

2023 - 2024 Age Friendly Grant application

Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form please read the **2023-24 Age Friendly [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 **Paula Ferronato on 9242 3448**.

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.
- provides services/programs/activities for people over the age of 60.
- has been established and operational for a minimum of 12 months at the time of the application (*with exception of category 1 applicants- New and emerging Seniors clubs/groups*)
- has \$20 million public liability insurance cover (*with exception of category 1 applicants- New and emerging Seniors clubs/groups*)
- is not seeking retrospective funding (*with exception of category 1 applicants- New and emerging Seniors clubs/groups*)
- 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
- is not seeking funding for political or religious purposes
- is not seeking funding for the core business of educational or medical organisations
- does not undertake or promote gambling
- will submit an acquittal if successful in gaining funding

Please select below: *

☐ Yes ☐ No

You must confirm that all statements above are true and correct.

Applicant details

2023 - 2024 Age Friendly Grant application

Form Preview

* indicates a required field

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/club/organisation *

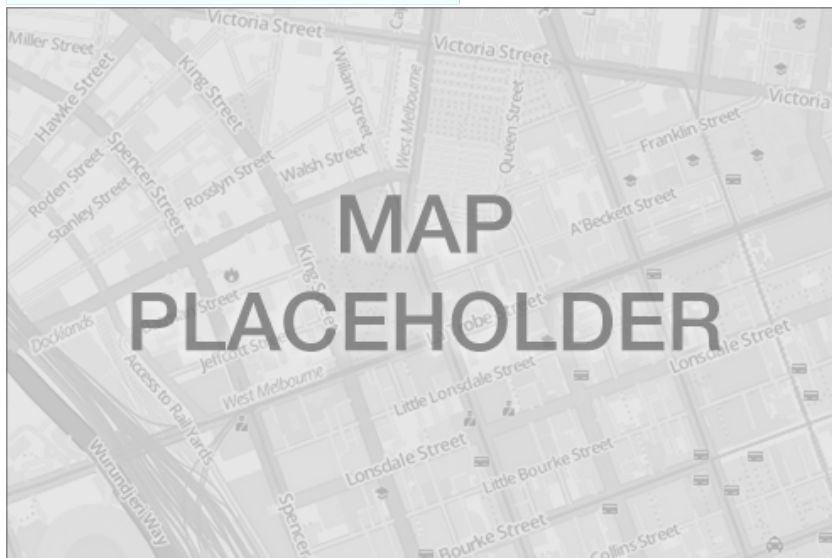
Organisation Name

Please use your organisation's full name. Check your 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.

Applicant Primary address *

Address



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

Must be a URL.

2023 - 2024 Age Friendly Grant application

Form Preview

Contact person for this application

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/club/organisation are you? *

Unincorporated groups applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant. Unincorporated applicants will need to complete the auspice section

ABN details

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.

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

2023 - 2024 Age Friendly Grant application

Form Preview

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.

Auspice Organisation Details

Name of auspice organisation *

Organisation Name

Auspice incorporation number *

Incorporated Association or Australian Corporation Number

Auspicing organisation's website

Must be a URL.

Does the auspicing organisation have an Australian Business Number (ABN)? *

☐ Yes ☐ No

If the auspice organisation does not have an ABN, they will be required to submit a completed ATO Statement by a Supplier Form if the 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.

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

2023 - 2024 Age Friendly Grant application

Form Preview

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type [More information](#)

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

Auspice Primary Address *

Address

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

Auspice Postal Address

Address

If different to primary address

Contact person at auspicing organisation *

Title First Name Last Name

We may contact this person to verify that this auspicing arrangement is valid and current.

Auspice contact person's position held in organisation *

e.g. Manager, CEO

Auspice contact person's phone number *

Must be an Australian phone number.

Auspice contact person's 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 auspicing organisation confirming this arrangement is valid and current *

Attach a file:

2023 - 2024 Age Friendly Grant application

Form Preview

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

Applicant information

* indicates a required field

What is your group/club/organisation purpose or mission? *

Why does your group/club/organization exist? Who does it serve? How does it serve them?

How long have you been operating for? *

Do you identify as a new or emerging group/club/organisation? *

☐ Yes

☐ No

Please describe the activities/services provided by your group/club/organisation . *

What services/programs/activities or opportunities for involvement does your group/club/organisation offer for older residents? How often do you meet, etc

How many members/participants do you have? *

How many of these members/participants are Banyule residents? *

Which municipalities and/or suburbs does your group/club/organisation provide a service to? *

☐ Banyule ☐ Nillumbik ☐ Darebin ☐ Whittlesea ☐ Manningham

Other

Please provide information on how your group/club/organisation ensures you are inclusive and accessible for those who wish to participate. *

Grant category

2023 - 2024 Age Friendly Grant application

Form Preview

Applicants may submit only one application for the 2023/24 Age Friendly Grants.

Please choose which grant category you are applying for from the list below. *

New and Emerging Seniors Club/Group

Project Title *

Provide a name for your project

Which of these expenses are you seeking funding for? *

- | | |
|---|---|
| <input type="checkbox"/> Public liability insurance | <input type="checkbox"/> Equipment |
| <input type="checkbox"/> Incorporation costs | <input type="checkbox"/> Local social events and activities |
| <input type="checkbox"/> Establishment costs | <input type="checkbox"/> Other: <input type="text"/> |

☐ Venue hire

You may select more than one

Provide details of what the grant will be used for and how this will benefit the group? *

Provide a clear reason as to why the project is needed. Provide a clear description of the expense/s you are seeking funding for.

Does the group have the necessary skills, experience and capacity to deliver the project? *

Who will be involved, will you have support from other sources to support the project? Are you working in partnership with any other groups?

How many people is the project targeting? *

How many Banyule residents will benefit from this project? *

Must be a number.

If your request includes an equipment purchase, where will this equipment be stored? *

If the equipment is to be provided to members/volunteers/staff for use, explain what systems you will have in place to ensure the equipment is returned to the group once it is no longer required for the purpose for which it was allocated.

2023 - 2024 Age Friendly Grant application

Form Preview

Seniors Festival Events

This category is only for events/activities that will be delivered in October 2024 as part of the Victorian Seniors Festival.

Event title *

Provide a name for your event/activity

Proposed date for event/activity *

Must be in October 2024

Which of these events/activities does your project respond to? *

- ☐ Arts and cultural activities
- ☐ Health and fitness activities
- ☐ Community gathering/luncheons
- ☐ Information sessions
- ☐ Open days
- ☐ Other:

You may select more than one event/activity

Provide a description of your event/activity. *

Please include information on where the event/activity will take place, how long will it go for, who will be eligible to attend ? If you are planning to hold more than one event/activity, please provide all relevant details here.

Will the event/activity target existing members of your group/club/organisation or the broader Banyule community? *

Have you offered this type of event/activity in the past? *

- ☐ Yes ☐ No

How many people do you expect will take part in your event/activity? *

How many participants do you expect will be Banyule residents? *

2023 - 2024 Age Friendly Grant application

Form Preview

Will the event be free or fee paying? Please provide details. *

Will participants need to book or just turn up on the day? Provide details of entry fees, ticket prices if applicable.

Will you have support from other groups to deliver the event/activity? *

If applicable, provide details of who else is involved/supportive of the event/activity.

Community Connection Projects

Project Title *

Provide a name for your project

Which of these priorities does your project address? *

- ☐ Demonstrates lasting benefit to older residents of the Banyule community
- ☐ Provides activities and events based on an identified need
- ☐ Encourages and improves social connection
- ☐ Increases participation opportunities, building on principles of equity, diversity, access and inclusion

You may select more than one

How will the project address the priority/s selected above? *

Include details on who will benefit from the project and what you hope the project will achieve?

Provide details of what the grant will be used for? *

Will you have support from other groups/clubs/organisations to deliver the project? *

How many people is the project targeting? *

How many Banyule residents will benefit from this project? *

2023 - 2024 Age Friendly Grant application

Form Preview

Project Budget

* indicates a required field

Total grant amount requested from Banyule Council *

\$

Must be a dollar amount and no more than 1500.

What is the total financial support you are requesting in this application?

Total project cost *

\$

Must be a dollar amount.

What is the total budgeted cost of the project.

Budget

Please outline your project budget in the table below.

Please list the grant amount you are requesting from council along with any additional funding sources or in-kind assistance that will contribute to the total project budget in the **income column**.

Provide details for each item you wish to pay for with the grant in the **expenditure column**.

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

Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

\$

This number/amount is calculated.

Quotes & Estimates of Expense

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 expense.

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/screen shots from online stores/catalogues.

2023 - 2024 Age Friendly Grant application

Form Preview

Quotes should be no more than 6 months old

Hand written lists from the applicant are not acceptable and will render the application ineligible for funding.

Please attach at least one quote/estimate of expense for each budget item you wish to pay for with the grant. *

Attach a file:

We can only accept Microsoft Office files, jpegs or pdf documents

Grants from other sources

Have you applied to other grant programs for funding for this project? *

If your application to another funding source is successful whilst the Council grant round is open, you are required to notify Council so the application can be withdrawn.

If yes, who did you apply to, how much did you apply for, and when is the outcome of your application expected?

If Council can only provide part funding for the project, can the project proceed? *

☐ Yes

☐ No

If yes, provide details here - what is the minimum grant amount required and which items in your budget would this amount cover?

Supporting documentation

* indicates a required field

Financial information

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 governed 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 or committed to will be considered a lower priority.

Applicants current operating account balance *

2023 - 2024 Age Friendly Grant application

Form Preview

\$

Must be a dollar amount.

Does your group have any savings, investments or term deposits in other accounts? *

☐ Yes

☐ No

If yes, provide total balance in savings, investments and term deposits here.

\$

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 and should not be attached.

Upload your most recent Annual Report here

Attach a file:

or

Provide a web link to your Annual Report

Must be a URL.

Upload your financial statement here *

Attach a file:

Declaration and Privacy Statement

* indicates a required field

2023 - 2024 Age Friendly Grant application

Form Preview

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 group/club/organisation 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 Council's 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 2023-2024 Age Friendly Grant guidelines and have complied with the grant requirements. *

☐ Yes

I have attached all documents as required and complied with eligibility criteria *

☐ Yes

Name of authorised person *

Title First Name Last Name

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Must be a senior staff member, board member or appropriately authorised volunteer

Position *

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Position held in applicant organisation (e.g. secretary, CEO, Treasurer)

Contact phone number *

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Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

2023 - 2024 Age Friendly Grant application

Form Preview

Email *

Must be an email address.

I am authorised by the grant applicant and/or the auspice for this application, to complete this declaration and have read and understood the declaration and privacy statement above. *

☐ Yes

Date of declaration. *

Must be a date.

Would you like to sign up to receive Councils 'Community Sector news' via email. This newsletter provides information relevant to not for profits and service providers in the Banyule community. *

☐ Yes

☐ No

If you responded yes to the above question, please provide the email address to be used for subscription purposes.