Essential Grant Application

Form Preview

Essential Community Grants 2023/2023

* indicates a required field Applicant type **Applicant type** O Registered legal entity (such as an incorporated association) Auspicing organisation on behalf of individual Non-incorporated group Auspicing on behalf of a non-incorporated group Organisational Eligibility Does your organisation... Provide or advertise any type of Gambling? * Yes ○ No Provide or advertise any type of tobacco or vaping products? * Yes ○ No Have an outstanding debt with the City? * Yes \bigcirc No Have an outstanding acquittal with the City? * Yes O No Organisational History Has your organisation... Received any other grants or funding from the City in the past 3 years? * Yes O No Got a Lease, license or management agreement with the City? ○ Yes O No Received any asset donations (e.g. hardrives, monitors) from the City in the past 3 years? * Yes O No

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Eligibility Criteria

Thank you for applying to the City of Greater Bendigo Community Group Essential Grant Program.

If you have had any questions flag with an asterisk * that are listed above, Please refer to our Community Grant Guidelines, Grants Policy and Appendices located via our Community Grants Webpage. If you have any further queries, please contact a Grant Officer via 1300 002 642 or grants@bendigo.vic.gov.au.

If there are no asterisks listed, please continue the application.

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* indicates a required field

Organisation Details

Organisation Name *

Postal Address

Primary Website (if

applicable)

_		
Organisation's ABN		
	The ABN provided will be used to information. Click Lookup above entered the ABN correctly.	
	Information from the Australian Bus	iness 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	

Address

Must be a URL

Head of Organisation *	Title	First Name	Last Name
Head of Organisation telephone contact *			
Head of Organisation email address: *			
Is your organisation an auspice for this application? *	YesNo		
Auspice			
	of becomin to manage organisatio	fit community organisati g incorporated, or those the funding, may arrang n to apply on their beha rrangement.	without capacity ge for an eligible
		ails regarding auspice a mmunity Grants webpa	
Name of auspicing organisation: *			
Address of auspicing organisation *			
Contact name: *			
Contact email: *			
	Must be an e	email address.	
Date of agreement *			
	Must be a da	te.	
Auspice agreement form	Attach a file	e:	
Sign here *			

Contact for Application

Contact Name *	Title	First Name	Last Name	
Position held *				
Contact number: *				
Contact email *	Must be an e	mail address		
Project Details				
Activity name *				
Briefly describe the activity *				
Word count: Must be no more than 200 words. Provide a brief overview of the activity	ty you are org	anising.		
Project Details				
* indicates a required field				
Will the activity				
Involve works on land or to a organisation? * O Yes O No	building no	ot owned or managed	by your	
Involve works in/ around water O Yes O No	erways or w	vith animals or plants	? *	
Require any permits? * O Yes O No				
When will the activity take	e place?			
Expected start date: *				

Must be a date.
Expected finish date: *
Must be a date.
Where will the activity take place? *
Word count:
Must be no more than 25 words. For example - in Elmore; across the whole Greater Bendigo municipality)
Assessment criteria
* indicates a required field
Why? - 35% weighting (merit)
Why is the activity needed and important? - 17.5% *
Word count: Must be no more than 250 words.
How will your organisation know if it has been a success? - 17.5% *
Word count: Must be no more than 250 words.
Who? - 35% weighting (benefits)
Who will benefit from the activity? - 17.5% *
Word count: Must be no more than 250 words.
How will they benefit from it? - 17.5% *
Word count: Must be no more than 250 words.
How? - 20% weighting (capacity)

what needs to be done to complete the activity?
Word count: Must be no more than 250 words.
Who will do these tasks? *
Word count: Must be no more than 250 words.
When will these tasks need to be completed by? *
Word count: Must be no more than 250 words.
Activity budget
* indicates a required field
Use the following tables to explain what the activity will cost (expenditure) and where yo organisation is planning to get the money from (income). Note: The expenditure and incototals should match.
Income

for the project • Venue hire fees (including Council venues)

Income - select an option below	Amount \$
	Must be a dollar amount.
	\$
	\$
	\$

Include the value of (if applicable): • Volunteer labour record at a rate of \$46.62 per hour. • Skilled in-kind labour can be calculated at industry rate. • The cost of any permits required

Expenditure (1) - requested grant amount

Please detail the expenses for the requested grant amount e.g. equipment, administration costs

Expenditure Description	Amount \$

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Please don't add commas to figures, eg. write	Must be a dollar amount.
\$1000 not as \$1,000	

Expenditure (2) - Or	ganisations co	ontributions
Other activity costs		Amount \$
What is the organisations co	ntribution?	Must be a dollar amount.
		\$
		\$
		\$
Budget Totals		
Budget Totals		
Requested grant exper	iditure amount	
\$		
This number/amount is calcu		
What is the total financial su	pport you are reques	sting in this application?
Organisations contribu	tion total	
\$		
This number/amount is calcu	lated.	
Have you obtained quo		
○ Yes	○ No	 Not applicable
Attach itemised quotes Attach a file:	i	
Sustainability - 10%	weighting	
How long are the activi O Up to 3 months O Between 3 months and O For more than 1 year	-	ely to last for? - 10% *
Support Material:		
If applicable, please attac	h any support mat	erial.
Attach Files:	Attach a fi	ile:

Please note: If you're having any issues completing your application, please contact a Grants Officer via email at grants@bendigo.vic.gov.au or call us on 1300 002 642

Declaration and Privacy Statement

* indicates a required field

I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organisation/group.

I have read the accompanying guidelines for applicants provided with this application form.

I agree that I will contact the Strong Communities Team immediately if any information provided in this application changes or is incorrect.

The Greater Bendigo City Council (the **City**) is a body corporate constituted as a municipal Council under the Local Government Act 2020. The City handles all personal information it collects in accordance with the Privacy and Data Protection Act 2014 (Vic) and our Privacy Policy - available here https://www.bendigo.vic.gov.au/About/Document-Library/privacy-policy-pdf.

The information collected by us, or on our behalf, will be used to do anything necessary to facilitate the City's Community Grants Program, including but not limited to receiving applications, assessing applications, entering into funding agreements, administering payments, and receiving evaluations and acquittals.

Some or all of the information we collect will be used internally at the City and may also be disclosed to third parties involved in the City's Community Grants Program, including the Community Assessment Panel and/or other similar bodies.

If you do not provide us with this information, we will be unable to assess your application, enter into a funding agreement with you or administer a payment to you.

You have a right to access personal information that we hold about you, subject to any exceptions in relevant legislation. Should you wish to discuss the collection of your personal information you can contact us at grants@bendigo.vic.gov.au.

I understand that the information above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge.

I am authorised to complete this application and have read and understood the declaration and privacy statement *	○ Yes			
Authorised Person's Name *	Title	First Name	Last Name	
Position held *				