Local Solutions Fund – Application Form

Ensure you have read eligibility and objectives before completing this form. When submitting your application attach any supporting documents including community support, project plans, photos, previous reports etc.

Applicant Details	
Organisation or Community Group Name:	
ABN/CAN:	
Contact Person:	
Position/Role:	
Phone Number:	
Email Address:	
Postal Address:	
Website/Social Media (if applicable):	

Project Overview	
Project Title:	
Project Summary (max 150 words):	
Location of Activities:	
Proposed Start Date:	
Proposed End Date:	
Total Funding Requested ($):	

Project Purpose & Alignment	
What local issue or opportunity will your project address?	
Who will benefit and how?	
How will your project strengthen community connection or support local change?	
How does your project involve community decision-making or collaboration?	

Project Activities & Outcomes	
Key Activities (what will you do?):	
Expected Outcomes (what change will occur?):	
How will you measure success?	

Budget Breakdown

Category	Description	Amount ($)	Notes
Salaries/Wages			
Project Delivery/Materials			
Venue/Catering/Engagement			
Specialist/Consultancy Support			
Training/Capacity Building			
Evaluation/Reporting			

Note: Funding cannot be used for land purchase, capital works, ongoing staff costs, retrospective payments, or activities funded by other government programs.

Governance & Partnerships	
List any partner organisations involved:	
What are their roles or contributions? (e.g. funding, delivery, in-kind):	
Does your organisation have policies in place for child safety, risk management, and financial accountability?	☐ Yes ☐ No

Declaration
I declare that: • The information provided in this application is true and correct. • I am authorised to apply on behalf of the organisation. • The organisation will comply with all conditions of the funding and reporting requirements.

Name:	
Signature:	
Date:	