#### Eligibility

\* indicates a required field

Before completing this application form, you should have read the <u>Youth Participation</u> 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.

All projects must be carried out in Benalla Rural City and be of benefit to young people living in the municipality.

To be eligible: • Applicants must be aged between 12 to 25 • Applicants must live, work, study or be involved with a community group in Benalla • Individuals applying must be auspiced (supported) by an incorporated not-for-profit organisation (see FAQ section) • The project idea must be developed and delivered by young people • The project must have clear goals and outcomes • The project must build on young people's skills • The project must be drug and alcohol free • The project must have a detailed budget • You must be able to provide a referee • The project must be completed within twelve months

It is highly recommended that you contact the Community Development Coordinator on 5760 2600 to discuss your application.

Youth Participation Grant funding is available year-round until there are no funds remaining for the program.

I understand the requirements	listed abov	$\prime$ e and have	e read the	Youth Pa	articipation
<b>Grant Guidelines: *</b>					

○ Yes ○ No

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

#### **Contact Details**

#### **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 Details**

Full name of young person who will be the main contact Title First Name Last Name
Home Address Address
Postal Address
Address
Email
Must be an email address.
Home Phone Number
Must be an Australian phone number.
Mobile Phone Number
Must be an Australian phone number.
Date of Birth
Must be a date.
Current Age
Must be a number.
Referee
All applicants need to provide contact details for a referee. <b>Who should I use as my referee?</b> You should use someone who can talk about your ability to complete your project successfully. Also it's important to make sure that you ask the person's permission before using them as a referee. A family member or relative is not an appropriate referee but you could ask a teacher, employer, sports coach or youth worker.
Name of Referee Title First Name Last Name

Phone Number  Must be an Australian phone number.
Email  Must be an email address.
How does the referee know you / your group?
Project Details
Describe the project/event/item which you are seeking funding for.
Describe how you came up with the idea for the project/event/item.
What do you hope to achieve with this project?
How will the project benefit young people in Benalla?
Who are the primary beneficiaries of this project/program?

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No more than 5 choices may be selected. Please choose only the group/s that are at the very core of this project/program

#### Risk Management

Can you think of any situations that might arise which could you to finish your project and how could you limit these risk	

#### **Budget**

Total Amount Requested

Must be a whole dollar amount (no cents) and no more than 500.
What is the total financial support you are requesting in this application? (max. \$500)

Total Project/Program
Cost

What is the total budgeted 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 (\$)
Grant funds	\$
Business Donation (example)	\$
	\$
	\$

Expenditure Description	Expenditure Amount (\$)
Equipment (example)	\$
Services (example)	\$
	\$
	\$

Contact person's email address \*

### **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.
		MUST equal 0
Auspice Information		
* indicates a required field		
Auspice Organisation D	etails	
This section needs to be comm	oleted by the organisation ausp	icing your application. I declar
	ved, I will take full responsibility	
	at the project is delivered in ac	
outlined in the funding agreen	nent and that the conditions of	funding are met.
Please contact Council's Youth	n Development team if you nee	d help finding an auspice.
Name of auspicing organis	ation *	
Organisation Name	acion	
A		<del></del>
Australian Corporation Nul	mber of auspicing organisat	ion *
Primary contact person at	auspicing organisation *	
Title First Name La	ast Name	
We may contact this person to ve	erify that this auspicing arrangeme	nt is valid and current.
Auspice Postal Address *		
Address		
Address Line 1, Suburb/Town, Sta	te/Province, Postcode, and Countr	y are required.
Position held in organisation	on	
e.g. Manager, CEO		
Contact person's primary p	phone number *	

Must be an email address				
Please attach a letter from the arrangement is valid and cur Attach a file:		ng organisatior	n confirming thi	s
Letter must be signed by an approprimust include, name, position, signat			manager, CEO, Boa	rd Chair) and
Certification and Feedb	ack			
* indicates a required field				
Certification				
This section must be completed the applicant organisation (may application form).				
I certify that to the best of mapplication are true and corre				
organisation is approved for and conditions of the grant a	this grant	, we will be req	juired to accept	
	this grant	, we will be req	juired to accept	
and conditions of the grant a  I agree *  Name of authorised	this grant s outlined O Yes	, we will be req	uired to accept f approval.	
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			Before you review yo s to provide some fe	
Please indicate	how you found	the online appl	ication process: *	
<ul><li>Very easy</li></ul>	○ Easy	<ul><li>Neutral</li></ul>	<ul> <li>Difficult</li> </ul>	<ul> <li>Very difficult</li> </ul>
How many min	utes in total did	it take you to o	omplete this appl	ication?
Estimate in minute	s i.e. 1 hour = 60			
<u>-</u>	_		t any improvemen you think we nee	