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 People Grant*.

Funding supports:

Strengthening Our People is a professional development fund that supports a broad range of prevention-focused training opportunities.

Funding is available for training a group of people between 4 – 20 people. Grants are not intended to support individual training applications, conference attendance, or scholarships.

Funding and application:

- Grants of up to $5,000.
- one-off funding available to organisations once per year. There is a limited amount of funds available in this funding stream. The grants are quick and easy to apply for.
- Applications are accepted year-round through this open funding round. Applications are assessed on a rolling basis until all available funding has been allocated, enabling communities to access responsive and timely support throughout the year.

Duration of funding:

- Recipients have up to six 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 are as follows:

PART A - ELIGIBILITY AND EXCLUSION:PART B - PROJECT SNAPSHOT:PART G - GRANT APPLICATION CHECKLIST:

ASSESSMENT CRITERIA

Eligible applicants will be assessed by the Grant Assessment Panel against the following criteria:

1. Strategic Alignment - 35%

2. Community Benefit -40%

3. Value for Money - 25%

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 acquittal please provide brief comment

Please confirm that your Application 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
- 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 5000.
What is the total financial support you are requesting in this application?

Please confirm that your project aligns with one or more Cultural Determinant domain 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

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 Professional Development including - 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.

Deliverables

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

For example:

Deliverable #1

Planning of Professional Development

Deliverable #2

Confirmation of Professional Development

Deliverable #3

Execution of Professional Development

Deliverable #4

Evaluation/Report of Professional Development

Deliverable #1 *

End Date *

Must be a date.

Deliverable #2 *

End Date *

Must be a date.

Deliverable #3 *

End Date *

Must be a date.

Deliverable #4 *

End Date *

Must be a date.

Funding Amount

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

Requests a funding amount up to $5,000 (GST exclusive)? *
☐ Yes ☐ No

Does the total project cost exceed $5,000? *
☐ Yes ☐ If yes, is evidence provided of an additional funding source for extra costs?
☐ No

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

Does the application expend all project funds within 6 months of execution? *
☐ Yes ☐ No

Budget

How do you plan to spend the grant funds?

EXAMPLE

Income:(***examples*** are provided below – please ***modify as appropriate***)

Budget (GST exclusive)

Strengthening Our People Grant

$5,000

In Kind Contribution / Additional Funding Source

$xxx

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

Training Costs - Example Catering

$xxx

Facilitator Fees

$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.

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
☐ 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 agreement
☐ I confirm that my organisation complies with all applicable laws, regulations, standards, and licensing requirements relevant to its operations and this partnership application.
☐ I have disclosed any actual, potential, or perceived conflicts of interest that may arise in connection with this application
☐ 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 partnership, 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

For continuous improvement and to help us evaluation 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?

In Minutes

Do you have any comments on completing this application?

Thank You for your feedback