

# 2026 Grant Application MCT

## Form Preview

### Privacy and Eligibility

\* indicates a required field

#### Privacy Notice

We will respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the Privacy Act 1988 and amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012.

#### Applicants: Please Note

Before completing this application form, please refer to grants eligibility requirements below and on our [website](#). If you have any questions regarding these eligibility criteria, please [email us](#).

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

#### Confirmation of Eligibility - All Grants

##### **I confirm that the applicant ...**

- has read and understands the program guidelines below and on the [Morialta Charitable Trust website](#).
- is an incorporated organisation whose mission is aligned with that of the Morialta Charitable Trust (MCT).
- is an endorsed Deductible Gift Recipient (DGR).
- is not a Public Ancillary Fund.
- does not owe any money to MCT, including where MCT has distributed funds on behalf of another organisation.
- will submit any outstanding acquittals for previous grants from, or administered by, MCT by 31st August (please refer to the [website](#) for acquittal requirements).
- has implemented policies and procedures to ensure the safety of children and young people.
- has the appropriate type and level of insurance for the activities that are the subject of the grant.
- will submit an online application through the Morialta Charitable Trust website grants application portal.
- will submit with the application a financial statement signed by a responsible person listed with ACNC. Failure to do so without explanation will result in the application being rejected.
- will submit with the application reviewed or audited financial reports as per ACNC requirements. Failure to do so without explanation will result in the application being rejected.
- if successful, agrees to:
  - enter into a funding agreement;
  - provide a certificate of currency for relevant insurances;

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- provide a copy of the policies and procedures ensuring safety of children and young people;
- acquit the project as scheduled in the agreement.

**Please select below: \***

Yes  No

You must confirm that all statements above are true and correct to proceed with the application

Thank you for your interest in applying for a Morialta Charitable Trust grant. Unfortunately by answering *NO* to the question above, you do not meet eligibility requirements. You will **NOT** be able to progress with this application.

## Organisation Information

\* indicates a required field

**Organisation Name \***

Organisation Name

Please use the organisation's full name as listed with the ATO and ACNC

**Organisation Website \***

Must be a URL.

**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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

**Provide the link to your organisation's ACNC listing \***

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Must be a URL.

### What is your organisation's size, as classified by the ACNC \*

- Small - annual revenue under \$500,000
- Medium - annual revenue over \$500,000 and under \$3 million
- Large - annual revenue over \$3 million

Your revenue includes grants, donations, and other fundraising activities, fees for services, sale of goods, interest, royalties and in-kind donations that have been included in your accounts as 'revenue'. The Australian Charities and Not-for-profits Commission (ACNC) has more detailed information here:

<https://www.acnc.gov.au/tools/topic-guides/revenue>

### Do you have an outstanding acquittal from a previous grant?

- Yes
- No
- Unsure

Outstanding acquittals must be submitted by 31 August 2026

### Please provide a financial statement signed by a responsible person on your ACNC listing. Please include a reviewed or audited financial report as per ACNC requirements. If you cannot meet this requirements, please provide an explanation. \*

Attach a file:

<https://www.acnc.gov.au/for-charities/manage-your-charity/obligations-acnc/reporting-annually-acnc/reviewing-and-auditing-financial-reports>

### What type of financial statement have you provided above? \*

- [Min requ small charity] Signed financial statement
- [Min requ medium charity] Signed financial statement - reviewed
- [Min requ large charity] Signed financial statement - audited
- Explanation for not providing minimum required information

Please provide a copy of your most recent Annual Report if available OR please provide link to your most recent Annual Report if available

Attach a file:

available

Must be a URL.

## Project Information - Part A

\* indicates a required field

### Project Summary

Please BRIEFLY (in one sentence) complete each of the following statements to help us be clear about the specific project that the requested MCT grant monies would be supporting. The next section provides opportunity to provide more detail.

### Project Title \*

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**Word count:**

Must be no more than 15 words.

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

**The project delivers... \***

**Word count:**

Must be no more than 30 words.

Eg. family social support

**For [audience] living in [region of Adelaide]... \***

**Word count:**

Must be no more than 30 words.

Eg. For children with intellectual disability, living in metropolitan Adelaide

**To provide/enable... \***

**Word count:**

Must be no more than 30 words.

Eg. Connection with other families experiencing the same challenges

**To achieve [outcomes]... \***

**Word count:**

Must be no more than 30 words.

Eg. Reduced isolation and improved mental health

**The project will benefit approximately/up to [number] people... \***

**Word count:**

Must be no more than 20 words.

Eg. The number of beneficiaries of your project

**With a requested funding amount of... \***

Must be a number.

The requested funding amount

**This requested funding represents what percentage of this project's total cost (excl in-kind contribution) \***

Must be a number.

'Project' is the specific activity/deliverable that you are requesting funding support for. It does not include a bigger project that this may be a part of.

**The approximate value of in kind contribution (if any) to this project is....**

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Must be a number.

### Project Detail

**What need does your project address? \***

Word count:

Must be no more than 300 words.

Please be concise

**Project Description \***

Word count:

Must be no more than 300 words.

Please be concise

### Project Profile - Part B

\* indicates a required field

#### Project Success

**What will your successful project look like? \***

Word count:

Must be no more than 100 words.

Please be concise.

**What gives you confidence that your project will be successful? \***

Word count:

Must be no more than 100 words.

Please be concise.

**How will you determine/measure success? \***

Word count:

Must be no more than 100 words.

Please be concise.

**What are the challenges to achieving project success? \***

Word count:

Must be no more than 300 words.

Please be concise.

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**How will you manage these challenges? \***

Word count:

Must be no more than 500 words.

## Funding Request

**Total Funding Amount Requested in 2026 \***

\$

This number/amount is calculated.

**Can you accept less funding than the amount requested? \***

- Yes  
 No

**Can this project be delivered without this requested funding? \***

- No  
 Yes, with reduced participants/beneficiaries  
 Yes, through other funding sources

**Does this project require other funding sources to be viable? \***

- Yes  
 No

**Funding Source \***

**Approx % of the project cost \***

Must be a number.

**Status sourcing funding \***

## Multi-year funding

**In exceptional circumstances, Morialta Charitable Trust may offer a multi-year grant. Do you wish to be considered for a multi-year grant? \***

- Yes  
 No

Note: Multi-year funding is not confirmed to be offered in 2026.

**Year 2 Funding request \***

\$

Must be a dollar amount.

**Year 3 Funding Request**

\$

Must be a dollar amount.

**Please describe how multi-year funding would deliver greater impact or have improved effectiveness for the beneficiary/recipient than single year funding \***

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Word count:  
Must be no more than 200 words.

### Requested Funding Budget

\* indicates a required field

Expenditure of requested funds - please add more lines if required

Expenditure Description	Expenditure amount	Budget Notes
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Must be no more than 10 words.		Must be no more than 100 words.

Your budget must balance TOTAL REQUESTED FUNDING = TOTAL EXPENDITURE AMOUNT

Total amount requested 2026 \*

\$

This number/amount is calculated.

Total Expenditure \*

\$

This number/amount is calculated.

Balance \*

\$

This number/amount is calculated.  
This should be Zero

**Optional: You are welcome to share any supporting information. This is not a compulsory question and should only be used to support information provided in your responses to the application questions**

Attach a file:

Statistical information only - not for assessment. This helps us understand community need and projects.

\* indicates a required field

**Was Artificial Intelligence (AI) used to write any part of this application? \***

- Yes  
 No

**What is the employment type of the person(s) writing this application? \***

- External consultant  
 Employed - grant writing/fundraising role  
 Employed - other role  
 Volunteer  
 Other:

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### Does your project specifically focus on children/youth with disability? \*

- Yes - the audience is ONLY people with disability
- Yes - the audience specifically INCLUDES people with disability
- No - the audience is not specifically people with disability

### Does your project specifically focus on Aboriginal or Torres Strait Island children/young people? \*

- Yes - the audience is ONLY Aboriginal or Torres Strait Island people
- Yes - the audience specifically INCLUDES Aboriginal or Torres Strait Island people
- No - the audience is not specifically Aboriginal or Torres Strait Island people

### What need does your project address? \*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CALD support                | <input type="checkbox"/> Social support                             | <input type="checkbox"/> Homelessness                |
| <input type="checkbox"/> New/recent arrivals support | <input type="checkbox"/> Individual support                         | <input type="checkbox"/> Medical support             |
| <input type="checkbox"/> Crisis care and support     | <input type="checkbox"/> Family support - geographic isolation      | <input type="checkbox"/> Mental health/wellbeing     |
| <input type="checkbox"/> Disability - physical       | <input type="checkbox"/> Family support - health/mobility isolation | <input type="checkbox"/> Personal growth/development |
| <input type="checkbox"/> Disability - intellectual   | <input type="checkbox"/> Family support - new parents               | <input type="checkbox"/> Primary/secondary schooling |
| <input type="checkbox"/> Domestic violence           | <input type="checkbox"/> Family support - single parents            | <input type="checkbox"/> Other education             |
| <input type="checkbox"/> Employment                  | <input type="checkbox"/> Food poverty                               | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Community connection        |   |  |

### What do the project beneficiaries receive? \*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Activity - arts/creative           | <input type="checkbox"/> Education                          | <input type="checkbox"/> Housing                         |
| <input type="checkbox"/> Activity - personal growth/support | <input type="checkbox"/> Employment / employment assistance | <input type="checkbox"/> Basic goods (ie food, supplies) |
| <input type="checkbox"/> Activity - sporting/recreational   | <input type="checkbox"/> Entertainment                      | <input type="checkbox"/> Other: <input type="text"/>     |
| <input type="checkbox"/> Counselling                        | <input type="checkbox"/> Financial support                  |  |

### Where do the majority of project beneficiaries live? \*

- Adelaide CBD
- Adelaide metro (up to 20kms from CBD)
- Adelaide outer metro (up to 50kms from CBD)
- Inner regional SA (up to 200 kms from CBD)
- Outer regional SA (up to 500kms from CBD)
- Remote SA (up to 1200kms from CBD)

### What is the expected number of beneficiaries of this funding? \*

- |                              |   |
|------------------------------|---|
| <input type="radio"/> 1-5    | <input type="radio"/> 101-500                     |
| <input type="radio"/> 6-20   | <input type="radio"/> 501-1000                    |
| <input type="radio"/> 21-50  | <input type="radio"/> Other: <input type="text"/> |
| <input type="radio"/> 51-100 |   |

### What stage of implementation is your project? \*

- This is a pilot project
- This is newly implemented project following a successful pilot
- This project is becoming established

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This is a well established project

### Contact Information

\* indicates a required field

#### Primary Contact Details

This is the person we will communicate with about the grant application

##### Primary contact name \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

##### Primary contact role \*

Eg. Manager, Board Member or Fundraising Coordinator.

##### Primary contact preferred phone number \*

Must be an Australian phone number.

##### Primary contact email address \*

Must be an email address.

#### Secondary Contact Details

##### Secondary contact name

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

This is optional, however it is helpful to have the contact details for a secondary person who is familiar with this application and the proposed project.

##### Secondary contact role

Eg. Manager, Board Member or Fundraising Coordinator.

##### Secondary contact preferred phone number

Must be an Australian phone number.

##### Secondary contact email address

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### Application completion

\* indicates a required field

#### Certification

*This section must be completed by an appropriately authorised person on behalf of the applicant organisation.*

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if awarded a grant, we will be required to accept the terms and conditions of the grant as outlined in the Distribution Agreement.

**I certify \***

- Yes  
 No

**Name of Authorised Person \***

**Role of Authorised Person \***

#### Applicant Feedback

**How easy was the online application process to complete? \***

- Very easy       Easy       Difficult       Very Difficult

**How did you hear about the 2026 grants round? \***

Word count:

Must be no more than 15 words.

**How long did it take you to complete the application? \***

- Less than 1 hour       1-5 hours       5-10 hours       More than 10 hours

**Do you have any feedback or suggestions?**

Must be no more than 100 words.