

Banyule Monthly Equipment Grant Feb 2024 - 2025

Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form please read the **2024-25 Banyule Monthly Equipment [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 significant community benefit demonstrated

Please select below: *

☐ Yes

☐ No

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

Please note : Applicants can request a number of smaller grants across the 2024 - 2025 financial year providing the total of the requests doesn't exceed \$2000.

Only one Monthly Equipment Grant application can be lodged per month.

Applicant details

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* 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/organisation *

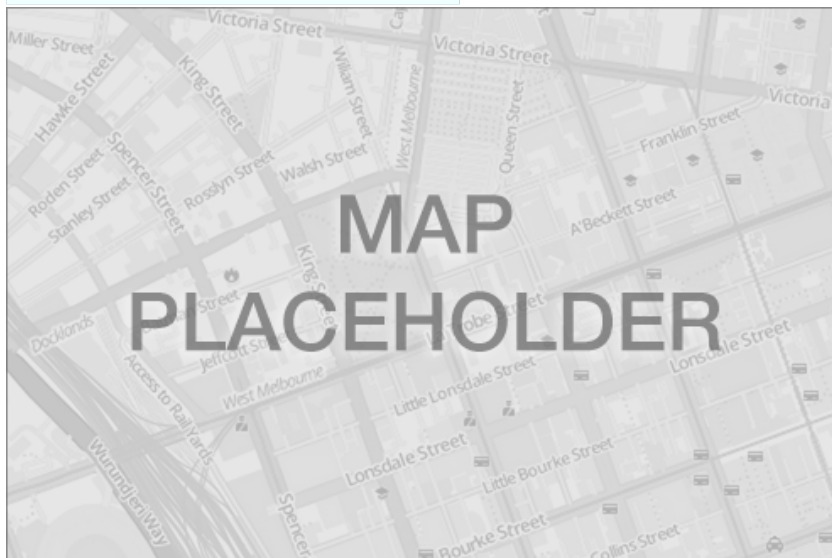
Organisation Name

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.

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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 legal structure

* indicates a required field

What is your groups status? *

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 applicant auspiced by an incorporated association for the purposes of this grant?

☐ Yes

☐ No

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.

ABN

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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.

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.

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

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Primary contact person at auspicing organisation *

| Title | First Name | Last Name |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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

Position held 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.

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:

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 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 of auspicing organisation

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) | |

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DGR Endorsed

ATO Charity Type

[More information](#)

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

Applicant information

* indicates a required field

What is your groups purpose or mission? *

What services/programs/activities does your group provide? What do you aim to achieve?

How long has the group been operating for? *

Which municipality and/or suburbs does your group provide a service to? *

Do you have members? *

☐ Yes

☐ No

If yes, how many current members do you have?

How many of these current members are Banyule residents?

For applicants that are not membership based, how many Banyule residents would you provide a service for annually?

Are you sole users of the facility your group operates from? *

If you share the facility, will the equipment requested be shared with other users?

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If the equipment will be shared, will other users be contributing financially to its' purchase/maintenance?

If so, please provide details of the contribution here.

Equipment details

Equipment can be free standing, portable or fixed however installation, assembly and delivery costs are not eligible as part of the grant.

The maximum grant available is \$2000.

Applicants can request a number of smaller grants across the 2024 - 2025 financial year providing the total of the requests doesn't exceed \$2000.

Project Title *

What equipment are you seeking funds for? *

Provide details of the equipment you wish to purchase.

Why is this equipment needed? *

Word count:

Must be at least 25 words.

What is the need, issue or opportunity that the project is responding to. Provide a clear reason as to why the equipment is needed and how it will be used.

What benefit will this equipment provide for your group, individuals, the community? *

Word count:

Must be at least 25 words.

Who has been consulted to identify the need? Who are the intended beneficiaries/participants ? How will the purchase of the equipment impact the group or the community Will the equipment improve safety, streamline administration processes etc?

How many Banyule residents will benefit from the equipent purchase? *

Must be a number.

Where will the equipment be stored? *

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E.g. In clubrooms, in the office, at members/volunteers home

Who will have access to the equipment? *

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 once it is no longer required for the purpose for which it was allocated.

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. *

Project timelines

Start Date *

Must be a date.

End Date *

Must be a date.

Project Budget

* indicates a required field

Please outline your project budget in the table below.

You will need to submit a clear, balanced budget which describes and itemises all equipment requested.

Income column should

- the grant requested from Council
- details of all income contributing to the equipment purchase including from fundraising, donations and other grant programs

Expenditure column should

- include all items of equipment you wish to purchase with the grant.

Please remember- the budget must balance- income must equal expenditure.

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

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- 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 you wish to purchase 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.

Total grant amount requested *

\$

Must be a dollar amount and no more than 2000.

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

Total equipment cost *

\$

Must be a dollar amount.

What is the total budgeted cost of the equipment purchase?

Budget

| 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

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

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.

Quotes should be no more than 6 months old

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

Please attach at least one quote for each item of equipment you wish to purchase 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 equipment? *

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 equipment purchase can the project proceed? *

☐ Yes

☐ No

If yes, provide details here - what is the minimum grant amount required and what would you purchase with the reduced grant amount?

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/committed to will be considered a lower priority.

Applicants current operating account balance *

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\$

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:

Gender Impact Assessment (GIA) 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

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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.

Do the members of your groups committee / leadership identify with any of the following 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
- ☐ Aged 65+
- ☐ Prefer not to say
- ☐ None of the above
- ☐ Other:

Does your organisation work primarily with or support any of the following groups?

- ☐ 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:

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.

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).

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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 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 current Monthly Equipment Grants 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

| | | |
|--|--|--|
| | | |
|--|--|--|

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

Position *

| |
|--|
| |
|--|

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

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.

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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.