Project Overview

Officer? *

* indicates a required field

Click here to view or download a Guidelines.	pdf copy of the Glenelg Shire Minor Community Grant
What is your group/ organisation name *	
Project Name *	The name of the project this funding will support.
Project Description *	The flame of the project this funding will support.
	Must be no more than 100 words. Must be no more than 100 words
Total Project Cost	\$ Must be a dollar amount. What is the total budgeted cost (not over \$500 dollars) of your project?
Total Amount Requested	\$ Must be a dollar amount. What is the total financial support you are requesting in this application?
Project start date. Please note: The start date of your project must be after funding is received. *	Must be a date
Project end date. Please note: Projects must be completed within 12 months of accepting the funding agreement. *	Must be a date
Which township/ community will benefit from your project? *	Must be no more than 50 words.
Have you discussed this project with a Council	

Discussion of your project idea is strongly encouraged for all applications. Please indicate the name of the relevant Glenelg Shire Council Officer you have discussed your proposal with. Please refer to the below staff listing for contact details.

Please contact the following officers to discuss your project:

- Recreation: Paige Williamson on 5522 2520 or via email <u>pwilliamson@glenelg.vic.gov.au</u>
- Public Halls: Virginia Bobbitt on 5522 2217 or via email vbobbitt@glenelg.vic.gov.au
- Community Strengthening: Justine Cain on 5522 2254 or via email jcain@glenelg.vic.gov.au
- Community Events: Neysa Sutherland on 5522 2387 or via email events@glenelg.vic.gov.au
- Arts, Culture and Heritage: Agostina Hawkins on 5522
 2326 or via email arts@glenelg.vic.gov.au

Eligibility Checklist

* indicates a required field

Checklist

The eligibility checklist below is designed to help groups, groups/organisations determine their eligibility for the Glenelg Shire Council's Community Grants. Please note: Groups, clubs or organisations that receive State or Federal Government funding are NOT eligible for funding.

auspicing organisation or auspicing organisation acquitted all funding previously received from us? *	
Are you a small to medium non-profit grass roots organisation? *	
Is the funding application for a program/activity or asset which is a primary or core service or responsibility of State or Federal Government? *	

Is the major emphasis of the project within the Glenelg Shire? *		
Will the project start date be after funding is received? *		
Is your organisation incorporated? If not, have you listed an eligible organisation that will auspice on your behalf? *		
Public Liability		
If you are applying for the use	e of a Council owned	facility.
Have you provided a current copy of your Public Liability Insurance details?		
Risk Assessment		
If you are applying for a gran Council owned facility.	t to run an event or	if applying for the use of a
Have you provided a Risk Assessment Plan with your application?		
Where possible, quotes and/o application. Please note that eligibility do		
Organisation Informatio	n	
* indicates a required field		
Part A: Applicant Details		
Applicant *	○ Individual	○ Organisation

	Title	First Name	Last Name
Authorised Person *	Title	First Name	Last Name
		person who is autho ation on their behalf.	
Authorised Person's Position *	This is the	person who is autho	orised by the organis
	the applica	ation on their behalf.	
Street Address *	Address		
	Suburb	State Postcode	e
Postal Address	Must be an Address	n Australian post cod	le
		State Postcode	
Authorised Person's	Must be ar	n Australian post cod	le
Email *	Must be ar	n email address	
Authorised Person's Primary Phone Number			
Previous Funding Status			
Has your organisation acquitted and previously received funding from us? *	□ Yes □ No		
Comments			
		vide any further info revious funding has	

Incorporated Association Status

Are you an Incorporated Association? *

- Yes. please provide your Incorporation Number below OR
- Provide your Organisation's Australian Business
 Number (ABN) below and go straight to Section 2 Project
 Overview on the next page. You do not require an auspice organisation.
- No, please complete Part B: Auspice Organisation details below. You require an incorporated association (an auspice organisation), to manage the grant funds on your behalf. NB if the proposed organisation has an outstanding Community Grant acquittal itself, it is ineligible to auspice another organisation's application. Please check.

Incorporation Number

ABN Details

Organisation's 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

Part B: Auspice Organisation details

Auspice Organisation Organisation Name

The name of the organisation who will be auspicing, or managing, the grant funds on your behalf.

Auspice Project Contact Title First Name Last Name

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Auspice Project Contact		
Position	The contact person's position in the auspice organisation.	
Ausnica Brimary Address	Address	
Auspice Primary Address	Address	
	Suburb State Postcode	
	Must be an Australian post code.	
Auspice Postal Address	Address	
Auspice rustai Audi ess	Address	
	Suburb State Postcode	
Auspice Project Contact		
Primary Phone Number		
Auspice Project Contact		
Other Phone Number		
Auspice Project Contact		
Primary Email		
Type of Organisation:	 Incorporated Association 	
	Other	
Auspice Organisation's		
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	
	Information from the Australian Business Register ABN	
	Information from the Australian Business Register ABN Entity name	
	Information from the Australian Business Register ABN Entity name ABN status	
	Information from the Australian Business Register ABN Entity name ABN status Entity type	
	Information from the Australian Business Register ABN Entity name ABN status	

ACNC Registration

Tax Concessions

Main business location

Please note that a signed LETTER OF AGREEMENT from the ELIGIBLE auspice organisation must be included with this application form for your application to be considered.

Attach a file:

Project Details

* indicates a required field

Below outline how your project addresses the assessment criteria.

Please refer to the <u>'Click here to download a pdf copy of the Minor Community Grants Guidelines"</u> for detailed criteria information.

Responses to each question should be no more than 150 words.

Describe your project. Include how your project is extraordinary in nature and why the application cannot be submitted in the upcoming round of the Community Grants Program. *

Word count:

Must be no more than 150 words.

Describe what your project will achieve.Include your projects benefit to the target community. Include how your project actively provides opportunities to increase access and participation. *

Word count:

Must be no more than 150 words.

Describe how your project supports the growth and development of your group/organisation. Include how your project builds on the strengths of the Glenelg Shire community and its assets. *

Word count:

Must be no more than 150 words.

Describe how your project will mitigate any negative impact on the environment. Include evidence of how your project will be environmentally conscious. *

Word count:

Must be no more than 150 words.

Describe how your project will be achieved in a set timeframe and how the project is financially viable and sustainable. Include how your group/organisation will promote the Glenelg Shire's contribution to your project. Include what publicity and marketing you have planned for the project.

Word count:

no more than 150 words

Project Budget

Please provide details of the income and expenditure for your project. Note the **TOTAL INCOME** amount **MUST EQUAL** the **TOTAL EXPENDITURE** amount. You are required to submit your budget using the categories provided, which are relevant to your project. If you cannot provide enough details in this section, please provide a summary here and provide the details on a separate sheet using the categories.

Budget

Income		\$
Cash amount sought from Council's	Community	· ·
Grants Program	•	
Funds from your organisation		
Other Grants		
External Business Contribution		
Community Fundraising		
IN-KIND SUPPORT - Volunteer Labou	r	
IN-KIND SUPPORT - Materials		
IN-KIND SUPPORT - Facilities		
Other - (Please specify)		
Council in-kind support sought (Max	\$500)	
_		
Expenditure		\$
Administration overheads		
Advertising and Promotion		
Contingencies and Allowances		
Education and Training		
Printing		
Salaries (please detail)		
Transport		
Venue / Meeting room hire		
Other incl. in-kind (please specify)		
Other (please specify)		
	Council in-k	otal budget for combined cash grant and ind support applications must not exceed the imount of \$500.
Supporting Documentat	tion	
* indicates a required field		
indicates a required field		
	estimates	ssible, please supply quotes and/or and other relevant information to our application.
	estimates support yo	and other relevant information to our application. te that eligibility does not guarantee
Quotes/estimates 1	estimates support yo Please not	and other relevant information to our application. te that eligibility does not guarantee n success.
Quotes/estimates 1	estimates support yo Please not application	and other relevant information to our application. te that eligibility does not guarantee n success.

Attach a file:

Quotes/estimates 2

Risk Management Plan	Attach a file:	
	If you are applying for a grant to run an event or v Council owned facility you must provide a Risk Ma	
Public Liability Insurance	Attach a file:	
	If you are applying for a grant of over \$2000 or us Owned facility you must provide Public Liability Ins	
Letter of Agreement from auspice organisation (if applicable)	Attach a file:	
Letters of support and pledges (includes cash and in-kind)	Attach a file:	
Additional Information	Attach a file:	
Additional Information	Attach a file:	

Privacy Collection Notice:

The Glenelg Shire Council (Council) collects this information for the purpose of processing and reviewing eligibility of your Glenelg Shire Minor Community Grant Application (grant application). Council is required to collect this information for financial management and reporting requirements under the *Local Government Act 2020*. Council uses SmartyGrants software program to administer grant applications.

For the same purpose, Council may share your information to the parties involved in the assessment of your application. This includes Council's Assessing Officers, Councils Executive Team and Councillors. Council will not provide the information collected from you to external agencies unless it has been authorised to do so by you or is permitted or required to do so by law. Minor Community Grants will be discussed by Council's Executive Team.

If you choose not to provide the required information, you may be deemed ineligible for this grant opportunity. Council will ensure that any personal information is held securely in accordance with the *Privacy and*

Data Protection Act 2014 (Vic). Should you need to change or access your personal details, please contact Virginia Bobbitt, Grants Officer, on 03 5522 2217 or communitygrants@glenelg.vic.gov.au. If you have any concerns in respect to the way your personal information or application or other material will be used please contact Glenelg Shires Privacy Officer on 1300 453 635 or enquiry@glenelg.vic.gov.au

Declaration:

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 group/organisation.

I agree that I will contact Glenelg Shire Council immediately if any information provided in this application changes or is incorrect.

I understand that this application may not necessarily result in funding approval.

By signing this document I acknowledge I have read the accompanying guidelines for applicants provided with this application form. By signing you are agreeing to abide by all conditions contained in the Ageing Well Grants guidelines document, and in particular the 'Monitoring and Accountability' conditions as per page 4 of the guidelines.

If successful, this declaration forms a binding funding agreement and funds must be spent on the project nominated in the application form.

Minor Community Grant payments do not include GST.

Please download a copy of the completed application for your group/organisations records.

Signed by	Organisation
Contact *	

Organisation Name

Confirmation of Nominated Bank Account *

Attach a file:

Confirmation of Nominated Bank Account can be a snip of a statement, a screen shot of the online account or a photocopy/ scan of a statement. Note: the only part of the account we need to see is the Account Name, BSB and Account Number - funding will not be released until this information is provided.