

Community Project Grants Application Form 2020-2021

Form Preview

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Applicant Contact Position *

Contact Phone Number *

Must be an Australian phone number

Contact Email *

Must include an email address

AUTHORISED SIGNEE

Is the application contact an Authorised Signee? *

- Yes
 No

An Authorised Signee is someone who is authorised to sign funding documents on behalf of the organisation.

AUTHORISED SIGNEE 1

Authorised Signee 1 *

Title First Name Last Name

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Authorised Signee 1 Position *

Authorised Signee 1 Mobile Phone Number *

Must be an Australian phone number.

Authorised Signee 1 Primary Email *

Must be an email address.

Authorised Signee 2

Contact details are required for two authorised signees from the applicant organisation.

Authorised Signee 2 *

Title First Name Last Name

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Authorised Signee 2 Position *

Authorised Signee 2 Mobile Phone Number *

Must be an Australian phone number.

Authorised Signee 2 Primary Email *

Must be an email address.

Remember! Save your application before moving to the next page.

Auspice Details

* indicates a required field

Auspice Contact

Auspice Organisation *

Organisation Name

Auspice Postal Address *

Address

Suburb State Postcode

Auspice Organisation Contact Person *

Title First Name Last Name

Auspice Phone *

Auspice Primary Email *

Must be an email address.

Is the Auspice Organisation Contact an Authorised Signatory *

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- Yes
 No

Authorised Signatory must be a President, CEO, Director, Secretary, treasurer or an other Senior Role with in the organisation.

Auspice Authorised Signee

Auspice or Authorised Signee *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Auspice Authorised Signee Position *

Auspice Authorised Signee Mobile Phone Number *

Must be an Australian phone number.

Auspice Authorised Signee Primary Email *

Must be an email address.

Remember! Save your application before moving to the next page.

Incorporation & Insurance

* indicates a required field

Organisations Incorporation, ABN & Insurance

Incorporation Number

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

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Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type [More information](#)

ACNC Registration

Tax Concessions

Main business location

Attach Public Liability Insurance Certificate (minimum \$10million)

Attach a file:

Insurance Policy be current and relevant to the nature of your project

Incorporation, ABN & Insurance (Auspicing Organisation)

Being Auspiced? If you have nominated an auspice organisation, enter their details in this section.

Incorporation Number

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

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Attach a file:

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Project Details (1 of 3)

* indicates a required field

Project title: *

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Service/Program Idea (55%)

This section will be assessed using the [Assessment Criteria](#) found in the grant guidelines.

Provide a detailed overview of the project proposal. *

Please be as specific as possible, provide detail about the program or service you are proposing. This description may be used by Council to promote your project if your application is successful. (This question is worth 10 %)

How has COVID-19 impacted your group and how will this project address the impact?

This question is worth 10%

Have you undertaken any consultation with community groups, other organisations or agencies, to determine the need for this service/ program ? *

Describe the specific issue or community need you plan to address. Please attach any supporting documents as evidence to support the community benefit or need below - e.g. community feedback, survey responses, letters of support, newspaper articles, research articles (This question is worth 5%)

Please upload letters of support or other relevant evidence

Attach a file:

Who are the expected primary beneficiaries of this project/program?

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Please click on the subject box, each category will open to reveal more category options. More than one beneficiary can be selected. Please note priority will be given to project / service proposals seeking to improve the lives of our most vulnerable community members. Community information can be found - [Click here](#)

What are the expected benefits for the identified beneficiaries of this proposal?

Describe three things you want the project to achieve in terms of benefits for participants and/or others involved with the program / service delivery. (200 words recommended) This question is worth 10%

How will you know if these outcomes have been achieved?

Describe at least three changes you will see if the outcomes of the project occur. (Evidence of consultation and or project evaluation, will be required as part of the acquittal for each year funding is provided) (This question is worth 5%)

How will your project contribute to achieving the goals in the Council Plan? *

This question is worth 10%

[Click here https://www.mildura.vic.gov.au/Council/About-Council/Community-Council-Plan-2017-2021](https://www.mildura.vic.gov.au/Council/About-Council/Community-Council-Plan-2017-2021)

to download a PDF copy of the Council Plan

What long term benefits will your project have for our community and how will this program/ service become self-reliant after the funded period? *

This question is worth 5%

Remember! Save your application before moving to the next page.

Project Details (2 of 3)

* indicates a required field

Project Delivery (25%)

This section will be assessed using the [Assessment Criteria](#) found in the grant guidelines.

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Describe other successful services/programs your organisation has delivered. Include information about any partnerships required to assisted in the delivery *

This question is worth 5%.

Describe the partnerships you will have with other organisations or groups to assist in delivering this initiative *

This question is worth 10%.

Describe the governance structure of your organisation or group. *

Include for example details of your board, roles and responsibilities, membership of your group, meeting frequency, decision making processes, overview of core services etc This question is worth 5%.

Explain in detail who will be responsible for delivery of each of the key components of your service/program and describe what their role/ responsibility will be. *

This question is worth 5%.

Remember! Save your application before moving to the next page.

Project Details (3 of 3)

Project Timeline (10%)

This section will be assessed using the [Assessment Criteria](#) found in the grant guidelines

In the tables below, please list all **Key Tasks and Project Milestones** for funding requested.

e.g.

- **Purchase items**
- **Commence program/ service**
- **Submit end of financial year acquittal report**

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Key Tasks / Milestones

Key Tasks	Start Date	Finish Date
List all Key tasks and Milestones for the first year		

Budget

* indicates a required field

Project Budget (10%)

Your budget is an important part of your grant application and will be assessed against the [Assessment Criteria](#) outlined in the grant guidelines.

To assist you to complete your budget we have developed [Budget Instructions](#) for you, including:

- What is project or event expenditure and income?
- How to complete your budget
- Budget examples
- What is and how do I calculate in-kind contribution?

Grant Amount Requested

Amount requested from Council? *

\$

Total funding required. A Max

Project Costs - Income and Expenditure

ALL BUDGET FIGURES should be listed as (GST exclusive)

GST figure will be added to the approved grant figure allocated for organisations who are registered for GST.

Please provide a breakdown of

All known sources of Income and;

All anticipated expense items in the expenditure tables below,.

Your income and expenditure figures should match.

Provide clear descriptions for each item in the 'Income and Expenditure' columns, examples - trivia night fundraiser, company x sponsorship etc

Examples of expenses could include, rent, power, wages etc.

Include all possible expenses including items not covered by grant terms, this will help you plan for a successful project delivery.

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- **2 quotes are required for each single item costing \$1,000.00 or more.**
- If two quotes cannot be obtained, please contact the grant owner to discuss your options.

Total Project Budget

Income	\$	Expenditure	\$
MRCC GRANT	\$		\$
Org financial contribution			
In-Kind			
Grant - other			

Which specific budget items listed above would the first year of grant funding be used for? Remember! Two quotes must be provided for each single expenditure items of \$1,000 or more. Quotes must be less than 3 months old.

Expenditure	\$	New Question
	\$	

Outline other funding sources you have explored to contribute to the deliver this project *

This question is worth 5%

Describe any social or environmental considerations you have identified when purchasing goods or services for your service/program.

This question is worth 5%. eg. supporting local businesses, buying recycled products

Remember! Save your application before moving to the next page.

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Applicant Declaration

* indicates a required field

Further Information

Additional information and/or documentation to support your project proposal (e.g photos, letters of support etc) can be uploaded below.

Attach a file:

Our Privacy Statement

Mildura Rural City Council collects Personal and/or Health Information for municipal purposes as specified in the *Local Government Act 1989*. The information collected in this form is used only for the purposes specified (primary purpose) and is not passed on to third parties. Council may disclose this information but only if authorised or required by law. Council may not be able to process your request unless sufficient information is given. Should you need to change or access your personal details, or you require further information regarding Council's Privacy Policy please contact Council's Privacy Officer.

Acceptance of Privacy Statement *

Yes

Applicant Declaration

I, the undersigned, certify that I have been authorised by my Organisation and Auspice Organisation (if applicable) to submit this application.

I have read, understood and agree to the terms and conditions of this grant.

I have completed all sections of the application and to the best of my knowledge all the information I have given is true and correct.

I agree that Mildura Rural City Council, for the purpose of assessing this application, may check any of my statements.

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

I acknowledge and understand that if my application is successful there may be additional requirements to ensure that the proposed project is Covid safe and compliant with Chief Health Officer directives prior to commencement.

Acceptance of Declaration *

Yes

Your Name *

Title First Name Last Name

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Position *

Date *

Must be a date

I would like to receive information about future grant rounds *

Yes

No