Expression of Interest form 2026
Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before completing this EOI form, you must read the Community Grants Program Guidelines [Click Here]. Please do not proceed with an application if you do not meet the requirements of the guidelines.

Incomplete forms and/or forms received after the closing date (5:00 pm AEST, 31 July 2026) will not be considered.

This section of the EOI form is designed to help you, and us, understand if you are eligible to apply.

If you have any questions regarding the eligibility criteria, please contact the Sisters of Charity Foundation on 02 9367 1211 or email info@sistersofcharityfoundation.org.au.

Confirmation of eligibility

I confirm that the applicant ...

- has read and understands the program guidelines
- is located in and will implement the project within Australia
- is submitting one EOI form only
- is able to demonstrate alignment between their project and the goals of the Community Grants Program
- is a not-for-profit organisation (includes educational institutions such as schools and kindergartens)
- is incorporated, or is auspiced by an incorporated organisation for the purposes of this EOI
- is an endorsed Deductible Gift Recipient (DGR Item 1)
- is registered with the ACNC
- is able to demonstrate financial viability
- does not have revenue greater than $1 million per annum
- does not owe any reports or money to the Sisters of Charity Foundation as a result of previous funding or grants
- has the appropriate type and level of insurance for the activities that are the subject of this grant.

Please select below: *

○ Yes ○ No

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

Not eligible

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

If you do not comply with all of the above eligibility requirements, please do not proceed.

Contact details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the Australian Privacy Principles Australian Privacy Principles (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012.* To view our privacy statement, click here.

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.

Applicant primary address *
Address

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

Applicant postal address *
Address

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

Applicant website

Must be a URL

Primary contact person *
Title First Name Last Name

We will contact this person should the primary contact be unreachable

Position held in organisation *

Primary phone number *

Must be an Australian phone number.
We will contact this person should the primary contact be unreachable.

Applicant mobile phone number

Must be an Australian phone number.

Primary contact person's email address *

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

Secondary contact person

Title | First Name | Last Name

We will contact this person should the primary contact be unreachable.

Secondary contact person's position in organisation

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

Secondary contact person's phone number

Must be an Australian phone number.

Secondary contact person's email address

Must be an email address.

Auspice

Is this application being auspiced by another organisation?

☐ Yes ☐ No

An auspicing arrangement is only required if your organisation is not incorporated. If your application is successful, the auspicing organisation will be responsible for receiving and administering the grant funds. If yes, please provide the following details:

Name of auspicing organisation

Organisation Name

Auspicing organisation 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.

Auspicing organisation contact person

Title | First Name | Last Name

Must be a senior staff member (e.g. CEO), board member or appropriately authorised volunteer

Auspicing organisation phone number

Must be an Australian phone number.

Auspicing organisation email address

Must be an email address.

Auspicing organisation website

Must be a URL.

Organisation details

* indicates a required field

What is your organisation's purpose or mission? *

Word count:
Must be no more than 200 words.

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	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

What type of not-for-profit organisation are you?

New question *
- ☐ Community group
- ☐ Social enterprise
- ☐ Educational institution
- ☐ Healthcare not-for-profit
- ☐ Philanthropic organisation
- ☐ Professional association
- ☐ Religious or faith-based institution
- ☐ Research body
- ☐ General not-for-profit (i.e. none of the sub-types listed above)

At least 1 choice and no more than 1 choice may be selected.
Please choose the option that best applies to your organisation.

What community group(s) does your organisation primarily benefit? *
- ☐ Babies and children
- ☐ Economically disadvantaged communities
- ☐ First Nations people
- ☐ Gender diverse people
- ☐ Men and boys
- ☐ People affected by domestic violence
- ☐ People with a disability
- ☐ People experiencing mental health challenges
- ☐ People experiencing or at risk of homelessness
- ☐ People impacted by modern slavery
- ☐ People impacted by the criminal justice system
- ☐ People living in regional or remote areas
- ☐ Refugees and people seeking asylum
- ☐ Women and girls
- ☐ Young people (aged 12-24 years)

At least 1 choice and no more than 5 choices may be selected.
Please consider your organisation’s mission in answering this question and select up to five key groups.

What percentage of your organisation's revenue is derived from government funding? *

Includes federal, state and local government funding. This question pertains to your whole organisation, not just the project that you are seeking funding for.

Project details

* indicates a required field

Project/program title: *

Provide a name for your project/program/initiative. Your title should be short but descriptive

Anticipated start date *

If unknown, provide your best guess or leave blank

Anticipated end date *

If unknown, provide your best guess or leave blank

Please provide a short summary of your project/program. *

Word count:
Must be no more than 300 words.
Use the following points as a guide to the information and evidence you should include: 1. Project aim 2. Project need (provide evidence if possible) 3. Project activities 4. Project benefits 5. What will change and how. Go to the Funding Centre's Answers Bank at https://www.fundingcentre.com.au/answersbank#Qu1 if you need some ideas about how to frame your response.

What are the primary areas of focus for this project? *

- ☐ Accessibility and inclusion
- ☐ Alcohol and drug misuse
- ☐ Cultural identity
- ☐ Domestic violence
- ☐ Food insecurity
- ☐ Homelessness
- ☐ Mental health
- ☐ Modern slavery
- ☐ Social isolation
- ☐ Other:

Select up to 3 relevant focus areas. In this question we want to know about the field of work (e.g. education, health), rather than the people your project will have an impact on (e.g. young people, refugees).

Who is likely to be impacted by your project? *

- ☐ Universal - not specific to any one group
- ☐ First Nations people
- ☐ People living in low socio-economic areas
- ☐ Refugees and people seeking asylum
- ☐ Culturally and linguistically diverse people
- ☐ People impacted by the criminal justice system
- ☐ Gender diverse individuals
- ☐ Babies and children
- ☐ Young people (aged 12-24 years)
- ☐ Men and boys
- ☐ Older adults
- ☐ People experiencing unemployment/underemployment
- ☐ Women and girls
- ☐ Chronically or terminally ill individuals and their families
- ☐ People impacted by natural disasters
- ☐ People living in regional or remote areas
- ☐ People with a disability and their familiies
- ☐ Veterans

Select up to 5 demographics or characteristics relating to your primary beneficiaries for this project. Choose only the group/s that are at the very core of this project. If your initiative is open to everyone, choose the first item, Universal.

How much funding has this project received from the government in the past 12 months?

$

Must be a dollar amount.

Is this project unlikely to receive support from other funding bodies? If so, briefly describe the factors that you believe are contributing to this.

Word count:

Please keep your response under 150 words.

Budget

* indicates a required field

Total project cost (ex GST) *

$

What is the total budgeted cost of your project? Please only include cash contributions

Total amount requested from the Sisters of Charity Foundation (exc. GST) *

$

Must be a dollar amount.
Maximum of $20,000 per annum.

Have you previously received and acquitted funding from the Sisters of Charity Foundation? *

☐ Yes ☐ No ☐ Unsure

If yes, would this project be suitable for multi-year funding? *

☐ Yes ☐ No

What will the Sisters of Charity Foundation grant be used for? *

☐ Capital works (e.g. mobility adaptations)
☐ Core operating costs (e.g. rent and utility bills)
☐ Lease of equipment and/or IT
☐ Professional services (e.g. translator fees)
☐ Program delivery (e.g. travel, venue hire, resources)
☐ Program evaluation
☐ Purchase of a vehicle
☐ Purchase of equipment and/or IT
☐ Staffing costs
☐ Training and professional development
☐ Volunteer expenses (e.g. working with children checks)

Tick all that apply. If your EOI is successful, you will be required to submit a detailed budget with your Stage 2 application.

Certification and feedback

* indicates a required field

Certification

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).

I certify that to the best of my knowledge the statements made within this EOI are true and correct.

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.

Contact email *

Must be an email address.

Date *

DD/MM/YYYY

Applicant Feedback

Before you review your EOI and click the **SUBMIT** please take a few moments to provide some feedback.

Please indicate how you found the online EOI process: *

○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

How many minutes in total did it take you to complete this form? *

Estimate in minutes i.e. 1 hour = 60 minutes

Please provide us with your suggestions about any improvements and/or additions to this process/form that you think we need to consider.