ABOUT THE GRANT PROGRAM

WHAT IS THE STRENGTHENING OUR CULTURE FUNDING POOL?

The Strengthening Our Culture (SOC) Funding Pool aims to improve the health and wellbeing of Aboriginal people in South Australia by supporting community-led projects and partnerships that strengthen culture, promote healthy lifestyles, and address key health priorities.

Projects and partnerships funded through the Strengthening Our Culture Funding Pool must align with one or more of the Cultural Determinants of Health, demonstrating how strong cultural connection and identity contribute to positive health outcomes for Aboriginal people.

Projects and partnerships must also align with one or more of Preventive Health SA's key prevention priorities, including Alcohol and Other Drugs, Obesity Prevention, Tobacco and Vaping, Social and Emotional Wellbeing, Suicide Prevention, Chronic Conditions, and Cancer Screening.

The Funding Pool supports community-led initiatives that strengthen culture and address priority health topics, including tobacco and vaping, alcohol and other drugs, nutrition, physical activity, obesity prevention, social and emotional wellbeing, suicide prevention, chronic conditions, and cancer screening, to improve the health and wellbeing of Aboriginal people in South Australia.

Applications will be assessed by Preventive Health SA against the eligibility criteria and proposal requirements outlined in this application form.

All sections of the application form must be completed.

The Cultural Determinants of Health

The Strengthening Our Culture Community Grants Program intends to support Aboriginal communities to strengthen the Cultural Determinants of Health, as defined by the Mayi Kuwayu National Study of Aboriginal and Torres Strait Islander Wellbeing:

- **Connection to Country –** spiritual connection, health, and traditional foods, living on country, land rights and autonomy, caring for country
- **Family, kinship, and community**
- **Beliefs and knowledge –** spiritual and religious beliefs, traditional knowledge, traditional healing, and knowledge transmission
- **Cultural expression and continuity –** identity, cultural practices, art, and music
- **Language –** impacts of language on health, language revitalisation, and language education

- **Self-determination and leadership –** cultural safety, self-determination and wellbeing, leadership.

Key Dates

Wednesday 12 August 2026

Applications open

Thursday 20 August, Monday 24 August and Thursday 27 August

Grant application workshops – choose one of these sessions

Friday 28 August

First Applications Assessment Panel

September 2026

First Round of Offers made, contracts executed

Tuesday 20 October 2026

Launch and first Community of Practice Workshop with successful recipients

STRENGTHENING OUR CULTURE FUNDING POOL 2026 - 2027

Grant Application Form

Please complete this form to apply for a *Strengthening Our Mob Grant*.

Funding supports:

Strengthening Our Mob provides seed funding to develop, test, or expand programs aligned with joint priorities identified with community and Preventive Health SA, building evidence for future action and investment.

An equity lens is applied across all stages — including criteria, guidelines, and decision-making — to prioritise projects supporting those with the greatest need. This ensures that projects span all prevention priorities.

Funding can support a project officer and essential equipment (e.g. fitness, kitchen, or garden) for delivery, as well as initiatives such as local resources (toolkits, cookbooks), youth action groups, fitness programs, and on-country camps, though are not limited to these.

Funding and application:

- Grants can be from $10,000 to $30,000.
- There is a limited amount of funds available in this funding stream.
- This is an open round, and applications are reviewed monthly until the funding stream is exhausted.

Duration of funding:

- Recipients have up to 12 months to spend grant funds.

Before you begin your application…

We encourage you to read the following documents to understand the purpose of the grants, and to ensure your proposal meets the eligibility requirements.

- **Grant Guide**

https://www.preventivehealth.sa.gov.au/assets/images/A7613274-Strengthening-Our-Culture-Funding-Pool-Round-1-Grant-Guide-2026.pdf

- **Frequently Asked Questions**

https://www.preventivehealth.sa.gov.au/assets/images/A7613274-Strengthening-Our-Culture-Funding-Pool-Round-1-FAQs-2026.pdf

- **Aboriginal Health Promotion Strategy 2022-2030 and Action Plan 2022-2026**

https://www.preventivehealth.sa.gov.au/about/strategy-plans/aboriginal-health-promotion-strategy-2022-2030

All sections of this application form must be completed, including the grant application checklist on the final page.

The sections of the application, including scoring, are as follows:

PART A - ELIGIBILITY AND EXCLUSION:PART B - PROJECT SNAPSHOT:PART C - PROPOSAL:PART D - EVALUATION:PART E - FUNDING, CO-INVESTMENT AND VALUE FOR MONEY:PART G - GRANT APPLICATION CHECKLIST:

ASSESSMENT CRITERIA

1. Strategic Alignment - 30%
2. Community Benefit - 30%
3. Deliverability - 25%
4. Value for Money - 15%

APPLICATION ENQUIRIES

Enquiries can be directed to PreventiveHealthSA.AboriginalHealthPromotion@sa.gov.au

Part A: ELIGIBILITY AND EXCLUSION

* indicates a required field

Part A: ELIGIBILITY AND EXCLUSION

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.

Does the applying organisation meet the following criteria? Please select below if relevant to your Grant? *

○ Aboriginal Community Controlled Organisation
○ Aboriginal Community Controlled Health Organisation
○ In rural and remote South Australia, non-ACCO organisations may apply for funding where there is limited or no ACCO service available

For definitions please review Grant Guide.

Our organisation does not have any outstanding financial acquittals with Preventive Health SA *

○ No outstanding Acquittals
○ One or more outstanding acquittals

If one or more outstanding acquittals please provide brief comment

Please confirm that your project does not request funding for the following:

- Ongoing operational and maintenance costs
- Goods which have been purchased prior to the grant contract date
- Salaries of existing and new staff members of your organisation (funding for a project officer to coordinate/deliver the grant will be considered)
- Activities/programs which took place prior to the grant contract date
- Duplication of existing services already available to the community (although projects that expand on existing supports will be considered)
- Participation by individuals in activities or events outside of South Australia (interstate or international locations)
- Projects established for financial gain or profit
- Projects which support service delivery to individuals.
- Proposals that plan to make grants to third parties from the funding

Our project does not request funding for any of the above *
- ○ None of the Above
- ○ One or more of the above

PART B: SNAPSHOT

* indicates a required field

PROJECT SNAPSHOT

Project Title *

Name of applying organisation
Organisation Name

Name and Position of Applicant

Applicant Primary Address
Address

Applicant Postal Address
Address

Applicant Primary Phone Number

Must be an Australian phone number.

Applicant Primary Email

Must be an email address.

Please provide a copy of your Certificate of Currency for Public Liability.
Attach a file:

All funded grants require Public Liability Insurance. Providing this information early allows a faster and efficient process.

What is the total funding amount requested (GST exclusive) *

Must be a dollar amount and no more than 30000.
What is the total financial support you are requesting in this application?

Please confirm that your project aligns with one or more Cultural Determinant and one or more of the following health promotion topics: (Please tick relevant option/s) *

- ☐ Connection to Country
- ☐ Family, Kinship and community
- ☐ Beliefs and knowledge
- ☐ Cultural expression and continuity
- ☐ Language
- ☐ Self-determination and leadership

And one (or more) of:

- ☐ Tobacco and Vaping
- ☐ Obesity Prevention (Including Nutrition & Physical Activity)
- ☐ Chronic Disease Prevention (Including Heart, Stroke and Diabetes)
- ☐ Alcohol and Other Drugs
- ☐ Mental Wellbeing
- ☐ Suicide Prevention
- ☐ Social and Emotional Wellbeing
- ☐ Men's Cancer Screening Projects
- ☐ Well Women's Projects

PART C - PROPOSAL

* indicates a required field

Contact Details

Head of Organisation

Title | First Name | Last Name

Head of Organisation Position Title

Head of Organisation Primary Address

Address

Head of Organisation Primary Phone Number

Must be an Australian phone number.

Head of Organisation Primary Email

Must be an email address.

Organisation Website

Must be a URL.

Financial Contact

Title | First Name | Last Name

Financial Contact Position

Financial Contact Primary Phone Number

Must be an Australian phone number.

Financial Contact Primary Email

Must be an email address.

Organisations Bank Account

Account Name

BSB Number | Account Number

Must be a valid Australian bank account format.
These details can be provided later but will delay processes.

Part C: Project Overview

Please provide a brief description of the proposed project, including details about the project aim and objectives, and duration *

Word count:
Must be no more than 500 words.

Which prevention priority is your project focussing on and what aspects of the Cultural Determinants of Health does your project address, and how? *

Word count:
Must be no more than 250 words.

Who is the target population/audience for your project and why? How will you engage with them? i.e., Elders / youth / families / age / gender? *

Word count:
Must be no more than 250 words.

What strategies, actions and initiatives will the project use? Explain why you think these will be effective in addressing your chosen health topic/s and chosen Cultural Determinants of Health.

Word count:
Must be no more than 250 words.
Must be no more than 250 words

Deliverables

What will be the key deliverables or outputs of the project?

Note: *You may wish to create a* ***Program Logic****.*

In its simplest form, a Program Logic is a picture that links ***inputs*** *(what will be used or needed) with* ***outputs*** *(what will be done or delivered) with* ***short- and long-term impacts*** *(the difference your project is intending to make).*

An example Program Logic and a blank Program logic template is available upon request.

It is not compulsory to do a Program Logic, but it may help you with your application.
Attach a file:

Deliverable #1 *

Example Planning, Codesign, Advertising

End Date *

Must be a date and no later than 30/6/2027.

Deliverable #2 *

Example Yarning Circles, On Country Camp, Workshops

End Date *

Must be a date and no later than 30/6/2027.

Deliverable #3 *

Example Cultural Activities

End Date *

Must be a date and no later than 30/6/2027.

Deliverable #4 *

Example Community Gathering, Evaluation and Reporting

End Date *

Must be a date and no later than 30/6/2027.

Sustainability

What strategies will you put in place to support the sustainability of the benefits of the project for the community past the end of the funding period? How might the project build the capacity of the community? *

Word count:
Must be no more than 250 words.

Collaborating/ Partner Organisations

Partner Organisations Contact Details
Title First Name Last Name

Partner Organisation/Company Name and Position

Partner Primary Address
Address

Partner Primary Phone Number

Must be an Australian phone number.

Partner Primary Email

Must be an email address.

Partner Primary Website

Must be a URL.

Please attach any support letter you have from partner organisations
Attach a file:

Please upload a primary support letter. Additional support letter can be emailed seperately to the Aboriginal Team Inbox.

PART D: EVALUATION

1. How will you measure your REACH of your project?

The term **“Reach”** refers to the number of people who participated or engaged in what was delivered (e.g. the outputs of your project). For example, the number of participants at a workshop.

At Preventive Health SA, Reach can be described according to three different **levels.**

- **Low Reach – brief interactions,** examples: website clicks, social media views, flyers distributed.
- **Medium Reach – once off participation,** examples: a person attends a one-off workshop.
- **High Reach – participation in multi-session programs,** examples: attending a camp that goes over two days, attending a series of workshops

Using these levels to classify and describe reach makes the numbers easier to understand. Your project might have different components and therefore, you might report on different types of reach.

Please complete the questions below.

EXAMPLE #1

Reach information/data to be collected

" # of young people attending the overnight camp"

Reach Level

High Reach

Method of Collection

Camp registration form

EXAMPLE #2

Reach information/data to be collected

" # of community members attending the one-off language workshop"

Reach Level

Medium Reach

Method of Collection

Head count at the workshop

Reach information/data to be collected	Reach Level	Method of Collection

2. For the IMPACT or outcomes of your project, you will be asked to submit two-four significant change stories that help demonstrate the change your project created.

This is a narrative approach that will be used to understand the **impacts** of the grant's projects for **participants.**

This narrative approach draws on elements of the “Most Significant Change” (MSC) method, particularly the sections on eliciting and collecting significant change stories. It is important to acknowledge a true MSC approach is not being utilised, as there will be no reviewing of stories within organisational/program hierarchy.

The term **“significant”** does not have to mean “big” or “large” changes (we are realistic about the change that can be achieved proportionate to the grant funding). We are using this term because we want to understand why a change story was significant. It might help to explain this as “significant means it stood out/was important/mattered to you”.

These stories can be told by either project participants, or by project staff (about their observations of changes within project participants) – or it could be a combination of both. These stories can submitted in writing, or recorded in an audio/video format.

Each story needs to include:

Information – about the project, the context of the story and when the events occurred.

Description – a story/simple narrative describing the sequence of events that took place and change for project participant(s). We are looking for rich descriptions – not just one or two sentences.

Significance – an explanation of why the story is significant from the storyteller's viewpoint. Some storytellers will naturally explain the significance, but others will need to be prompted.

Please complete the following questions to help plan for how you will **collect** and **record** significant change stories (a reminder you are being asked to submit two-four stories).

Note: Preventive Health SA staff can assist with collecting stories in the Community of Practice setting or in a meeting with Project staff (in person or via Teams depending on capacity).

STORYTELLER: Our project's significant change stories will be told by:	**STORY COLLECTOR: Our project's significant change stories will be collected by:**	**FORMAT: Our project's significant change stories will be recorded through: (Tick all that apply):**
		Other Eg Sharing at a community of practice
❍ Project Staff ❍ Project Participant ❍ Both Other:	❍ Project Staff ❍ Preventive Health SA staff ❍ Both Other:	❍ Creating an audio/visual recording ❍ Writing Other:

Accompanying documents available upon request:

- **"Collecting and Recording Significant Change Stories"** – a guideline developed for grant recipients, about how to collect significant change stories
- **"Consent Form – SoC Grants"** – a consent form to ensure participants have given consent for their stories to be shared with Preventive Health SA

PART E: FUNDING AND CO-INVESTMENT

* indicates a required field

Funding Amount

Does your application meet the funding eligibility criteria? Please select:

Requests a funding amount up to $30,000 (GST exclusive)? *
☐ Yes ☐ No

Does the total project cost exceed $30,000? *
☐ Yes ☐ No
If yes, is evidence provided of an additional funding source for extra costs?

Evidence of Additional Funding Source for Extra Costs
Attach a file:

Does the application include a proposal to expend all project funds by 30 June 2027? *
☐ Yes ☐ No

Budget

How do you plan to spend the grant funds?

EXAMPLE

Income

Budget (GST exclusive)

SOC FUNDING POOL Grant - Strengthening Our Mob Grant

$xxx

In Kind Contribution / Any additional funding – amount and source, include co-funding (if applicable)

$xxx

Expenses grant funds will be used for:(***examples*** are provided below – please ***modify as appropriate***)

Promotional materials including...

$xxx

Advertising including...

$xxx

Equipment...

$xxx

Specify any costs from the External Partner...

$xxx

Other (please specify)

$xxx

Other (please specify)

$xxx

Other (please specify)

$xxx

Total

$xxx

Please complete the table below with as much detail as possible:

Income	**$**	**Expenditure**	**$**

Budget Totals

Total Income Amount

This number/amount is calculated.

Total Expenditure Amount

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.

What is the co-investment of your organisation (and partners) for the project? This may include co-funding or other in-kind resources. Please indicate the type and value of the co-investment.

Partial Funding

If the Grant Assessment Panel is unable to fully fund your application, would you accept partial funding, negotiated with you?

☐ Yes ☐ No

Please provide any comments, if applicable

PART G: GRANT APPLICATION CHECKLIST

* indicates a required field

Before you submit your application, please tick the boxes below:

*

☐ I have read the Strengthening Our Culture Funding Pool Grant Guide and all questions on this Application Form have been answered
☐ Our organisation is eligible to apply, as per the Grant Guide
☐ The project will help to strengthen the Cultural Determinants of Health within the Aboriginal and Torres Strait Islander community in South Australia
☐ The project will focus on your chosen Priority Prevention topics within the Aboriginal and Torres Strait Islander community in South Australia
☐ The project has significant co-investment through both funding and in-kind contributions in the project
☐ If the project cost exceeds the total available grant limit, please email as an attachment to your application, evidence of a confirmed additional funding source
☐ The applying organisation understands and acknowledges that if successful, the grant will provide funding, which is required to be fully expended. Any underspend will need to be returned.
☐ I declare that all information provided in this application and any supporting documentation is true, complete, and accurate to the best of my knowledge.
☐ I confirm that my organisation is financially viable and has the capacity to meet any financial commitments and obligations associated with this agreement
☐ I confirm that my organisation complies with all applicable laws, regulations, standards, and licensing requirements relevant to its operations and this application.
☐ I have disclosed any actual, potential, or perceived conflicts of interest that may arise in connection with this application or any resulting arrangement.
☐ I agree to comply with all applicable privacy, confidentiality, and information management requirements and understand my responsibilities in relation to the handling of personal and sensitive information.
☐ I agree to meet all reporting, monitoring, evaluation, and accountability requirements associated with any approved agreement, including the provision of information as requested.
☐ I acknowledge that providing false or misleading information may result in the application being rejected or any agreement being terminated. I agree to the terms and conditions of this application process.

Continuous Improvement

For continuous improvement and to help us evaluate a commitment to reduce administrative burden please complete this short response. Completion of this section or answers provided do not contribute to the outcome or assessment of your application.

How long did the application take to complete?

Hours and Minutes

Do you have any comments on completing this application?

Thank You for your feedback