Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should read the **2024-2025 Banyule Community grant guidelines**.

This section of the application form is designed to help you understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in relation to these eligibility criteria, please contact Karen Molinaro on 9457 9955 or email karen.molinaro@banyule.vic.gov.au

Confirmation of Eligibility

I confirm that the applicant ...

- has read and understood the grant program guidelines
- is a not-for-profit group/club/organisation
- is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- is located in and/or provides services to residents of the City of Banyule.
- has been established and operational for a minimum of 12 months at the time of the application
- is able to demonstrate financial viability
- does not have any outstanding debt to Banyule City Council
- does not have any outstanding grant acquittals to Banyule City Council
- has the appropriate type and level of insurance for the activities that are the subject of this grant
- is not seeking funding for political or religious purposes
- is not seeking funding for the core business of educational or medical organisations
- is not seeking retrospective funding
- does not undertake or promote gambling unless there is a significant community benefit demonstrated

Please select below: *

○ Yes ○ No

if you cannot confirm that all statements above are true and correct., please do not proceed with this application.

Contact with a Council officer

I have discussed the proposed project with *

Date of discussion * Must be a date.

Applicant details

* indicates a required field

Applicant Primary address *

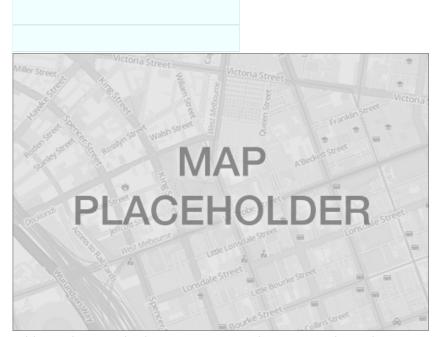
Address

The **applicant** is the name of the group/club /organisation, not the name of the individual completing the application on behalf of the group/club/organisation.

Applicant - name of group/organisation *

Please use your organisations full name. Check the spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

If the applicant is known by another name provide details here.



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Applicant Postal Address

Applicant phone number *

Must be an Australian phone number.
Website
Mush has a LIDI
Must be a URL.
Contact person for this application
If this application is been submitted by a professional grant writing company, please ensure you provide contact details for the not for profit group, not the grant writer.
Name *
Title First Name Last Name
This is the person we will correspond with about this grant
Position held *
Phone Number * Must be an Australian phone number.
Email *
Must be an email address. Where possible, this should be the email of the group, not a personal email address as we will use this email to correspond with the applicant for the life of the grant.
Applicants structure
* indicates a required field
What type of group are you? *
If incorporated, provide your Incorporation registration number here?
If incorporated, does the applicant have an ABN? * ○ Yes ○ No

If you do not have an ABN, you will be required to submit a completed ATO Statement by a Supplier Form if your application is successful. If this form is not submitted, Council

is required to withhold 48.5% of any approved grant. Please refer to the ATO website for further details.

If not incorporated, is the apthe purposes of this grant?	oplicant auspiced by an incorpor	ated association for
Yes	○ No	
	r a grant must be auspiced by an incorpo	orated organisation. If you
Do you hold Public Liability O Yes	Insurance? *	
	-	
If yes, please provide your in	nsurance details here.	
	s own Public Liability insurance, ublic Liability insurance for you	
ABN *		
check that you have entered the	•	Click Lookup above to
Information from the Australian Bu	isiness 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.		ı
Auspice Organisation De	etails	
Name of auspice organisation Organisation Name	on *	

Auspice incorporation registration number? *

Incorporated Association or Australian Corporation Number
Auspice organisation's website
Must be a URL.
Auspice Primary Address * Address
Addiess
Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
Auspice Postal Address
Address
If different to primary address
Primary contact person at auspice organisation *
Title First Name Last Name
We may contact this person to verify that this auspicing arrangement is valid and current.
Position held in organisation *
Position field in organisation *
e.g. Manager, CEO
Auspice contact person's primary phone number *
Must be an Australian phone number.
Auspice contact person's email address *
Must be an email address
Must be an email address. Where possible, this should be the email of the auspice organisation, not a personal email address as we will use this email to correspond with you for the life of the grant.
Please attach a letter from the auspice organisation confirming this arrangemen is valid and current *
Attach a file:
Letter must be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and
must include, name, position, signature and date.We can only accept Microsoft Office files, jpegs or pdf documents

Does the auspice organ ○ Yes		stralian Business I No	Number (ABN)? *
If the auspice organisation completed ATO Statemen not submitted, Council is the ATO website for further	t by a Supplier Form if required to withhold 48	the application is su	uccessful. If this form is
Do you hold Public Liab	_		
○ Yes	0	No	
If yes, please povide ye	our insurance details	s here.	
If the group does not he details of who will prov			
<u>.</u>	_		
Grant eligibility requires the of the project.	applicant to hold a \$20 m	nillion Public Liability i	nsurance policy for the life
ABN of auspice organis	sation *		
The ABN provided will be check that you have ente		owing information.	Click Lookup above to
Information from the Austra	lian Business Register		
ABN			
Entity name			
ABN status			
Entity type			
Goods & Services Tax (GST)			
DGR Endorsed			
ATO Charity Type	More informatio	<u>n</u>	
ACNC Registration			

Must be an ABN.

Tax Concessions

Main business location

Financial information

* indicates a required field

Current financial position.

If the applicant has substantial funds in operating accounts or savings or term deposits, Council needs to know if there are any financial commitments. If funds are set aside for a particular purpose, you should clearly explain what the funds are to be used for. The applicant needs to demonstrate why the project cannot be completed within existing funds.

For applicants that are auspiced or goverened by a peak body, Council is interested in the applicants financial situation i.e. the local group not the auspice/peak bodies.

Applicants with substantial \$ in bank accounts who do not provide an explanation as to what the money is allocated for will be considered a lower priority.

the money is allocated for will be considered a lower priority.
Applicants current operating account balance * \$ Must be a dollar amount.
Does your group have any savings, investments or term deposits in other accounts? * ○ Yes ○ No
If yes, provide details of current balance in savings, investments and term deposits \$ Must be a dollar amount.
Provide details of what the funds held by the applicant are set aside for, include any funds in the operating account as well as other accounts held by the applicant. Let us know about any financial commitments the applicant has including regular payments such as staffing/rent/insurance etc *
Annual Report & Financial Statements
Applicants need to demonstrate that they have appropriate governance structures in place and are in a sound financial position to be eligible for funding.
In support of your application please provide
 a copy of your most recent annual report your most recent financial statement (may include a Profit and Loss Statement / Statement of Financial Performance and a Balance Sheet / Statement of Financial Position). Bank statements are not suitable as they may contain personal information and should not be attached.
Upload your most recent Annual Report here Attach a file:
We can only accept Microsoft Office files, jpegs or pdf documents
or

Provide a web link to your Annual Report

Must be a URL.
Upload your financial statement here * Attach a file:
We can only accept Microsoft Office files, jpegs or pdf documents
Applicant information
* indicates a required field
What is your groups purpose or mission? *
Why does your group exist? What do you aim to achieve? What services/programs/activities does yo
group provide?
How long has your group been operating? *
Which municipality and/or suburbs does your group provide a service to? *
Are you sole users of the facility your group operates from? *
Are you sole users of the facility your group operates from:
If you share the facility, will the technology/equipment requested be shared wit
other users?
If so will other users be contributing financially to its' purchase/maintenance?
○ Yes ○ No
If yes, please provide details of the contribution here.
Is your group membership based? *
O Yes O No Are people required to sign up to be part of your group/organisation? Do they pay an annual fee for
membership? Please note, simply having a committee of management does not mean you are a membership based group.

Membership based groups

Н	ow many current members do you have?
Н	ow many of these current members are Banyule residents?
G	roups without members
	or applicants that are not membership based, how many Banyule residents buld you provide a service for weekly/monthly/annually?
G	ender Impact Assessment (GIA) Information
Ge an wh an	nder the Victorian Gender Equality Act Banyule City Council is required to conduct a ender Impact Assessment for the grants program. This process aims to gather information and data to understand the identities of those accessing our grants programs and those no are not, with the goal of enhancing accessibility for all. This information is confidential ad does not have any weighting in your grant application outcomes. It is purely about the ontinuous Improvement of the grants program at Banyule City Council.
fo	Religious minority Person living with a disability or chronic illness
gr	Des your organisation work primarily with or support any of the following oups? * Women Men Gender diverse or transgender people LGBTIQA+ community Children (under 15 years) Young People (15-25 years) Older adults (over 65 years) People living with disability Carers for people with disability or illness Aboriginal and/or Torres Strait Islander people None of the above Other:

Project Details
* indicates a required field
This category includes projects that strengthen organisational capacity including technology upgrades, reconditioning & repairs, web design and redevelopment, video conferencing subscriptions, virtual experiences, hosting webinars, software etc.
Funding for equipment purchases that support these initiatives can also be sought in this category.
Project Title *
Total grant amount requested *
\$
Must be a dollar amount and no more than 5000. What is the total financial support you are requesting in this application?
Provide a short summary of your project *
Word count:
Must be at least 25 words.
Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes)
Why is this project needed? *
Word count:
Must be at least 25 words. What is the community need, issue or opportunity that the project is responding to? Who has been
consulted to identify the need? Who are the intended beneficiaries/participants?
What will the project deliver? *
Word count:
Must be at least 25 words. Provide details of the technology support and/or equipment that you are seeking funds for?
What do you want the project to achieve?

What will be the benefit of your proposal for your service, individuals, the community? Will the project have long term inpacts for the group?
Does the group have the necessary capacity, experience and skills to deliver the project? $\mbox{*}$
How many Banyule residents will benefit from the project? *
We encourage all applicants to consider access, equity and inclusion for all members of Banyules diverse community in the delivery of your project. This includes but is not limited to, people living with disability or chronic illness (including neurodiversity), people who identify as LGBTIQA+, Aboriginal and/or Torres Strait Islander people, people experiencing financial disadvantage (including people who are homeless or at risk of homelessness) and our multicultural and multi-faith community. Is your project seeking to address barriers to participation or access for any of the above groups? Please include any details on specific strategies you would implement as part of your project.
Please describe the measures in place to ensure your project is as accessible and inclusive as possible ${\color{red}^*}$
Is your project seeking to address barriers to participation or access for any of the above groups or any other minority groups ? Please include any details on specific strategies you would implement as part of your project.
Will you be partnering with any other groups to deliver this project? * ○ Yes ○ No
If so, provide details of the contribution the partner/s will make to the project here.
Letters of support for partnership projects
If you wish to provide a letter of support from your partner for this project, please attach it
here.

Attach a file:

We can only accept Microsoft Office files, jpegs or pdf documents. Please note, general letters of support are not required, please only upload letters from project partners. **Project timelines** Start Date * Must be a date and no earlier than 31/8/2024. End Date * Must be a date and no later than 31/8/2025.

Project Plan

Provide a project plan outlining the key actions/ tasks, resources required, the persons responsible and the timeframes for the project.

Applicants should ensure that the project plan is realistic, i.e. you can feasibly deliver the expected outcomes in the timeframe and have the resources to deliver according to the plan.

Please refer to the guidelines for a sample project plan template.

Upload project plan here *	
Attach a file:	
We can only accept Microsoft Office files inegs of	or ndf documents

Overall Project Budget & Council Grant budgets

* indicates a required field

Please provide overall budget details for the project as well as expenditure details for the grant amount you are requesting from Council.

Overall Project Budget

Total project cost *

Must be a dollar amount.

What is the total budgeted cost of the project? This can be different to the total grant amount requested.

Overall Project Budget Income & Expenditure

Please outline your project budget in the table below.

You will need to submit a clear, balanced budget which describes and itemises the total cost of the project.

This means that you should include all aspects of the project- those you are not seeking a council grant for as well as the items you want the grant to cover.

Income column should

- include all funds and resources required to support your project.
- list the grant requested from Council in the income column.
- provide details of all other income for the project including from other grant programs, fundraising, donations, participant fees, in kind support etc.

Expenditure column should

• include all costs associated with the project including any goods or services required and any in kind support that is contributing to the project.

In kind support should

- be included in both the *income* and *expenditure* columns
- include things such as volunteer or staff time, donation of goods or services, use of a venue at low/no cost, contributions to promotion and marketing etc.

You may include GST in the cost of budget items where applicable.

Income and expenditure must balance.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT).

Please **do not add commas** to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly

Overall Project Budget

Income	\$ Expenditure	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Overall Project Budget Totals

Total Income Amount	Total Expenditure Amount	Income - Expenditure
\$	\$	\$
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.

Council Grant budget

When preparing a budget for your project please consider the following important components:

- Due to limited funding, applicants may only receive part funding. Therefore it is important to ensure that your budget is as detailed as possible
- Ensure you provide details for each item of equipment or expense you wish to pay for with the grant.
- Please specify number of items and cost per item in the expenditure column. e.g. 2 desks @ \$175.00 each.
- Please specify total for each "type" of expense in the total column e.g. \$350.
- Do not write refer to quote- we require you to enter the details in the budget.

You may include GST in the cost of budget items where applicable.

Please **do not add commas** to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly

Grant requested *

Must be a dollar amount.

Council Grant allocation

Expenditure	\$
	\$
	\$
	\$
	\$
	\$
	\$
_	\$
	\$

Budget total

Total Expenditure Amount

\$

This number/amount is calculated.

Quotes

Evidence of the cost of budget items is required for all applications. Anything that you plan on paying for with the grant requires a quote or estimate of cost.

Quotes need to be provided for anything you are buying in from external sources, including staffing.

A minimum of one quote is required for each component of the project.

Quotes should be provided by reputable suppliers and must include the business name and a description of the item. These can be in the form of • formal written quotes • scanned images or screen shots from online stores/catalogues.

Quotes should be no more than 6 months old.

Estimates of cost can be submitted for resources that are being sourced from within the group, including staffing and other aspects of the project where a formal quote is not possible.

Please attach 1 quote or estimate of exp Attach a file:	ense for each aspect of the project. *
We can only accept Microsoft Office files, jpegs or	odf documents
Grants from other sources	
Have you applied to other grant program project? *	s for funding for other parts of the
○ Yes	○ No
If so, is this project dependent on the su O Yes If your application to another funding source is suc are required to notify Council so the application ca	
Have you applied to other grant program expenses? * O Yes If your application to another funding source is suc are required to notify Council so the application ca	o No cessful whilst the Council grant round is open, you
If yes, who did you apply to, how much doutcome of your application expected?	lid you apply for, and when is the
Part funding	
If Council can only provide part funding to Yes	for the project can the project proceed? * No
If yes, provide details here - what is the what would the grant be used for?	minimum grant amount required and

Declaration and Privacy Statement

* indicates a required field

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (which may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of offer.

I certify that the application has been submitted with the full knowledge and agreement of the management of my organisation/group and if appropriate, with the full knowledge and agreement of our auspice for this grant application.

I understand that the collection and handling of personal information will be conducted in accordance with Banyule City Council's Privacy Policy which is displayed on Council's website and is available for inspection at Council's customer service centre. The information is being collected and used to enable panel members to assess and allocate grant funds and to contact you in relation to your submission. This is done in accordance with Council's powers, functions and purposes under the Local Government Act 2020 and other relevant legislation.

I understand that Council makes certain information publicly available in accordance with legislation and the Banyule Public Transparency Policy and that a listing of donations and grants including the names or persons or bodies that have received grants are made publicly available. (This information is available on Councils website. Individual names are not published on Council's website, this information is only available at Council offices)

Should you need to change or access your personal details, please contact us on 9490 4222 or via enquiries@banyule.vic.gov.au

Banyule City Council will be contacted immediately if any information provided in this application changes or is found to be incorrect.

I have read the 2024 - 2025 Community Grant Guidelines and have complied wit the grant requirements. * O Yes
I have attached all documents as required and complied with eligibility criteria * O Yes
Name of authorised person *
Title First Name Last Name
Must be a senior staff member, board member or appropriately authorised volunteer
— 111
Position *
Position held in applicant organisation (e.g. CEO, Treasurer)
Contact phone number *
Contact 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.

	applicant and/or the auspice for this application, and have read and understood the declaration and
Date of declaration. *	
Must be a date.	
	d about the Banyule Community Grants program * Banyule Banner Local media Social media
Network email/newsletter Other	□ Barryule Barriler □ Local media □ Social media □
Choose as many as applicable	
Would you like to receive info through Council and/or other ○ Yes	ermation via email about other funding opportunities external grant providers? *
-	bove question, please provide the email address to
· · · · · · · · · · · · · · · · · · ·	n about funding opportunities.
Must be an email address	