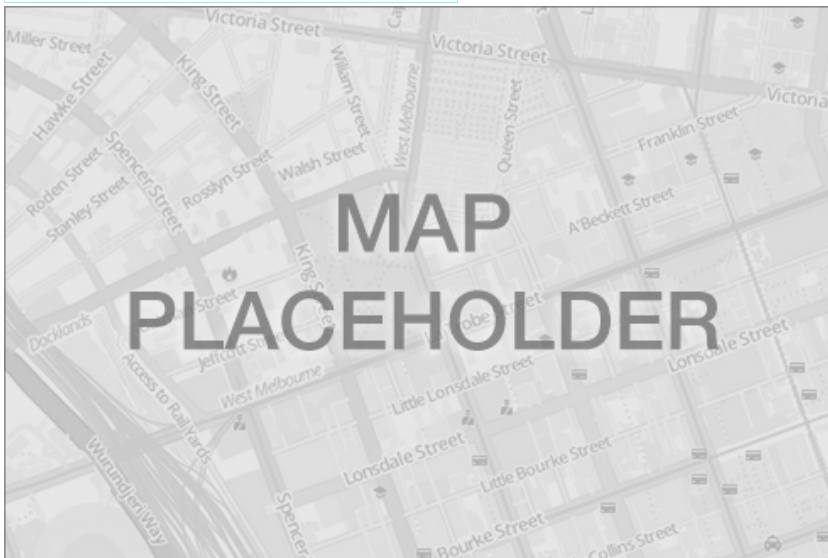
No

## Where will your event take place?

We recognize your event venue may change as we get closer to Seniors Month. As applications are assessed in regions, please provide location details of where you anticipate holding your event.

**Address - Event \***

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

**Region \***

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### State Electorate

### Federal Electorate

### Remoteness - Event

## Engagement

### Who is the target audience? \*

- |  |   |
|--|---|
| <input type="checkbox"/> Aboriginal, Torres Strait Islander peoples  | <input type="checkbox"/> Seniors                      |
| <input type="checkbox"/> South Sea Islander peoples                  | <input type="checkbox"/> Carers                       |
| <input type="checkbox"/> Culturally & linguistically diverse peoples | <input type="checkbox"/> Adults under the age of 50   |
| <input type="checkbox"/> LGBTI people                                | <input type="checkbox"/> Children under the age of 18 |
| <input type="checkbox"/> People with disability                      |   |

Select all that apply.

### How will the funding support engagement with your target Audience(s)? \*

## Impact

### The three objectives of Queensland Seniors Month 2025 are for Queensland Seniors to be:

**Connected** to their community through inclusive events that:

- Are culturally inclusive
- Are intergenerational
- Provide opportunities to continue to learn through community education, lifelong learning, and digital literacy
- Provide connections beyond Queensland Seniors Month

**Cared for** and supported through the discovery of:

- Supports and services
- Events that encourage older Queenslanders to live active and healthy lives with improved physical and mental wellbeing

**Celebrated** for the contribution they make as:

- Workers
- Volunteers
- Carers and/or
- Community Leaders

Refer to the [Grant Guidelines](#) for a breakdown and weighing of the application criteria.

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**How will the funding support inclusive and diverse community involvement?**

**Will there be on-going social benefits and/or positive legacy beyond Seniors Month? \***

### Innovation

Creativity of the event or activity that embodies the spirit of *'Love Getting Older in Queensland'* that:

- enhance a sense of identity and belonging among local community.
- encourage healthier communities and active lifestyles.
- contributes to safer communities.
- can developed into ongoing programs beyond Seniors Month.

**How will your event support innovation in your community. \***

### Budget

\* indicates a required field

Requested Funding Amount

**Total Amount Requested \***

\$

Must be a whole dollar amount (no cents) and no more than 2000.

Budget (GST exclusive)

**Eligible organisations can apply for up to \$2,000 and are encouraged to contribute to event.**

Contributions could include:

- sponsorship,
- cash or in-kind support contributions such as venue hire,

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- operational costs, including staff wages,
- and organisational contributions.

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST exclusive.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'.

Use the 'Notes' column for any additional information you think we should be aware of.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures - e.g. type \$1000 not \$1,000 - this will ensure your figures for each table total correctly.

Income Description	Income Type	Confirmed Funding?	Income Amount (\$)	Notes
Seniors Month Grant	Government Grants Philanthropic Grants Donations Earned Income Other Income	Confirmed Unconfirmed Not Applicable	\$	
			\$	
			\$	
			\$	

Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Notes
		\$	
		\$	
		\$	
		\$	

**Total Project/Program Cost \***

\$

This number/amount is calculated.  
What is the total budgeted cost (dollars) of your project?

## Certification

\* indicates a required field

Certification

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This section must be completed by an appropriately authorised person on behalf of the applicant organisation (this 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 subsidy will:**

- seek written permission for variations to the event.
- register the event listed in the application to the event calendar on the Queensland Seniors Month website.
- submit the required acquittal form, supplied by COTA Queensland and accessed through SmartyGrants before 11:59 pm Wednesday 12 November 2025.
- acknowledgement the funding of the Queensland Government and the support of Council on the Ageing Queensland on all written, printed, and digital marketing materials using supplied logos and verbally at the event.
- will be responsible for meeting the duty of care and all other obligations to event participants, volunteers and other stakeholders.
- understands that if the subsidy is approved, I will be bound by the contents of my application to carry out my event/activity as I have described, and my application will form my contractual agreement with Council on the Ageing Queensland.
- accept the terms and conditions of the grant in its entirety.

**I agree \***

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)

**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