### Eligibility

\* indicates a required field

#### **Eligibility Checklist**

To be eligible for a Banyule Arts and Culture Project grant, group applicants must:

- Be an organisation or group that is based in Banyule and provides support, programs or services to the Banyule community
- Be an incorporated organisation or be auspiced by an incorporated organisation
- Fall into one of the following categories:
  - A legaly constituted not for profit entity
  - A charity or benevolent trust
  - A Public Company (not for profit)
- Have an ABN or be willing to complete a 'Statement by Supplier' form
- Hold Public Liability Insurance up to \$10,000,000 at the time of project commencement and throughout the project
- Have been established for a minimum of 12 months
- Have discussed your application with a Council Officer
- Have complied with acquittal conditions for any previous Council funding
- Have no outstanding debts to Council
- Does not undertake or promote gambling unless there is a significant community benefit demonstrated
- Not be seeking retrospective funding

Do you meet the above eligibility criteria? *	
Yes	
] No Io more than 1 choice may be selected.	
to more than I choice may be selected.	
Please name the Council Officer you have discussed your application with: *	

### Gender Impact Assessment Information

Under the Victorian Gender Equality Act Banyule City Council is required to conduct a Gender 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 who are not, with the goal of enhancing accessibility for all.

This information is confidential and does not have any weighting in your grant application outcomes. It is purely about the Continuous Improvement of the grants program at Banyule City Council.

	w would you describe your gender? Woman Man Gender diverse or non-binary Prefer not to say
	you identify with any of the following social identity groups?  Aboriginal and/or Torres Strait Islander Refugee, asylum seeker, migrant or culturally diverse Religious minority Person living with a disability or chronic illness Carer for people with disability or illness LGBTIQA+ Aged 18-24 No Other Prefer not to say
the	the members of your organisation leadership/committee identify with any of following groups?  Women Men Aboriginal and/or Torres Strait Islander Religious minority Person living with a disability or chronic illness Carer for people with disability or illness LGBTIQA+ Aged 18-24 Aged 65+ No Other
gro	es 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 Culturally diverse communities
Ар	plicant Contact Details

\* indicates a required field

Name of group \*

Organisation Name
Is your group known by another name?
Group Address * Address
Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
Group Postal Address Address
If different to street address.
Group Phone Number *
Must be an Australian phone number.
Group Email *
Must be an email address.
Group Website
Must be a URL.
Is your group *
Incorporated Group
* indicates a required field
Incorporation Registration Number *
Public Liability Insurance Policy 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

Must be an ABN.

If your group does not have an ABN, you are required to fill in a Statement by Supplier which can be downloaded from the ATO website here

#### Statement by supplier

Attach a file:

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

### **Auspiced Group**

\* indicates a required field

To be eligible to auspice this application, the auspice needs to be either

- Incorporated
- Public Benevolent Trust
- Registered Charity
- Educational Institution

Auspice name * Organisation Name	
Auspice Address * Address	

Address Line 1, Suburb/To	wn, State/Province, Postcode, and Country are required.
Contact person in aus Title First Name	spice organisation * Last Name
Auspice Phone Numb	er*
March have a Assetuation who	
Must be an Australian pho	ne number.
Auspice Email *	
Must be an email address.	
Auspice Incorporation	n Number
<b>Public Liability Insura</b>	ance Policy number *
Attach letter of autho	orisation from Auspice organisation here *
We will only accept Micros	oft Office files, jpegs or pdf documents
Auspice Organisation	ABN
raspice or gambation	
	e used to look up the following information. Click Lookup above
check that you have en	tered the ABN correctly.
Information from the Aust	ralian Business Register
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GS	iT)
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

If your Auspice group does not have an ABN, you are required to fill in a Statement by Supplier which can be downloaded from the ATO website <a href="here">here</a>

Attach your Statement by State Attach a file:	Supplier here	
We will only accept Microsoft Office	ce files, jpegs or pdf documents	
Other Entity Type		
* indicates a required field		
Entity Type *		
Public Benevolent Institutions, Ch	arity or Public Company	
Public Liability Insurance P	olicy Number *	
,		
Incorporation Registration	Number	
Entity ABN		
The ABN provided will be used check that you have entered t	to look up the following information. he ABN correctly.	Click Lookup above to
Information from the Australian B	Business Register	1
ABN		
Entity name		
ABN status		
Entity type		
Goods & Services Tax (GST)		
DGR Endorsed		
ATO Charity Type	More information	
ACNC Registration		

Must be an ABN.

Tax Concessions

Main business location

If your group does not have an ABN, you are required to fill in a Statement by Supplier which can be downloaded from the ATO website <a href="here">here</a>

Attach Statement by supplier here Attach a file:
We will only accept Microsoft Office files, jpegs or pdf documents
Financial Information
* indicates a required field
Council needs to ensure any long term investment through a grant is viable and will result in the intended outcomes.
In order to help us assess this you are required to provide information on your current financial position. This may include profit and loss statements, audited financial statements or the financial statement presented at your AGM. Bank statements are not suitable and should not be attached.
Attach financial statement here * Attach a file:
We will only accept Microsoft Office files, jpegs or pdf documents
Applicants current bank balance *  \$ Must be a dollar amount.
Does your group have any savings, investments or term deposits? *
If yes, please provide details of any financial commitments the group has.
Are these funds in reserve for a specific purpose? e.g. superanuation, grant from another source, opertional expenses etc
Applicant Information
* indicates a required field
What is your groups purpose or mission? *
Word count:

no more than 150 words

How many people are involved in your group on a regular basis? *						
How long has your group been operating? *						
Which municipality and/or suburbs does your group provide a service to? *						
Project details						
* indicates a required field						
Project Title *						
name of event or festival						
Grant amount requested *						
Must be a dollar amount and no more than 10000.						
Total Project Cost *						
\$ Must be a dollar amount.						
What is the total budgeted cost (dollars) of your project?						
Start Date *						
Must be a date and no earlier than 1/1/2025.						
End Date *						
Must be a date and no later than 31/12/2025.						
Please provide a brief bio listing your relevant skills and/or experience *						
Word count: Must be no more than 400 words.						
Please list any other key artists and/or collaborators and briefly describe their relevant skills and/or experience						

Word count:

Must be no more than 750 words.

Project Information
* indicates a required field
Please describe your project idea *
Word count:  Must be no more than 750 words.  Please include measures to ensure a high quality project and experience for participants.
Why is this project needed? *
Please describe why you think this project will address a community need. Has anyone been consulted to identify a need?
Please describe your intended audience/participants *
Word count: Must be no more than 500 words. Who do you want to reach with your project?
What will people gain from being involved in your project (ie. social connections/ sense of belonging, wellbeing, new skills or knowledge, new experiences)? *
sense er weisenging, mensemig, nen samb er anemedge, men experiences,
Word count: Must be no more than 500 words. You may wish to reference the Cultural Outcomes in the Arts and Culture Strategic Plan in your answer
Please indicate estimated audience numbers *
Please indicate estimated active participant numbers *
Please describe how you will reach and engage your key audience/participants *
Please include any specific promotional methods/materials

Please describe the measures in place to ensure your project is as accessible and inclusive as possible
inclusive as possible
We encourage all applicants to consider access, equity and inclusion for all members of Banyule's 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 any intended longer term benefits of this project
Word count:
Must be no more than 500 words. Please include any relevant details of how these benefits will be sustained beyond the project funding period
Will you be partnering with any other groups to deliver this project? *
in you be parametring many cane. groups to define and projects
If so, provide details of the partners' relevant skill and experience, and the contribution the partner/s will make to the project here.
contribution the partner/s will make to the project here.  Please attach Letters of Support for any project partners:
Contribution the partner/s will make to the project here.  Please attach Letters of Support for any project partners:  Attach a file:
contribution the partner/s will make to the project here.  Please attach Letters of Support for any project partners:
Please attach Letters of Support for any project partners:  Attach a file:  If you have additional networks and/or resources that will support the delivery of
Please attach Letters of Support for any project partners:  Attach a file:  If you have additional networks and/or resources that will support the delivery of
Please attach Letters of Support for any project partners: Attach a file:  If you have additional networks and/or resources that will support the delivery of this project (ie. social media networks, venue relationships) please detail below  Word count:
Please attach Letters of Support for any project partners: Attach a file:  If you have additional networks and/or resources that will support the delivery of this project (ie. social media networks, venue relationships) please detail below  Word count: Must be no more than 350 words.

If this is a venue for hire, please provide evidence of discussions with venue manager e.g. email, quote.

Attach a fil	le:				
Documents	must be in	Microsoft	Office	or PDF	Format.

### Project Plan

The Project Plan is the detail of how the project will be managed.

Please upload a basic project plan in your preferred format clearly showing the following:

- Activity/task
- Activity/task start date and end date
- Resources required for the activity/task
- Who is responsible for delivering the activity/task

Attach project plan here *							
Attach a	file:						
We will or	nly accept	Microsoft	Office files	. ipeas	or po	df docur	nents

### **Project Budget**

\* indicates a required field

#### Budget

Outline your project budget including details of other funding that has been confirmed and/ or applied for. **The Budget must balance (total income = total expenditure)** 

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

- Please include whether income is confirmed (C) or not confirmed (NC)
- Please include In Kind support (eg. volunteer hours, free use of venue etc.) in both the Income and Expenditure columns with IK next to the line item. In-Kind support should be calculated as a quoted or estimated \$ figure.

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

### **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.

#### Quotes

One quote is required for any hire/purchase of equipment, services or materials over \$500.

Each quote needs to be from a different supplier.

Quotes should be provided by a reputable supplier and should include the business name, description of the item or work to be carried out and costings .

These can be in the form of

- formal written quotes
- screen shots from online stores/catalogues
- scanned in images from catalogues

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

Quotes should be no more than 6 months old.

Please attach quotes Attach a file:
We will only accept Microsoft Office files, jpegs or pdf documents
Grant Options
Have you applied for other grants for this project? *  ○ Yes ○ No
If yes, who did you apply to, how much did you apply for, and when is the outcome of your application expected?
If you are requesting part funding for a larger project, which items would you us Banyule Council's funds for?
Local Procurement
Banyule Council expects grant recipients to source products and/or services from local suppliers where practicable.
Please list the local suppliers you intend to purchase/hire from for this project *
Word count: Must be no more than 500 words.

If there are products or se please include your reason		nd to source from a local supplier
Word count: Must be no more than 350 words	5.	
Supporting documen	tation	
<ul> <li>Applicants may provide support</li> <li>A maximum of three high</li> <li>Two mpeg4 video files</li> <li>Two mp3 audio files</li> <li>Up to three letters of support</li> </ul>	h quality jpeg images	
Support documentation Attach a file:		
Additional Informatio How did you hear abou		ogram?
Please select all relevant o  ☐ Banyule Banner ☐ Banyule Council Website	☐ Social Media	<ul><li>□ Local Media</li><li>□ Pinpoint Artists online</li></ul>
☐ Arts & Culture E news	☐ Word of Mouth	register □ Other:
□ Network/Newsletter		
Declaration		

\* indicates a required field

#### **Declaration and Privacy Statement**

I certify 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.

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

I understand that the collection and handling of personal information will be conducted in accordance with Council's Privacy Policy which is displayed on Council's website or is available for inspection at Council's customer service centre. The information is being collected by Banyule City Council to enable panel members, comprising of Councillors and Community representatives, to assess and allocate grant funds. This is done in accordance with Council's powers, functions and purposes under the Local Government Act 1989 and other relevant legislation. Should you need to change or access your personal details, please contact us on 9490 4222 or via <a href="mailto:enquiries@banyule.vic.gov.au">enquiries@banyule.vic.gov.au</a>

Applica	nt Contact Perso	n *		
Title	First Name	Last Name		
Applicat	nt Contact Perso	n Position		
I have ro	ead the Arts Cul	ture Grants Guid	delines *	
declarat	thorised to comp tion and privacy am authorised		ation and have read a re *	and understood the
Date of	Declaration *			
Must be a	date			