## Eligibility

#### \* indicates a required field

Before completing this application form, you should have read the Quick Response Grant Guidelines.

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, 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.

Applicants who have auspiced a separate community groups application are still eligible to apply themselves.

If you have any questions in regards to these eligibility criteria, please contact the Community Development team on 5760 2600 or email grants@benalla.vic.gov.au.

### **Eligible Applications**

Community development projects and activities including:

- Local community initiated activities and projects, e.g. local community barbeque or celebration
- Fundraising (conditions apply refer to Terms and Conditions within the guideline document)
- Venue or equipment hire assistance covering hire of external facilities and equipment
- Subsidised use of Council facilities and resources, e.g. use of Town Hall, bin hire or movie tickets

W	hat typ	e of not	-for-profit	organisatio	on are you? *
---	---------	----------	-------------	-------------	---------------

V V I	nat type of not-for-profit organisation are you:
0	Community group
0	Community Hall or Reserve Committee of Management
0	Community Sports Club
0	Educational institution (includes pre-schools, schools, universities & higher education
pro	oviders)
0	Healthcare not-for-profit
0	Philanthropic organisation
0	Social enterprise
0	Peak body
$\bigcirc$	Professional association

O General not-for-profit (i.e. none of the sub-types listed above)

Please choose the option that best applies to your organisation.

## Ineligible Organisation

You have a selected an organisation type that is not eligible to receive Quick **Response Grant Funding.** 

If you believe that your application should be considered, please contact Council to discuss your application.

grants@benalla.vic.gov.au

03 5760 2600

### I confirm that the applicant ...

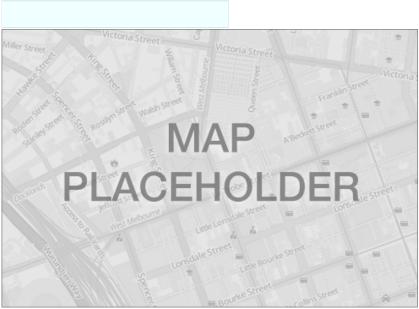
- has read and understands the program guidelines
- is an incorporated community based and not-for-profit group or organisation
- an unincorporated group sponsored by an incorporated organisation
- is located in (and/or supplies services to) Benalla Rural City
- does not owe any reports or money to Benalla Rural City Council as a result of previous funding or grants
- has the appropriate type and level of insurance for the activities that are the subject of this grant
- up

• is not an individual, individual business, government agency, political or religious gro
Please select below: *  O Yes O No You must confirm that all statements above are true and correct.
Organisation Details
* indicates a required field
Is your organisation incorporated? *  ☐ Yes ☐ No  Note that you are ineligible to apply if your organisation is not incorporated unless sponsored by an incorporated organisation (see Section 5)
What is your incorporation number? *
Incorporated Association or Australian Corporation Number.
Upload copy of Certificate of Incorporation * Attach a file:
What are the primary services/activities provided by your organisation? *

How long has your organisation been established?
How many members does your organisation have?
Banking Details
To ensure prompt payment for successful applications, please provide bank details for your group or organisation.
Bank Account * Account Name
BSB Number Account Number
Must be a valid Australian bank account format.
Please attach recent copy of a Bank Statement to verify account details provided above. * Attach a file:
A minimum of 1 file must be attached.  Must be within last 12 months
Must be within last 12 months
Contact Details
* indicates a required field
Privacy Notice
We pledge to respect and uphold your rights to privacy protection under the <u>Australian Privacy Principles</u> (APPs) as established under the <u>Privacy Act 1988</u> and amended by the <u>Privacy Amendment (Enhancing Privacy Protection) Act 2012</u> . To view our privacy statement, go to <u>Benalla Rural City Council Privacy Statement</u>
Applicant
Organisation name * 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.
Organisation Postal Address Address

Organisation Email
Must be an email address.
Primary contact person *
Title First Name Last Name
This is the person we will correspond with about this grant
Position held in organisation *
e.g. Manager, Board Member, Fundraising Coordinator
Phone number *
Must be an Australian phone number.
Contact person's email address *
This is the address we will use to correspond with you about this grant.
Auspice Information
* indicates a required field
Is your organisation auspiced by another organisation for the purposes of this grant?
○ Yes ○ No
Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation.
Auspice Organisation Details
Name of auspicing organisation * Organisation Name
Australian Corporation Number of auspicing organisation
ar production and production of the production o
Primary contact person at auspicing organisation *

Title	First Name	Last Name
We may o	contact this person to	verify that this auspicing arrangement is valid and current.
Auspice	Postal Address	*
Address		
Address L	ine 1, Suburb/Town,	State/Province, Postcode, and Country are required.
Position	held in organisa	ation
e.g. Mana	iger, CEO	
Contact	person's primar	y phone number *
Contact	person's email a	address *
Must be a	n email address	
Please a	attach a letter fr	om the auspicing organisation confirming this
	ment is valid an	
	ude, name, position,	ppropriately authorised person (e.g. manager, CEO, Board Chair) and signature and date.
Bank Ac Account		
BSB Nun	nber Account	Number
Must be a	valid Australian ban	k account format.
Proiec	t Details	
	es a required field	
Project	title:	
Provide a	name for your proje	ct/program/initiative. Your title should be short but descriptive
<b>Project</b> Address	location	



E BO	ourke Street
Please provide the address where the	e project is to be carried out or position a pin on the map below.
Anticipated start date	Anticipated end date
If unknown, provide your best guess of	or leave blank If unknown, provide your best guess or leave blan
Describe the project/event/ite	em for which you are seeking funding. *
what you will do (i.e. the activities you activities (outcomes). Go to the Fundi	a brief summary of who this project is for (i.e. beneficiaries), ou will perform), and what effects you expect to result from your ing Centre's Answers Bank at <a href="https://www.fundingcentre.com.au">https://www.fundingcentre.com.au</a> , ideas about how to frame your response.
Describe how you determined grant funding will be used. *	the need for the project/event/item and how the
Word count: Must be no more than 150 words.	
	for including people of all abilities in your project,

Must be no more than 100 words.

We want you to show us how you have considered gender differences in designing your project/ program so that you are reaching people equitably. If you are running a gender-specific initiative, please tell us why only one gender is being targeted. For more information on applying a gender lens to your work, visit <a href="http://www.fundingcentre.com.au/help/gender-lens">http://www.fundingcentre.com.au/help/gender-lens</a>.

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

Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, 'Universal – no particularly targeted beneficiaries'

#### What are the primary areas of focus for this project/program? \*

No more than 5 choices may be selected.

You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)

## **Budget**

Total Amount Requested	\$ Must be a dollar amount. What is the total financia application? (max. \$500)	l support you are requesting in this
Total Project/Program Cost	\$ What is the total budgete	ed cost (dollars) of your project?

## Budget (GST exclusive)

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.

'Volunteer labour' is labour provided at no fee for the applicant group. 'Unskilled labour' \$25 per hour. 'In-kind donation' - services or goods donated at no cost to the applicant group.

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.

Please refer to our <u>Preparing Your Budget</u> document for an example of how to calculate your budget.

Income Description	Income Amount (\$)		
	\$		
	\$		

		\$		
		\$		
Expenditure Descrip	ption	Expenditure	Amou	nt (\$)
		\$  \$		
		<u> </u>		
		\$		
Budget Totals				
Total Income Amount	Total Expenditure A	Amount	Income -	Expenditure
\$	\$			
This number/amount is calculated.	This number/arcalculated.	mount is	This no	umber/amount is
Previous funding Please list grants, spo the last 3 years.	nsorship or donations	from the Council	to you	r organisations during
Year Awarded	\$ Amount	Purpose of G	rant	Date Acquitted
				Must be a date.
Certification and	d Feedback			
* indicates a required	field			
Certification				
	completed by an appro ation (may be different			

I agree \* ○ Yes ○ No

and conditions of the grant as outlined in the letter of approval.

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

Name of authorised person *	Title	First Name	Last Name		
	Must be a s		board member or appropriately		
Position *					
	Position he	ld in applicant organ	isation (e.g. CEO, Treasurer)		
Contact phone number *	Must be an Australian phone number.				
		ntact you to verify the licant organisation	nat this application is authorised		
Contact Email *	Marchile	email address.			
Date *	Must be an	emaii address.			
	Must be a	date			
Reporting On Your Project	:				
Successful applicants who receive complete a basic acquittal form for					
Applicants will be asked to provid activity described in their applica photo's of the funded purchase /	tion. This				
Please email grants@benalla.vic.gcompleted through SmartyGrants		equest an acquitta	I form. The form must be		
Applicants must complete an provided by Benalla Rural City			ole for future grant funding		
I understand I will need to rep  O Yes O No	oort on m	y Quick Respons	e Grant *		
Applicant Feedback					
You are nearing the end of the ap click the <b>SUBMIT</b> button please t					
Please indicate how you found Overy easy Easy	d the onli ○ Neu		rocess: * icult O Very difficult		
How many minutes in total di	d it take y	ou to complete	this application?		

Estimate in minutes i.e. 1 hour = 60	
Please provide us with your suggestions about any improve additions to the application process/form that you think we	_