# 2026-2027 NAIDOC Week Micro Grant
Form Preview

## NAIDOC Week Micro Grant

* indicates a required field

### Instructions for Applicants

Before completing this application form, please read the Community Grants Program Guidelines to confirm applicant and activity eligibility, and **ensure your activity aligns with the purpose of the NAIDOC Week Micro Grant**. All fields in this application must be completed for your application to be assessed.

**Please note: Applications close 15 June 2027 or when the available funding allocation has been exhausted, whichever occurs first.**

If you require assistance or have any questions about this grant, please contact the Community Development Team at community@kempsey.nsw.gov.au or (02) 6566 3200.

### Applicant Details

**Name of your organisation, group or committee** *
Organisation Name

Enter the name of the organisation, group or committee delivering the project. If applying through an auspice organisation, enter your group's name here.

**Is your group applying through an auspice organisation?** *
○ No ○ Yes
An auspice organisation is an incorporated organisation that agrees to accept legal and financial responsibility for a grant on behalf of an unincorporated community group.

**ABN**

Enter your organisation's ABN below.

If applying through an auspice organisation, enter the auspice organisation's 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.

**Primary Address** *
Address

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

**Postal Address** *
Address

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

**Organisation's Primary Contact Persom** *
Title First Name Last Name

**Position** *

**Email Address** *

Must be an email address.

**Phone Number:** *

**Briefly tell us your organisation, group or committee** *

Word count:
Must be no more than 50 words.
Briefly describe your organisation, group or committee and its purpose within the community.

## Auspice Organisation Details (complete only if applying through an auspice organisation)

The auspice organisation will enter into the funding agreement with Council and accept legal and financial responsibility for the grant.A letter from the auspice organisation confirming its agreement to auspice the project mustbe provided in the Supporting Documents section.

**Auspice Organisation Name** *
Organisation Name

**Auspice Primary Address** *
Address

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

**Address**
Address

**Auspice Organisation's Primary Contact** *
Title First Name Last Name

**Position** *

**Auspice Primary Phone Number** *

Must be an Australian phone number.

**Auspice Primary Email** *

Must be an email address.

## Eligibility Check

* indicates a required field

**Has delivery of the project, activity or event already commenced?** *
○ Yes ○ No
Projects that have commenced prior to funding approval are not eligible.

**1. Does your organisation hold Public Liability Insurance of at least $20 million (or are you covered by an eligible auspice organisation)?** *
○ Yes ○ No
A current Public Liability Insurance Certificate of Currency will need to be uploaded in the Supporting Documents section.

# 2026-2027 NAIDOC Week Micro Grant
Form Preview

## Activity Details

* indicates a required field

**NAIDOC Week Micro Grant**

Supports activities that celebrate and recognise Aboriginal and Torres Strait Islander cultures, histories, achievements and ongoing contributions through local NAIDOC celebrations and activities.

**Please note:** Micro Grants are intended to support standalone community-led activities and events that provide a broader community benefit. Applications for activities primarily intended for members of a single organisation, club or group, or for individual stalls, attractions or activities delivered as part of a larger event, will generally not be funded.

**What is the name of your activity or event?** *

Must be no more than 100 characters.
Provide a short description of what the funding will be used for.

**Tell us about your activity or event, who will be involved, who will benefit, and how it will bring people together and strengthen community connection.** *

Word count:
Must be no more than 150 words.
Describe what you are planning, who will be involved, who will benefit and how the activity supports the purpose of the grant.

**When will the activity take place?** *

Provide the proposed date or timeframe for the activity or event.

**Where will the activity take place?** *

Must be no more than 100 words.
Provide the location where the activity or event will take place.

## Budget

* indicates a required field

**How much funding are you requesting from Kempsey Shire Council?** *

Must be a dollar amount and no more than 500.

### Budget Breakdown

Briefly outline how the funding will be used. Please add as many rows as required.

Examples:

- Venue hire
- Catering
- Decorations
- Activity materials
- Equipment hire

| Activity/Item | $ Total Amount for this Activity/Item |
|---|---|
| | Must be a dollar amount. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

## Supporting Documents

* indicates a required field

Please upload the documents relevant to your application. Some documents are only required for specific types of projects. Refer to the Community Grants Program Guidelines for further information.

**Public Liability Insurance (required)** *
Attach a file:

A minimum of 1 file must be attached.
Upload a current Certificate of Currency for Public Liability Insurance with coverage of at least $20 million. The policy must be current and valid at the time of application.

**Auspice Organisation Letter (if applicable)**
Attach a file:

If applying through an auspice organisation, upload a letter confirming the organisation agrees to auspice the project and accept legal and financial responsibility for the grant.

## Declaration

# 2026-2027 NAIDOC Week Micro Grant
Form Preview

* indicates a required field

**Please confirm that : ***
☐ Your organisation or group is eligible to apply for this grant.
☐ You are authorised to submit this application on behalf of the organisation or group.
☐ You understand that approval of a grant does not replace any approvals, permits, licences or permissions that may be required to undertake the proposed activity, event, initiative or project.
☐ You agree to acknowledge Kempsey Shire Council's funding support in promotional material and communications relating to the funded project, activity or event, where practical.
☐ Where the proposed activity involves children or young people, you acknowledge that your organisation is responsible for ensuring appropriate child safety measures are in place.
At least 5 choices must be selected.

We declare that the information provided in this application is true and correct to the best of our knowledge.

**Name ***
Title | First Name | Last Name

**Position within the organisation ***

Disclosure: Council will keep information provided in your application confidential and undertakes not to disclose or release this information other than for the purposes intended or as required by law, including the Government Information (Public Access) Act 2009.