What is a Social Inclusion Action Group (SIAG)?

SIAG is a community-led group making decisions and developing solutions at a local level to support social connection and inclusion. Each SIAG is facilitated by their local council with funding provided by the Victorian Government.

Social Connections Grants

Social Connection Grants aim to support local community groups and other organisations to hold events and activities that create opportunities for connection and inclusion. Enhancing social connections can provide much-needed support and create positive experiences.

The funding of the SIAG program and initiatives has been made possible through funding provided by the Victorian Government Department of Health.

We encourage anyone considering applying for a Social Connection Grant to discuss their application with the Social Inclusion Action Group Coordinator on 5761 2256 or 0484 025 974.

Eligibility

Please complete this form to apply to hold an event, activity, or project in your community.

This section of the application form is designed to help you, and us, understand if you are eligible to apply for funding. It's crucial that you complete these questions before any others to ensure you do not waste your time.

Applications will remain open for a ten week period, closing Sunday 26 January at 11:59pm.

Eligible Applicants

To be eligible to apply for a Social Inclusion Grant you must:

- be incorporated community based or not-for-profit organisation that can demonstrate how they grant will be utilised to support the community
- be under the auspice of an incorporated organisation (if organisation is unincorporated)
- be based or deliver services within the Benalla Rural City municipality
- have satisfactorily accounted to Council for the expenditure of any previous Social Connection grants
- hold relevant insurances to administer the event or project
- comply with all relevant Local Laws, Australian and Victorian legislation.

Application Requirements

Form Preview

Eligible Applications

This application process is open to all applications from not-for-profit community groups/ organisations to stage an event, activity, or project to deliver one (or multiple) of the key objectives listed below.

- 1.Create opportunities for social connections and inclusion.
- 2.Improving mental health and resilience

Funding could cover expenses such as:

- catering
- entertainment (e.g. band, face painter)
- venue or equipment hire assistance covering hire of external facilities and equipment
- subsidised use of Council facilities and resources
- guest speakers, facilitators
- printing or promotional costs
- decorations
- purchase of resources for the event/activity

Funding Exclusions

- Projects that do not involve the Benalla community
- Individuals or applications that only benefit individuals (for example scholarships, sponsorship, awards)
- Applicants who offer a 'fee for service' to the community that would likely cover the costs of the event without causing hardship to the group
- Individual businesses, government agencies, political groups, religious groups and organisations
- Applicants who have not adequately acquitted previous funding provided by SIAG
- Applications that are considered by SIAG to be the funding responsibility of other levels of Government (State or Federal government agencies)
- Community organisations that receive funding from other areas of council; except where funding is proposed for a different purpose
- Projects that have already started or have been completed
- Funding of prizes, donations, gifts, grant giving programs, award ceremonies and fundraising events
- Projects that will have a negative impact on the environment
- Staff wages and salaries
- Projects better funded from other sources e.g. fees, sponsorships

Funding Terms and Conditions

- * indicates a required field
 - Applications must be submitted through the Benalla Rural City Council online grants portal.

Form Preview

- A member of the organisation's executive must sign the application.
- All grants must be used for the purposes outlined in the application.
- All activities associated with the project must be legal, include all required permits and comply with Child Safe Standards.
- Applicants must indicate all other sources of funding they have sought and/or received in relation to the project.
- Wherever possible goods and services should be purchased from Benalla-based providers.
- The financial support provided by SIAG as part of the Council must be acknowledged wherever possible. This includes having the SIAG, Benalla Rural City Council and Victorian State Government logo on all media release material.
- Successful applicants must complete an acquittal with evidence that the grant funding has been used for the purpose described in the application.
- Grant funds must be expended within 12 months of being awarded funds.
- Successful organisations agree to the Council using information from their project in its Annual Report, Council publications and reports to the funding body.
- All grants must be used for the purposes outlined in the application.
- Any variation to the use of the grant funding must be approved by the SIAG Committee.

Confirmation

I confirm that the applicant ...

- has read and understands the program guidelines
- is an incorporated community based and not-for-profit group or organisation, including local branches of state, national and international groups, trust funds and schools
- If an unincorporated group is sponsored by an incorporated organisation
- is located in Benalla Rural City
- does not owe any reports or money to **Benalla Rural City Council** including the **Social Inclusion Action Group** 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
- is not an individual, individual business, government agency, political or religious group
- adheres to the 11 Child Safe Standards from the Victorian Government.

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r	iease	SE	lect	De	iow:	-

○ Yes ○ No

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

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.
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 / auspiced by an incorporated organisation (see Section 5)
What is your incorporation number? *

Incorporated Association or Australian Corporation Number.
What are the primary services/activities provided by your organisation? *
How long has your organisation been established?
How many members does your organisation have?
What type of not-for-profit organisation are you? *
Community group Community Hall or Reserve Committee of Management Community Sports Club Healthcare not-for-profit Philanthropic organisation Social enterprise Peak body Professional association General not-for-profit (i.e. none of the sub-types listed above)
Please choose the option that best applies to your organisation.
Auspice Information
* indicates a required field
Is your organisation auspiced by another organisation for the purposes of this grant? O Yes O 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 *

Form Preview

Primary Title	<pre>/ contact person First Name</pre>	at auspicing org	anisation *
We may	contact this person t	o verify that this aus	picing arrangement is valid and current.
Auspice Address	e Postal Address	*	
Address I	_ine 1, Suburb/Town	State/Province, Pos	tcode, and Country are required.
Positio	n held in organis	ation	
e.g. Mana	ager, CEO		
Contact	t person's prima	ry phone numbe	• *
Contact	t person's email	address *	
Must be a	an email address		
	ement is valid an		g organisation confirming this
	ust be signed by an a ude, name, position,		sed person (e.g. manager, CEO, Board Chair) and

Assessment Criteria

To determine which project applications will be recommended for funding, the SIAG Community Based Committee will consider each application against the following criteria:

- Is the organisation eligible to apply?
- Is the project sustainable? Will the project require additional / recurrent funding?
- Equitable distribution of funds
- Why is the project needed? How will it provide community benefit?
- How will your project support the funding program objectives?
- Community support for the project
- Is the budget realistic?
- Ability to deliver the project.

As part of their submission, applicants may be required to provide details including:

Form Preview

- How has the community need for the project been identified? (Letters of Support can be included to help substantiate the need).
- What planning has been undertaken leading up to the application?
- Does the organisation have appropriate insurance and a risk management strategy?
- Are there benefits to the broader community rather than just to the members of the applicant organisation?
- Quotes where the purchase of goods and services form part of the proposal
- Organisation's banking details

Expression of Interest Details

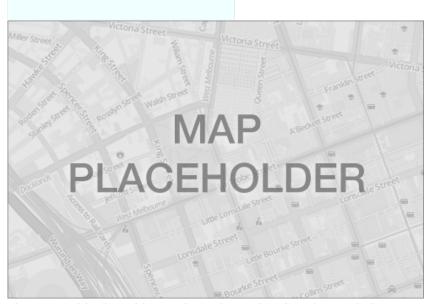
* indicates a required field

Event/	' Activit	y/ Pro	ject	title:
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Provide a name for your project/program/initiative. Your title should be short but descriptive

Project location

Address



Please provide the address where the project is to be carried out or position a pin on the map below.

Anticipated start date *

If unknown, provide your best guess

Anticipated end date

If unknown, provide your best guess or leave blank

in anknown, provide your best guess or leave blank

Who is the main target at Whole of community First Nations residents Children and/or young per Families People with living or lived People with disabilities at Newcomers / Migrants Older residents Members of the LGBTQIA Other:	eople d experience of mental health nd/or carers
Describe the event, activi	ity, or project that you wish to undertake. *
Please be descriptive and include	de a good level of detail.
Describe potential commu	unity benefit. How will it improve social connections, or resilience. *
Word count: Must be no more than 150 word	ds.
Describe the provisions me project, activity or event.	nade for including people of all ages and abilities in your
project, delivity or event.	
Supporting Documentation Attach a file:	on
It is encouraged to upload any a grant and provide additional cor	additional documentation that may support the assessment of this ntext or details
Budget	
* indicates a required field	
What is the total financial su	pport you are requesting in this application? (max. \$1,500)
Total Amount Requested *	\$ Must be a whole dollar amount (no cents) and no more than 1500.

Form Preview

Budget

Provide an overview of the estimated budget required to stage your event, activity, or project.

Income could include: Council funds (up to \$1,500), community group \$ contribution, donations.

Expenditure could include: Hall hire, equipment hire, catering, printing, musical entertainment.

Income	\$	Expenditure	\$
eg: community group contribution		eg: hire costs	
eg: donations		eg: catering	
eg: council funds		eg: printing	
	-		

Budget Totals

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

Bank Details

* indicates a required field

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 Aus	tralian hank account format				

A copy of a recent bank statement or similar must be supplied for fraud and auditing purposes. The attachment must show account name, BSB, and account number.

Please attach copy of Bank Statement to verify account details provided above. * Attach a file:

Form Preview

A minimum of 1 file must be attached.

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (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 approval.

l agree *	○ Yes		○ No	
Name of authorised person *	Title Must be a sauthorised		Last Name board member or app	propriately
Position *	Position he	eld in applicant organ	isation (e.g. CEO, Trea	nsurer)
Contact phone number *	We may co	n Australian phone no ontact you to verify t licant organisation	umber. hat this application is a	authorised
Contact Email *	Must be ar	email address.		
Date *	Must be a	date		

Reporting

Successful applicants must submit a basic acquittal report within one month of completing their funded activity.

Information to be provided will include:

- Receipts
- Number of attendees

• Age range				
	is or media of ev mmary the event			
• General Sui	minary the event	L		
I agree to the O Yes O No	reporting cond	litions *		
Applicant Fe	edback			
		pplication process. take a few moment		your application and feedback.
Please indicat	e how you four	nd the online appl	lication process:	*
Very easy	○ Easy	○ Neutral	 Difficult 	 Very difficult
How many min	nutes in total d	id it take you to c	complete this app	olication?
Estimate in minut	es i.e. 1 hour = 60			
		suggestions abou process/form that		