Application form - Round 2 - Companion Animal Welfare and Rehoming Grant

Form Preview

About the grant

* indicates a required field

Program Details

The Companion Animal Welfare and Rehoming Grant (Grant) has been established to support designated companion animal rehoming organisations and registered non-government organisations. The Grant seeks to support community, grassroot organisations to cover the costs associated with caring for and rehoming companion animals and improve companion animal welfare across the State.

Grant Program Name

This field is read only.
The program this submission is in.

Instructions for Applicants

Before completing this application form, you should have read the *grant guidelines*.

You should also review the ***Application Infosheet*** which gives advice and examples on responding to questions in this form.

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

If you have any questions regarding the grant program, please contact **grants@olg.nsw.gov.au**

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

Application Number

This field is read only.

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 accepted or rejected; and

- it has read the Grant Guidelines for the Program 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 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.

Conflict of interest

Please indicate whether you have any real or perceived conflicts of interest associated with this grant program.

If you are unsure if something may be a real or perceived conflict of interest associated with this grant program, please declare it as a conflict and provide additional information. This will not make your application ineligible.

Conflict of Interest *
☐ I do not have a conflict of interest
☐ I do have a conflict of interest
No more than 1 choice may be selected.

Please outline: 1. circumstances surrounding the conflict of interest 2. identify if the conflict is related to an individual or the organisation 3. propose a management strategy to mitigate the conflict if noncomplex

For example: 1. a member of the Applicant organisation has a partner who works within the Office of Local Government, who administer this grant round. This could be perceived as a conflict of interest. 2. this perceived conflict is related to an individual who works for the Applicant organisation 3. the member of staff has not been involved with the crafting of this application and their partner has declared the potential conflict with their employer

1.2 Please outline the nature of the conflict of interest.

Eligibility Confirmation

Please declare this application meets the Program eligibility criteria:

- The organisation seeking funding is an eligible entity type as per the Grant Guidelines
- Funding is being sought to cover eligible costs for eligible activities
- The organisation does not owe any money to **Office of Local Government** as a result of previous grant rounds or programs.

I confirm that the applicant organisation and project is eligible according to the criteria outlined in the Program Guidelines *
☐ I agree

Ineligibility

1. No members, staff or carers of the organisation have ever been charged, convicted or been subject to a penalty notice in respect of, an offence against the:
    - Animal Research Act 1985
    - Companion Animals Act 1998
    - Companion Animals Regulation 2018
    - Exhibited Animals Protection Act 1986
    - Prevention of Cruelty to Animals Act 1979
2. No members, staff or carers of the organisation have ever operated a premises where animals have been kept or controlled and been subject to a Council order relating to the care and control of animals.

3.No members, staff or carers of the organisation have been declared bankrupt within the past ten years or been subject to any other insolvency administration or fraud convictions.

I confirm that to the best of my knowledge, the below statements are true and correct: *

☐ I agree

An appliction can not be submitted if the organisation

Applicant Details

* indicates a required field

Organisation Details

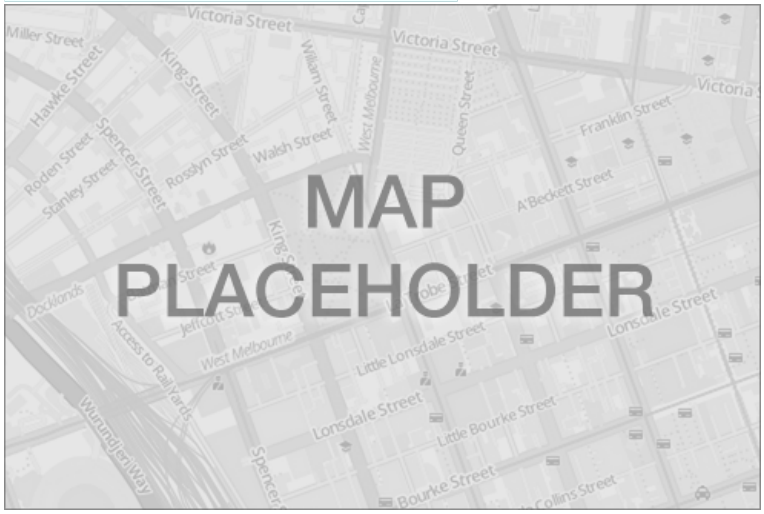
Organisation Name *

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.

Primary Address

Address



Postal Address

Address

Primary Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Other Phone Number

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Email Address *

Must be an email address.

Website

Must be a URL.

Primary Contact Details

Primary Contact *

Title | First Name | Last Name

This is the person we will correspond with about this grant.

Primary Contact Position *

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

Primary Contact Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Other Phone Number

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Email *

Must be an email address.
This is the address we will use to correspond with you about this grant.

Does the applicant have an Australian Business Number (ABN)? *

○ Yes ○ No

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.

Applicant Australian Company Number (ACN) *

Organisation Details

* indicates a required field

Bank Account verification

It is a requirement under the Eligibility Criteria that your organisation has a bank account with an Australian financial institution.

Please provide a recent bank statement for the organisation in the field below. This should be for the account grant funding will be paid into if successful.

You may redact any transaction details, however the statement must:

- Be for an account in the name of the applicant organisation
- 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

Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Please provide a recent bank statement that confirms the above information. *
Attach a file:

This should be for the account that the grant will be paid in to if successful

Vendor account

To receive a grant payment from the Office of Local Government, we need to create a vendor account for your organisation in our payment system.

We ask that you provide a vendor creation form with your application so if successful, we can create your account immediately and avoid delays to you receiving payment.

Have you submitted a vendor creation form in a previous round of the grant program? *
- ○ Yes
- ○ No

Do you need to update the account information previously provided in your vendor creation form?
- ○ Yes, my account details have changed
- ○ No, my account details are the same as previously provided on my vendor creation form

If you are not sure, please select 'Yes' and submit a vendor creation form. We will cross-check with the information in our system and update if needed.

Upload Vendor creation form

Please complete and upload a vendor creation form. If successful, we will set up your vendor account once

The form template can be downloaded here.

Vendor form
Attach a file:

Current Activities

Please detail the primary activities the applicant organisation undertakes. *

Must be no more than 200 words.
We are interested in hearing more about your organisation's purpose and work

Briefly summarise the rehoming and/or animal welfare activities you have undertaken over the last 12 months *

(200 words recommended), Be specific around the number of animals and/or other beneficiaries impacted, where activities took place.

Does the applicant organisation currently have $10 million in public liability insurance? *
- ○ Yes
- ○ No, but willing to obtain

Applicants are required to hold public liability insurance in order to enter into a funding deed with the NSW Government.

Please provide evidence that the applicant organisation currently holds $10 million in Public Liability Insurance. *
Attach a file:

Applicants are required to hold public liability insurance in order to enter into a funding deed with the NSW Government.

Application Details

* indicates a required field

Grant Activities

Please outline below the proposed project or activities you are seeking funding for.

Please note, for a grant activity to be eligible it must be for one of following activities:

- Rehoming of companion animals, or reuniting companion animals to their owners.
- Support the prevention of animals entering the rehoming system in the first instance.
- Training, services, systems or equipment that improve the efficiency and effectiveness of companion animal rehoming.
- Provision of animal relief services during an emergency or crisis.
- Veterinary treatment, including desexing, microchipping, vaccinations and other medical treatments.
- The provision of services to deliver training or rehabilitation for a dog or cat to enable future rehoming opportunities.
- Education programs on responsible ownership of animals, including consideration of ethics, sentience and duty of care.
- Upgrade or extension of current facilities to improve the welfare of companion animals

Please refer to the Grant Guidelines for further clarification on eligible activities.

Title *

Word count:
Must be no more than 25 words.
Provide a name for your initiative. Your title should be short but descriptive.

Brief description *

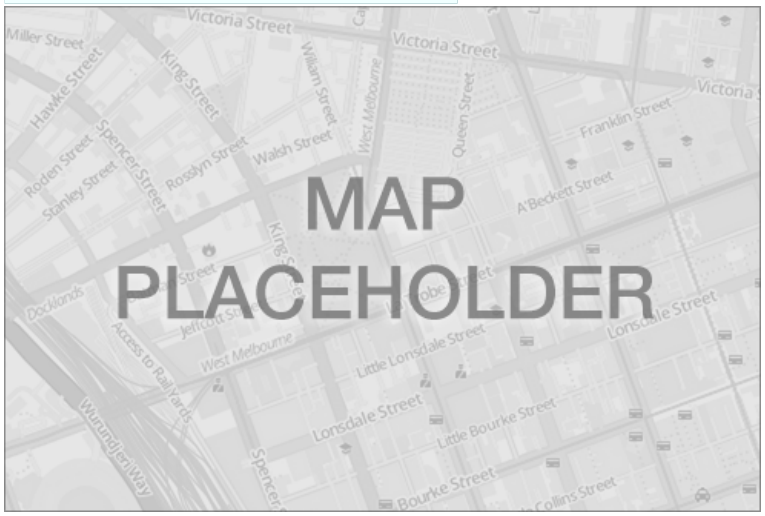
Include an overview of what you are seeking to do with funding, who will benefit from this and outcomes you expect from your activities.

Anticipated start date *

Must be a date.
Must be no earlier than 30 November 2026

Anticipated end date *

Primary location of your initiative
Address



Primary location does not need to be a specific address, and can be postcode, suburb, state (NSW), etc. If delivered across multiple locations, provide the main location of the organisation's operations. You can clarify location in the 'Activities' section below

Please update anticipated start date

You have indicated above that your project starts before 30 November 2026, the timeframe for delivery under this Program. Please update the details to ensure your dates fit within these timeframes."

Activities

Please detail the activities to be undertaken as part of your funded project, or the activities you will be completing with funding. Providing detailed activities help assessors clearly understand what you are seeking to do with funding.

You can stipulate one location for each activity.

If you have one activity taking place in multiple places, you can either list each location as a separate activity (e.g. Vet Health Checks #1; Vet Health Checks #2, with a specific location attached to each), or you can list one activity with a generalised location (e.g. "XX Council LGA").

If successful, we will ask you to report on these activities during the reporting and acquittal process. Ensure your activities are clear, measurable and achievable.

Activity	Location	Expected start date	Expected end date	Explanatory notes
One per row. Add more rows if you want to list additional activities. Must be no more than 25 words.	Where will your activity occur? Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.	Must be a date.	Must be a date.	Add notes if you need to provide more context. Must be no more than 50 words.

Project Milestones

Strong milestones break down what each step in implementing a project is so assessors can understand how a project will progress to completion. Strong milestones also show you have considered the timeline for your project or activities.

Please detail the steps involved in your funded project or activities through to completion.

If successful, we will ask you to report on these milestones during the reporting and acquittal process. .

Avoid complicated or a high volume of milestones if you are unlikely to have the capacity to report on these.

Milestone	Expected start date	Expected end date	Explanatory notes
Please provide detail for one Milestone per row. e.g., Planning; construction, opening Add more rows if you want to list additional milestones. Please include detail of all Deliverables that are part of the Milestone.	Must be a date.	Must be a date.	

Stakeholder support

We require a letter of support from the local council where funded project/activities will be undertaken.

If you will be undertaking work across multiple local government areas, we will require a letter of support from one of these council only.

Council letter of support *
Attach a file:

Outcomes

Outcomes

Please tell us about the outcomes you expect to result from your project or activities and how you will measure if you achieve this. Be specific with metrics in the measures you will use as this helps assessors understand the link between your project/activities and the outcome.

Outcomes are the changes you expect to occur for the beneficiaries of your project. Generally, outcomes can be framed as an increase or decrease in an area of focus.

Examples of outcomes and how they may be measured include:

- **Outcome**
- **Measure Example**
- Increase desexing rates
- % increase in animals desexed in LGA per quarter
- Improve animal health
- Number of vet health checks completed per month
- Promote responsible ownership
- Number of educational sessions delivered and % of attendees who report increased awareness
- Increase rehoming success
- Number of animals rehomed within 12 months
- Improve emergency response
- Number of animals supported during crisis events per year

If successful, we will ask you to report on these outcomes during the reporting and acquittal process.

Ensure these are specific to your work, measurable and achievable. Avoid complicated or high volume of outcomes if you are unlikely to have the capacity to report on these.

Outcome	How does your intended outcome link to the Program Objectives?	What will achieving the outcome look like?
What changes do you expect will occur as a result of your project (e.g. reduction in unwanted litters)? Please be brief. One per row.	Please explain how your intended outcome helps contribute to the Program Objectvites.	What is your target? What measure will you use to track progress against the outcome? (e.g. XX animals desexed over funding period, XX training workshops run)

Budget

* indicates a required field

The below section asks you to outline the funding amount you are seeking and details on what this will be spent on.

Please refer to the guidelines when listing your expenditure items to ensure they are eligible.

Please note that requesting an amount of funding does not mean this will be the amount offered if your application is successful.

OLG reserves the right to offer partial funding to successful applications where OLG, through the assessment process, deems this appropriate.

Total Amount Requested *

$

Must be a whole dollar amount (no cents) and between 5000 and 50000.
Please only include the amount of funding you are seeking from this grant

Total Project cost

Please confirm the total cost of your planned project or activities. If the total cost is the same as total amount requested above, please put that figure here.

Total cost of project/activities? *

Must be a dollar amount.

Expenditure

Please break down how you will spend the funding requested in the table below. Please include all expenditure items (including the amount requested for each and any GST attracted).

Any expenditure item must be eligible under the guidelines.

Strong applications show the cost-per-animal breakdown for relevant activities to clearly budget feasibility to assessors (e.g. desexing and microchipping 200 cats @ $200 each). Please use the *Notes* section to provide this detail.

If successful, we will ask you to report on the budget during the reporting and acquittal process. Ensure budget details are clear, measurable and can be reported on in the same format.

A reminder that grant funding is exclusive of GST.

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

Other Income

Are there any other income sources funding the project or activities? *

- ○ Yes
- ○ No

Project Budget (Income)

If your project total cost is more than the grant amount

Please outline your project income in the budget table below, including this grant, noting whether it has been confirmed or not.

Income description	Is this funding confirmed?	Income amount to date (actual)	Notes
Provide a clear description for each budget item. Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'.		Enter the actual amount of income from this funding source that has been received to date. Must be a dollar amount.	Add notes if you need to provide more context

Income co-contribution

You have noted that there is confirmed funding from other sources linked to your project.

Please provide evidence of this confirmation. This could be in the form of a donation page, signed partnership agreement, or contract.

Confirmed income evidence
Attach a file:

Assessment Criteria

* indicates a required field

Applications will be reviewed in how well they address the below Assessment Criteria

1. The application shows consistency with the policy principles, objectives and outcomes of the grant program

2. Application demonstrates value for money in the use of public funds to support companion animal care and rehoming services

3. Application outlines the capability, experience and skills of the applicant organisation in the rehoming and animal welfare space

4. The project is feasible, realistic and deliverable by the organisation within the proposed timeframe and budget.

In conjunction with the information requested in the preceding pages of this application form, the below questions provide you with an opportunity to tell us more about your project or activities in relation to their alignment with the assessment criteria.

With reference to the grant program's principles, objectives and outcomes, why does your project or activities need to be undertaken? *

Word count:
Describe the specific objectives, issues or needs you want to address and how your project will address this (200 words recommended)

How do you know your project or activities will address the above objectives, issues or needs? *

Word count:
What evidence is there that your project or activities will succeed in making a difference (200 words recommended)?

Why is your organisation best placed to undertake the project or activities proposed? *

What experience, capacity or capabilities do you have that will help you successfully complete the project/activities (200 words recommended)

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

Authorisation

I agree * ☐ Yes

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)

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-SGO/2025 v2.0