CSIF Application Form - Stream 1 - Round 2
Form Preview

About the Community Safety Investment Fund Grant

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Program Details

Community Safety Investment Fund aims to provide community organisations opportunities to design and deliver locally focused, community led solutions to prevent or respond to youth offending, strengthen families and improve community safety.

Funding pool for Community Safety Investment Fund - Stream 1 - Round 2 - $500,000 (exclusive of GST) - 2026/27.

Stream 1: Up to $40,000 is available for smaller projects that can commence in December 2026 and be completed by 30 December 2027.

Programs and initiatives will contribute to the achievement of objectives:

- Deliver *holistic* responses that address the underlying needs and risks that contribute to young people's involvement with the justice system and improve their outcomes.
- Deliver culturally responsive initiatives that build long-term resilience and protective factors, increase connection to culture and improving social and emotional wellbeing for young people and families.
- Deliver programs and initiatives that empower young people and their families to achieve change in the young person's behaviour and safety.
- Support young people and families to re-engage with education, training, or employment.
- Increase community safety through tailored initiatives for high-risk youth.
- Whole of community initiatives that engage young people in pro-social activities.

We are particularly interested in grant applications that align with and help achieve the NSW Government's Closing the Gap priorities, including:***Target 11***: to reduce the overrepresentation of Aboriginal young people in the criminal justice system, so that by 2031, the rate of Aboriginal young people (10-17 years) in detention is reduced by 30 per cent.

This may include (but is not limited to) programs and initiatives that:

- Prevent and respond to youth offending
- Divert young people from court which create positive pathways with communities
- Support young people transitioning from custody back to their community and provide support and opportunities to help them thrive to reduce reoffending.

Has the organisation received CSIF funding in 2025-26? *

○ Yes ○ No

Did your organisation receive funding in CSIF Stream 1 or 2

Grant Program Name

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

Ineligible

You indicated you received funding in the previous Community Safety Investment fund Streams 1 or 2, therefore you are not eligible for this Grant.

Thank you

Instructions for Applicants

Before completing this application form, you should have read the **Community Safety Investment Fund Stream 1 Round 2 Program Guidelines**.

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

Organisations successful in securing a **Stream 1** grant will be funded for one year and **paid in a single instalment**.

Projects can ***commence in December 2026 and be completed by 30 December 2027.***

Applicants will notify the Department of Communities and Justice if **grant funding** is secured from **another source**.

Support available:

Nicole Weber - Quality Matters Consulting

- Project design and development
- Project planning
- Free for any organisations applying
- 1:1 phone or video call
- **Book in here**

If you require any assistance or have any queries relating to SmartyGrants or the application form: Please contact via email **grantdesignandsupport@dcj.nsw.gov.au**

If you have queries relating to this Grant Program , please contact via email **YJGrantsFunding@dcj.nsw.gov.au**

Please ensure to quote your Application ID for all correspondence with DCJ.

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 of Communities and Justice (DCJ) 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 DCJ does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- it has read the **Community Safety Investment Fund Stream 1 Round 2 Grant Program Guidelines** 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 application is successful, the relevant details of the proposal 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;
- DCJ 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 (GIPA Act); and
- in some circumstances DCJ 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:

- DCJ is required to comply with the *Privacy and Personal Information Protection Act* 1998 (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://dcj.nsw.gov.au/statements/privacy/privacy-policy.html**);
- the information they provide to DCJ 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;
- they have 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 DCJ 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 Confirmation

Please confirm that the applicant and proposed project meet **all eligibility requirements** outlined in the **Community Safety Investment Fund Stream 1 Round 2 Grant Program Guidelines**.

The applicant:

- Has not received funding under **CSIF Stream 1 or Stream 2 in the 2025-26** funding round.
- Is able to enter into a **Grant Funding Agreement** with the **Department of Communities and Justice**.
- Has an **Australian bank account**.
- Holds appropriate insurance, including a minimum of **$10 million Public Liability Insurance**.
- Meets the requirements of the **NSW National Redress Scheme** sanctions policy.
- **Does not have any overdue acquittals** with the Department of Communities and Justice.
- Is an eligible legal entity as outlined in the **Community Safety Investment Fund Stream 1 Round 2 Program Guidelines**.

I confirm that the applicant and proposed project meet all eligibility requirements outlined in the Community Safety Investment Fund Stream 1 Round 2 Grant Program Guidelines *

☐ Yes

Project contact and eligibility

* indicates a required field

Primary Project Contact

Project Contact *

Title | First Name | Last Name

Project Contact Position *

Project Contact Primary Phone Number *

Must be an Australian phone number.

Project Contact Primary Email *

Must be an email address.

DCJ Funded provider

Are you currently, or have been contracted to deliver services for DCJ in the past 2 years? *
- ○ Yes
- ○ No

One off Grant funding is not considered a 'contracted' service.

Service Provider ID

Please provide your Service Provider ID. *

Please confirm that your organisation has not been publicly identified as declining to join the NSW National Redress Scheme OR failing to join the scheme at the expiry of six months after being notified to join the Scheme. *
- ○ Yes, I confirm
- ○ No, I cannot confirm (You may be deemed ineligible for this grant)

PLEASE NOTE: For more information on the NSW Government Redress Scheme Sanctions Policy, visit https://arp.nsw.gov.au/c2021-13-nsw-government-redress-scheme-sanctions-policy/

Does your organisation have any overdue acquittals due to the Department of Communities and Justice ? *
- ○ Yes - you may be deemed ineligible for this grant program
- ○ No

PLEASE NOTE: If your organisation has any outstanding acquittals due to the Department of Communities and Justice you are not eligible to apply to this grant program. Please complete any outstanding acquittals prior to submitting your application.

Does your organisation have at least $10 million in public liability insurance? *
- ○ Yes
- ○ No

Applicants are required to hold at least $10 million public liability insurance in order to enter into a grant funding agreement with NSW Government.

Please upload a current and valid copy of your Public Liability Insurance *
Attach a file:

A maximum of 1 file may be attached.
HINT: PLI must be a minimum value of $10,000,000

Applicant Details

* indicates a required field

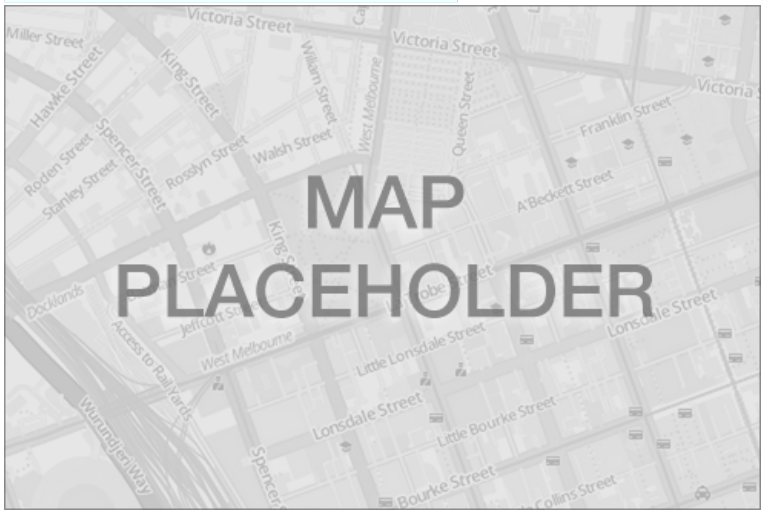
Organisation Details

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.

Aboriginal and Torres Strait Islander Community-Controlled Organisations

The Department of Communities and Justice is committed to funding Aboriginal and Torres Strait Islander Community-Controlled Organisations (ACCO).

For the purpose of this grant an ACCO delivers services that build the strength and empowerment of Aboriginal and Torres Strait Islander communities and people, and is:

- incorporated under relevant legislation and not-for-profit
- controlled and operated by Aboriginal and/or Torres Strait Islander people;
- connected to the community or communities in which they deliver the services; and
- governed by a majority Aboriginal and/or Torres Strait Islander governing body.

Is your organisation an Aboriginal and Torres Strait Islander Community-Controlled Organisation (ACCO), per the definition above? *

○ Yes
○ No

ORIC Registration

What is your Office of the Registrar of Indigenous Corporations ICN Number: *

https://mycorp.oric.gov.au/public-register/

Organsations Legal Status

What type of legal entity is your organisation *

○ NSW Incorporated Association
○ Company Limited by Guarantee
○ Indigenous Corporation
○ NSW Local Aboriginal Land Council
○ Not-For-Profit organisation established under an Act of Parliament
○ A non-distributing Co-Operative
○ Incorporated Association registered outside of NSW but with an Australian Registered Body Number (ARBN)
○ Proprietary Limited (Pty Ltd) Company
○ Trust with a charitable purpose
○ Other:

Other may include a not-for-profit non-Aboriginal organisation partnering with a lead ACCO or Aboriginal business, or an ACCO sole trader.

NSW registration

Please provide your organisation's incorporation number or ARBN. *

HINT: You can check your NSW incorporation number by searching at https://applications.fairtrading.nsw.gov.au/assocregister/default.aspx .

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.

As your organisation does not have an ABN please enter your Incorporation number. *

Partnerships and Subcontracting

Are you planning to deliver the project in partnership with other organisations? *
○ Yes
○ No

Nature of subcontracting arrangement.

Please provide details of the work proposed to be subcontracted and the roles and responsibilities of both contractor and the subcontractor via :

Confirm that you are aware of the Department's procedures on subcontracting, and that you have policies and procedures in place, and adhere to them, on the selection and evaluation of subcontractors. *
○ Yes

○ No
More information available via https://dcj.nsw.gov.au/service-providers/working-with-us/contract-management-policies-resources/subcontracting.html

Please attach a letter confirming that the Partnership arrangement with this organisation is valid and current. e.g. Formalised Contract for Service, M.O.U, Partnership Agreement. *
Attach a file:

A maximum of 3 files may be attached.
Please identify the name of the partner / subcontracted organisation and the roles and responsibilities in the delivery of your proposal.

Project Details

* indicates a required field

Title *

Word count:
Must be no more than 250 characters no more than 25 words.
Provide a name for your initiative. Your title should be short but descriptive.

Brief description *

Word count:
Must be no more than 100 words.
Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

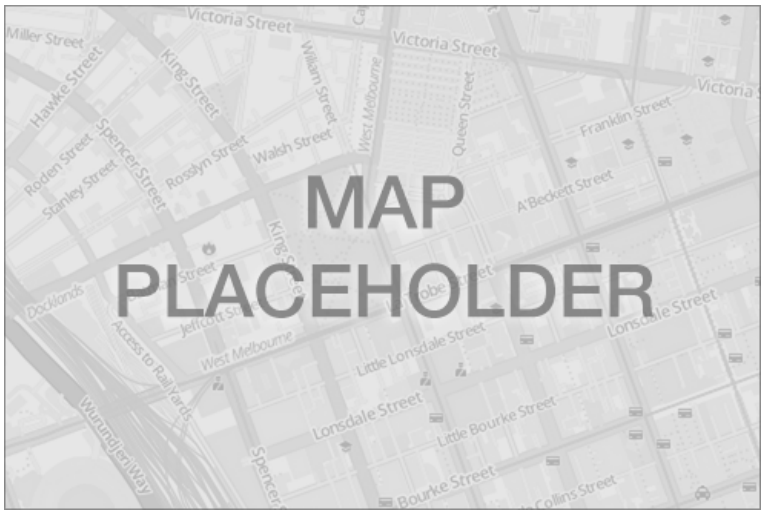
Anticipated start date *

Must be a date and between 1/12/2026 and 30/12/2027.

Anticipated end date *

Must be a date and between 1/12/2026 and 30/12/2027.

Primary location of your initiative *
Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia
Enter the primary delivery location for your initiative. A full address is required. If your initiative will be delivered across multiple locations, enter the main site where activities will occur. If the initiative is primarily delivered online, enter your organisation's primary operating address and provide details of the target delivery area in the project description.

Target Cohorts

Please select the cohorts that your project benefits *
☐ Aboriginal young people (10-17 years)
☐ Prevention and responding to youth offending
☐ Divert young people from court
☐ Support young people transitioning from custody
☐ Young people (10-17 years)
☐ Other:

At least 1 choice must be selected.
Please refer to Program Guidelines

Project Activities

Please detail the administrative stages or activities expected to be completed as part of the project.

Milestone and Deliverables	Expected start date	Expected end date	Explanatory notes
Please provide detail for one Milestone per row. e.g., Planning; recruitment; evaluation. Add more rows if you want to list additional milestones. Please include detail of all	Must be a date and between 1/12/2026 and 31/12/2027.	Must be a date and between 1/12/2026 and 31/12/2027.	

Deliverables that are part of the Milestone.			

Identifying Potential Risks and Processes - Risk Management

Please detail any potential risks in the delivery of the project, and how each of these will be addressed.

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

Risk description	**How the risk 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.

Outcomes

Please identify the key outcomes your project aims to achieve for young people, families and/or the community.

Consider how your project will contribute to the Community Safety Investment Fund objectives and, where relevant, the **NSW Government's Closing the Gap** priorities, including reducing the overrepresentation of Aboriginal young people in the criminal justice system.

Please be brief. One per row.

Examples may include:

- Increased connection to culture, family and community
- Improved social and emotional wellbeing
- Reduced risk of offending or reoffending
- Increased engagement in education, training or employment
- Improved community safety
- Stronger family relationships and support networks

Project outcomes	**How does your intended outcome link to the program outcomes?**	**How will you measure these outcomes?**
What changes do you expect will occur as a result of your project? E.g. Stronger cultural identity and connection.	Eg: Builds belonging, pride and resilience, reducing justice risk	Eg: Participant feedback, interviews, family feedback

Current or past project successes

You have the option to provide supporting information demonstrating your experience delivering similar projects, although this is not mandatory. Please upload file(s) below

Please upload any supporting evidence.
Attach a file:

A maximum of 3 files may be attached.

Assessment Criteria

* indicates a required field

Community Safety Investment Fund Grant Program

In your response to the assessment criteria questions, please consider how your project aligns with the NSW Government's Closing the Gap priorities, including:*Target 11*: to reduce the overrepresentation of Aboriginal young people in the criminal justice system, so that by 2031, the rate of Aboriginal young people (10-17 years) in detention is reduced by 30 per cent.

Criteria

1. Alignment with objectives & activities
2. Local need and Support
3. Youth/family led
4. Cultural responsivity
5. Collaboration and partnerships within the community
6. Impact and outcomes

Applicants are required to demonstrate how your organisation will:

- design and deliver locally focused, community led solutions,
- prevent or respond to youth offending,
- strengthen families and improve community safety in your community**.**

Assessment Criteria

1. Please demonstrate how your initiative, new or existing, aligns with the objectives of this grant program. *

Word count:
Must be no more than 250 words.
This should include the details from the Activities table on the previous page.

2. Please demonstrate how you will tailor your project to address the local needs, foster collaboration and strengthen relationships in the community. *

Word count:
Must be no more than 250 words.
Outline your understanding of local need, needs of the target cohort, service gaps that your project aims to address and how you will tailor the project specific to the target group and community.

3. Please describe how the contribution of young people and families, community knowledge and experience have informed the design of your project to ensure it is culturally responsive. *

Word count:
Must be no more than 250 words.
This may include how community knowledge, insights and experienced of young people/families have contributed to the project proposal and the delivery.

4. Please demonstrate how your project will foster collaboration and strengthen relationships in the community. *

Word count:
Must be no more than 250 words.
In your response, please include details of existing or planned working relationships, collaboration and/or engagement with NGO's, ACCO's etc within the project delivery location.

5. Please detail how the intended outcomes of your project will contribute to meaningful and measurable impact for the target cohorts. *

Word count:
Must be no more than 250 words.
Outline the impact and outcomes your project expects to achieve within target cohorts and their community(these should match the Outcomes table in the previous section).

Budget

* indicates a required field

Detailed Budget Breakdown - Expenditure

Please include all expenditure items (excluding GST) that you are seeking to fund under the grant.

Please note, these items must be eligible under Section 9 “**Grant funds expenditure**”, as detailed in the Grant program Guidelines – **Community Safety Investment Fund Stream 1 Round 2 Grant Program Guidelines.**

Expenditure type	Description	Amount Budgeted (ex. GST)	Notes
	Must be no more than 5 words.		

Total budgeted expenditure (ex. GST)

This number/amount is calculated.

Would you accept delivering the proposed project with a lower funding amount than what you have requested above? *

- ○ Yes
- ○ No

Total Amount Requested *

$

This number/amount is calculated.
The total financial support you are requesting under this grant?

Total Project Cost *

Must be a dollar amount.
What is the total budgeted cost (dollars) of your project? This may include any contributions your organisation is making towards the cost of the project/activities.

Payment and Authorised Signatories

* indicates a required field

Bank Details

Applicant Bank Account *

Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

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 include transactions, amount or account balances
- Not be an online transaction list

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

Organisation Contact - Authorised Signatories

- Agreements can only be signed by authorised officers of your organisation. We use Adobe Acrobat Sign to execute Grant Funding Agreements.
- The Authorised Signatories listed below will receive and sign the Grant Funding Agreement.
- More information regarding authorised signatories is available on the **DCJ website**
- To enable Adobe Acrobat Sign to function correctly, each authorised signatory must have a unique email address that is not shared with another individual.
- If authorised signatories change after submission, the organisation must notify DCJ.

First Authorised Signatory *
Title First Name Last Name

First Authorised Signatory Position *

First Authorised Signatory Phone Number *
Must be an Australian phone number.

First Authorised Signatory Primary Email *
Must be an email address.

Second Authorised Signatory *
Title First Name Last Name

Second Authorised Signatory Position *

Second Authorised Signatory Primary Phone Number *
Must be an Australian phone number.

Second Authorised Signatory Primary Email *

Must be an email address.

Declaration and Authorisation

* indicates a required field

Declaration

Applicant's Declaration

I declare that all information provided as part of this application including the attachments is true and correct.

I am authorised to submit this application on behalf of the organisation making this application.

I acknowledge and agree with the Disclaimer, Use of Information and Privacy Notice clauses, as outlined on page one of this application form. Furthermore, I confirm this application meets the Program Eligibility Criteria.

I understand that information collected through this grant application may be disclosed to other government agencies and their staff, reviewers and assessors. And may be used for the promotion of the Program as well as other Government initiatives.

I understand that any false declaration may render this application ineligible or invalid.

Registered Name of Organisation *

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.

Artificial Intelligence

Did you use AI in the development of this Grant application? *

- ○ Yes
- ○ No

Your response to this question DOES NOT impact the assessment and awarding process for this Grant.

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 long did it take you to complete this application?

- ○ Less than an hour
- ○ 1- 3 hours
- ○ 3 - 5 hours
- ○ 5 - 8 hours

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.

Who is your feedback for? Please select from the list the appropriate contact/ team that can help with your feedback.

- ○ Grant Design and Support (Form, Process, Technical Issue)
- ○ Youth Justice Program Area (Guidelines, Grant Eligibility, Use, Budget, $$)
- ○ General
- ○ Other

Please select the team that best matches your feedback. If none of the options apply and you select "Other", please describe who your feedback is intended for and the type of feedback (i.e. praise) in the text box above.

GMS-SGO/Locn/2025 v2.0