

Closing the Gap Socio-Economic Outcome 17 Digital Inclusion Hub Application

Form Preview

About the grant

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About the grant

Welcome to the Closing the Gap Socio-Economic Outcome 17 Digital Inclusion Hub online grant application.

This grant opportunity is available **only to Aboriginal Community Controlled Organisations** (ACCOs) located in NSW. Further information on eligibility, who can apply, and the definition of an ACCO is provided in the [Information and Guide](#) and the [Frequently Asked Questions](#).

Up to \$250,000 is available for up to 18 months to establish a place-based Digital Inclusion Hub delivering outcomes under Closing the Gap Socio-Economic Outcome 17.

A Digital Inclusion Hub aims to close the digital divide by addressing one or more of the 4 targets under Socio-Economic Outcome 17: access, affordability, ability and media participation.

Services may include:

- Establishing place-based Digital Inclusion Hubs in selected metropolitan, regional and remote NSW locations, informed by the findings of Phase 1 ([Digital - BlaQ Aboriginal Corporation](#))
- Delivering digital skills uplift programs tailored to local community needs
- Promoting digital education and awareness using culturally relevant content and delivery
- Empowering local digital mentors to lead and sustain community engagement.

Your grant application should outline what services, programs or initiatives you will deliver that will close the digital gap in your community based on the 4 targets above.

You may also propose initiatives outside the 4 targets if they support your community in closing the digital divide.

Instructions for Applicants

Before completing this application form, you should have read the [Information Guide](#) and [Frequently asked Questions](#).

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

Application Number

This field is read only.

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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 Information Guide for the grant 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

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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

Aboriginal Community Controlled Organisations (ACCO) located in New South Wales (NSW) are eligible to apply and must meet the eligibility requirements set out in the [Information Guide](#).

The definition of an ACCO is set out in Clause 44 of the [National Agreement on Closing the Gap](#)

Clause 44 states:

Aboriginal and Torres Strait Islander community control is an act of self-determination. Under this Agreement, an Aboriginal and/or Torres Strait Islander Community-Controlled Organisation delivers services, including land and resource management, that builds the strength and empowerment of Aboriginal and Torres Strait Islander communities and people and is:

1. Incorporated under relevant legislation and not-for-profit
2. Controlled and operated by Aboriginal and/or Torres Strait Islander people
3. Connected to the community, or communities, in which they deliver the services
4. Governed by a majority Aboriginal and/or Torres Strait Islander governing body.

Note: A Digital Inclusion Hub is targeted specifically to ACCOs located in NSW and will be delivered over 18 months and may be evaluated after 12 months.

I confirm that the applicant is eligible according to the criteria outlined in the Information Guide *

Yes

Please explain how your organisation meets the criteria for an ACCO?

Please list the local board members or demonstrate how the community influences the decision making of your organisation?

What type of legal entity is your organisation?

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Applicant Details

* indicates a required field

Organisation Details

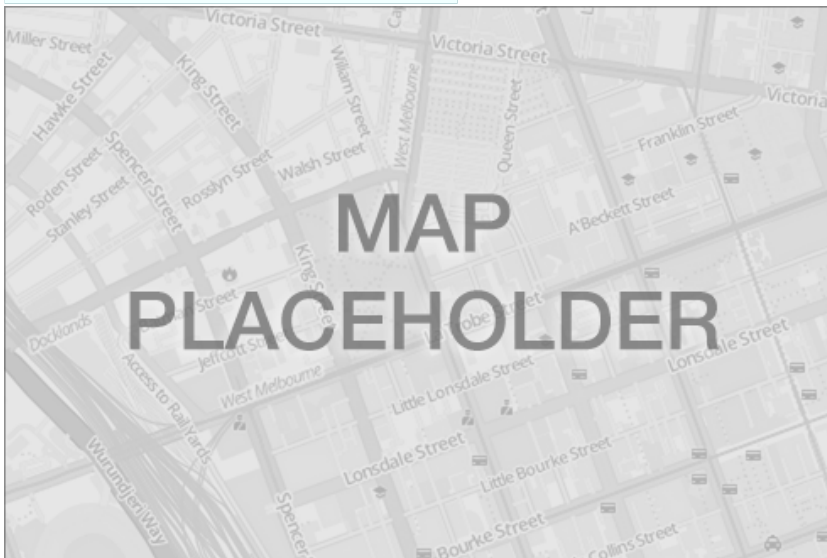
Organisation Name *

Organisation Name

For organisations: please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Applicant Primary Address

Address



Applicant Postal Address

Address

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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.

Joint Applications

Is the applicant auspiced by another organisation for the purpose of this grant? *

Yes No

An auspice arrangement is when a larger, incorporated organisation assists a smaller, unincorporated organisation to fund a grant activity or event. The larger organisation is known as the auspice organisation. Your community group or organisation is known as the grant recipient.

Is the applicant applying on behalf of a partnership or consortium? *

Yes No

Applications under a partnership or consortia arrangement should be submitted by the lead organisation. The arrangement should be formalised at the time of application.

Organisation Details

* indicates a required field

Applicant Organisation ACN or AIN *

Enter Organisation ACN (Australian Company Number) or AIN (Association Incorporation Number) if ABN not there.

Applicant Organisation Details

Please detail the primary activities of the applicant organisation. *

Word count:

Must be no more than 200 words.

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Please enter the Australian and New Zealand Standard Industrial Classification (ANZSIC) code for the applicant organisation. *

Please upload a copy of your most recent Annual Report. *

Attach a file:

If you do not have a copy of your most recent Annual Report, please provide recent Financial Statements.

Does the applicant organisation have at least \$20 million in public liability insurance, or is willing to obtain \$20 million in public liability insurance? *

- Yes
 No, but willing to obtain

Applicants are required to hold at least \$20 million public liability insurance in order to enter into a funding deed with the NSW Government.

Please provide evidence that the applicant organisation holds Public Liability Insurance. *

Attach a file:

Applicants are required to hold at least \$20 million public liability insurance in order to enter into a funding deed with the NSW Government.

Auspice Organisation Details

Auspice organisation name *

Organisation Name

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

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
ABN
Entity name
ABN status
Entity type

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Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

[More information](#)

ACNC Registration

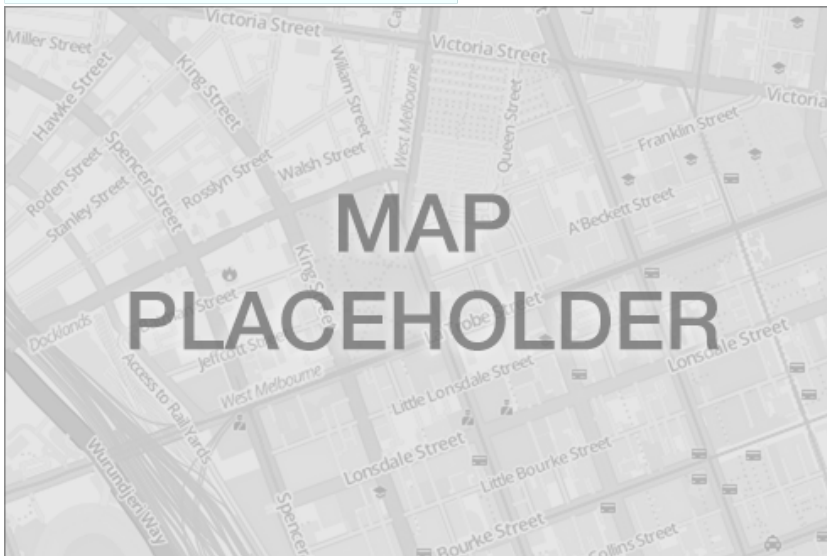
Tax Concessions

Main business location

Must be an ABN.

Auspice Primary Address

Address



Primary Contact Person at Auspice Organisation *

Title First Name Last Name

We may contact this person to verify that the auspice arrangement is valid and current.

Position *

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

Phone Number *

Must be an Australian phone number.

Country code not required, area code for landlines is required.

Email Address *

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Must be an email address

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.

Partnership/Consortium Organisation Details

Please detail each of the Partner Organisations involved in this application. Please 'Add more' as appropriate to ensure all partnership organisations are captured.

Partner Organisation Name *

Organisation Name

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

Partner 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	

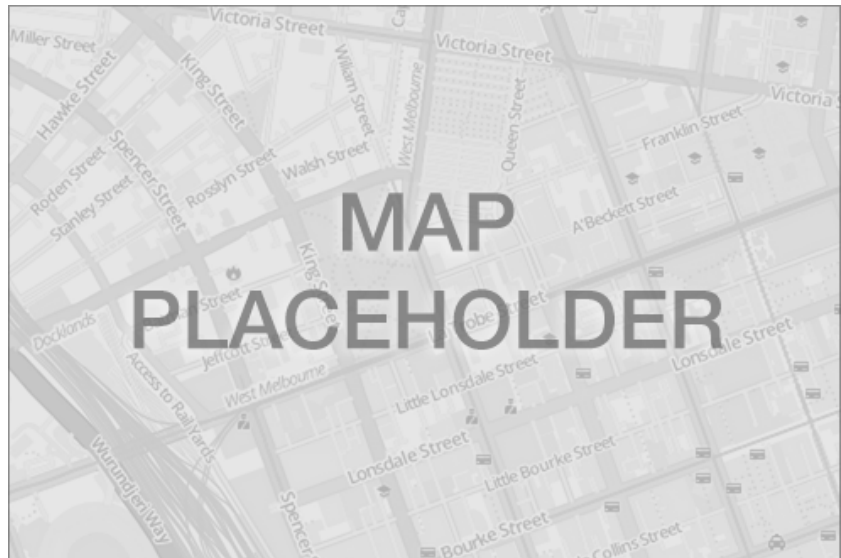
Must be an ABN.

Partner Organisation Address *

Address

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

Please attach a letter confirming that the Partnership/Consortium arrangement with this organisation 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.

Program Questions

* indicates a required field

Please ensure you answer all questions.

All questions will be assessed against a set of criteria. Please ensure you answer all questions.

If you don't have information for a 'mandatory field', please advise no further information.

Title *

Word count:

Must be no more than 25 words.

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

Brief description *

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Word count:

Must be no more than 50 words.

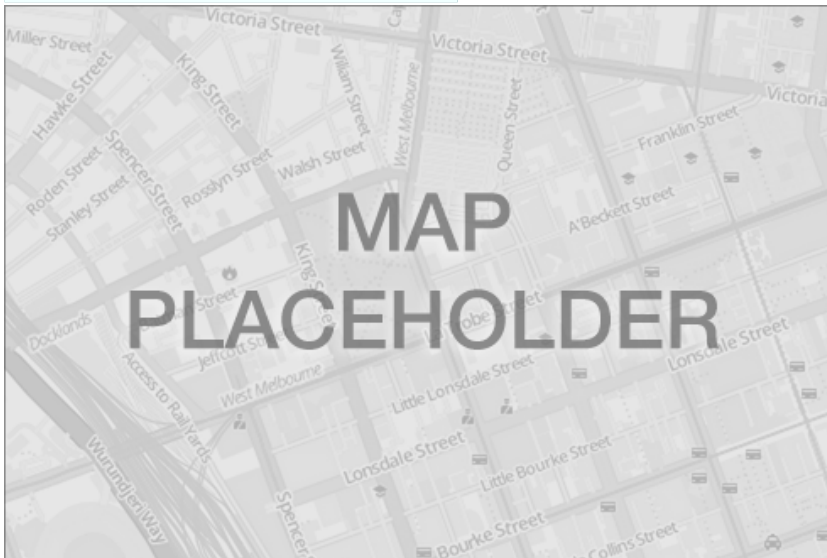
Include a brief summary of who will benefit from this project/program, what activities you will do and what outcomes you expect from your activities.

Anticipated start date *

Anticipated end date *

Primary location of your initiative

Address



Any, but at least one field is 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.

Key Project Personnel

Please provide information on the key personnel who will be responsible for the delivery of the project/program.

Please include only one person per row. Add more rows if you want to list additional personnel.

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Name	Organisation	Role	Notes
One per row. Add more rows if you want to list additional key project personnel.			Please provide any further details.

How will you work towards closing the digital divide for your community? (This question is weighted 30%)

Outline why your community requires a Digital Inclusion Hub?

What are the digital needs within your community (refer to the 4 domains and list any outside of the four domains that will assist your community to close the digital divide)?

What digital services/programs/initiatives will you provide?

How will you support and upskill your community around digital skills?

How will you engage or employ a digital mentor? (if required)

How will you provide advice about data/device bundling programs?

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How you will meet the diverse accessibility and inclusion needs for your community such as LGBTQSB+ people, people with disability, seniors and other groups with diverse needs.

Outline how the Digital Inclusion Hub will be informed by Aboriginal people who have diverse backgrounds, knowledge, and lived experiences within your community.

Demonstrated experience in partnering / co-design: (This question is weighted 10%)

Explain how your organisation has collaborated with other organisations and/or government agencies to deliver positive outcomes for Aboriginal and Torres Strait Islander communities

If no prior partnerships exist, describe how forming partnerships would benefit your community and how would you establish partnerships?

Identify potential partners for delivering the Digital Inclusion Hub

What is your service delivery capability and experience? (This question is weighted 10%)

Does your organisation currently provide culturally responsive services? Please provide a brief description of the services

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Does your organisation currently have the capacity and or willingness to provide digital services? Please provide a brief response on your capacity and willingness. If you currently don't have the capacity, what is required?

What would success for the Digital Inclusion Hub look like and how will you measure it? e.g. data collection for reporting purposes (This question is weighted 15%)

How will you collect, use and store data for the Digital Inclusion Hub?

What mechanisms will you use to capture reporting?

How will you report the benefits and promote success of the Digital Inclusion Hub? Some examples: Community success stories, quantitative and qualitative data (evidence of improvement of digital literacy, number of participants, employment opportunities, survey responses etc)

What is your planned budget for the initiative? (This question is weighted 15%)

Please outline a brief costing and timeline of your initiative noting the timeline is up to 18 months

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List any potential risk with your project/program and strategies your organisation would use to mitigate them (This question is weighted 10%)

Please detail any risks or uncertainties in the delivery of the project/program, and how each of these will be managed.

Please include only one risk or dependency per row. Add more rows if you want to list additional risks or dependencies.

Risk or dependency description	How the risk or dependency will be managed
For example, you may require approval, have stretched resources, or time constraints for delivery.	You should provide an explanation of how you will prevent or treat the risk or dependency.

What is your Organisation and Community Governance structure? (This question is weighted 10%)

Outline your leadership structure including key personnel - who would be the lead for the project

Who are your organisation and community decision making bodies (e.g. board, Local Decision-Making groups etc.) in your area?

Explain how you plan to sustain the Digital Inclusion Hub after the initial 18-month funding period

Do you currently receive any government funding? What was the outcome of the funding/grant? Please briefly outline

Community Support

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Does this project have community support? *

Yes

No

Not Applicable

Evidence of community support is generally highly regarded as projects with community buy-in tend to be more successful.

Please provide a reference in support of your application. References may come from a community member, government agency, or non-government organisation. Reference can be provided either written or verbal. If verbal, please provide contact information of your referee. *

If you believe there is community support but this has not yet been confirmed, please detail your rationale.

Please upload letters of support (if available/relevant).

Attach a file:

A maximum of 5 files can be attached

Budget

* indicates a required field

Total Project Cost *

\$

What is the total budgeted cost (dollars) of your project?

Total Amount Requested *

\$

What is the total financial support you are requesting under this grant?

Total Applicant Co-contribution *

\$

Must be a dollar amount.

What is the total monetary amount the applicant will be contributing to the project?

Co-contribution %

This number/amount is calculated.

Percentage applicant contribution to Total Amount Requested.

Applicant In-kind Contribution *

Please detail any in-kind contributions the applicant will be making to the project.

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Expenditure

Please include all expenditure items (including the amount requested and any GST attracted) that you are seeking to fund under the grant.

Please note, these items must be eligible under the grant as according to the guidelines.

Expenditure description	Expenditure type	Expenditure amount (ex. GST)	Expenditure GST	Expenditure amount (inc. GST)	Notes
		\$	\$	\$	
		Must be a dollar amount.	Must be a dollar amount.	This number/amount is calculated.	

Other Inputs

Please detail any other, non-financial inputs that you will require in order to deliver the project, including the confirmation status of the input.

CAN DELETE

Input description	Input status
Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, and other types of support.	

Outcomes

Payment and Supporting Documents

* indicates a required field

Bank Details

Applicant Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Please provide a recent bank statement of the account you would use to receive the grant funding if you are successful. *

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Attach a file:

You do not have to show transaction details, however, the statement must:

- Be for an account in the name of the applicant
- Clearly show the BSB, account number and name of the account holder
- Be a statement on financial institution letterhead
- Not be an online transaction list

Supporting Documents

Please attach any supporting documents that support your application

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

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Authorisation

I agree *

Yes

Name of authorised person *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 i.e. 1 hour 60

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-MGO/2025 v2.0