

Community Projects Application Form

Form Preview

Before you start

Some things to note before you start

Before completing this application form, you should have read the Murrindindi Shire Council [Grants and Sponsorship Guidelines](#).

Incomplete applications and/or applications received after the closing date will not be considered. **When do I need an Auspice?**

You will need an auspice if you are a not-for-profit community group or organisation that does not have an ABN.

If the application is successful, **the auspice organisation must enter into an agreement with Council** and is responsible for managing the grant funds. The auspice is legally accountable for the funds and must make sure that they are spent as outlined in the agreement with Council. An auspice will be required to meet any reporting requirements and meet all the eligibility conditions of the grant.

If an auspice is required, written evidence of an auspice agreement must be submitted in this form.

Applicant details

* indicates a required field

Applicant Organisation

Organisation Name *

Organisation Name

Briefly describe what the Organisation does. *

Word count:

Must be no more than 200 words.

Include information about the organisation's mission, aims and normal activities.

Applicant or Auspice 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

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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.

Does this ABN belong to the Applicant or Auspice

- ☐ Applicant
- ☐ Auspice

Applicant Project Contact

This person is responsible for

- delivering the project or activity
- managing and meeting the requirements of the agreement with Council.

*

First Name	Last Name
<input type="text"/>	<input type="text"/>

Position *

Phone Number *

Email *

Auspice Authorised Person

Name *

First Name	Last Name
<input type="text"/>	<input type="text"/>

Position *

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Email *

Contact Phone Number *

Agreement to auspice

Attach a file:

Written auspice agreement between parties outlining responsibilities of both parties.

Project Details

** indicates a required field*

Your project title and the short description you provide will be included in summary reports to Council and in Council publications.

Project Title *

Must be no more than 20 words.

Project description *

Word count:

Must be no more than 300 words.

This description should include what the project is, the location and date of the project where applicable

Project Start Date *

Must be a date.

What date will project activities start?

Project End Date *

Must be a date.

What date will all project activities, including grant acquittal, be completed?

This is the place to tell us about your event, project of activity in detail.

Why are you seeking a Community Projects grant? *

Word count:

Must be no more than 200 words.

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Describe how you have, or have access to, the skills and experience required to deliver this project or activity? *

Word count:

Must be no more than 300 words.

Please outline relevant skills and experience relating to delivering projects of a similar nature or size.

What specifically will you spend the grant money on?

Who will participate and what will their role be in this project?

How will you attract participants?

Total Grant Requested *

\$

Must be a whole dollar amount (no cents) and between 1000 and 5000.

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

Total Project Cost *

\$

This number/amount is calculated.

This is calculated from the budget page.

Budget

In-kind Contributions

Donated labour, services or materials can be counted as 'in-kind contributions' to the project if donated after the grant has been awarded. If donated before the grant is awarded they are described as retrospective and can't be included.

In-kind contributions should be included on both the income **and** the expenditure sides of your budget. If no in-kind add \$0 to both income and expenditure tables.

In-kind Contributions	\$
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

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Please include the in-kind contributions in both the income and expenditure tables. List them as 'In-kind Contributions'.

Income

Income	\$
In-kind Contributions Total	\$
Council grant request	\$
	\$
	\$
	\$
Include in-kind contributions in your income and expenditure tables.	

Expenditure

Expenditure	\$
In-kind Contributions Total	\$
	\$
	\$
	\$
	\$
Include in-kind contributions in your income and expenditure tables. If you are running your project as a fundraiser please add "funds raised" as an expense to help balance income and expenditure.	

Does the Budget balance?

The totals below are automatically calculated by the system. It is a quick check to see if the budget in your application balances.

The Balance should be \$0, showing the income and expenditure amounts are equal.

Income Total

\$

This number/amount is calculated.

Expenditure Total

\$

This number/amount is calculated.

Balance

\$

This amount should be \$0.

Supporting documents

* indicates a required field

Mandatory documents

Quotes *

Attach a file:

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Quotes are a mandatory requirement for all grant applications.

Any further supporting documents

Attach a file:

Certification and Feedback

Privacy Statement

Personal Information

Any personal information collected, handled, stored or disclosed about you through our online services shall be managed in accordance with the Privacy and Data Protection Act 2014 and the Health Records Act 2001.

Personal information means information or an opinion that is recorded about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion.

Collection and use of personal information

We only collect and record personal information that is provided directly to us that is necessary for us to perform our functions or activities.

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant/auspice organisation

I am authorised to complete the application and confirm that if this grant application is successful:

- **we will deliver the project as described in this application**
- **we will contact Council if any information in this application changes or is incorrect**
- **we will obtain all necessary regulatory approvals and permits**
- **we will meet relevant health and safety standards**
- **we will provide reports (including evidence of expenditure) to Council by agreed dates**
- **we will acknowledge Council's contribution to our project in published materials (online & traditional), in the media (online, social, radio and TV) and on signage.**

I agree

☐

Feedback

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You are nearing the end of the application process. Before you review your application and click the SUBMIT button please take a few moments to provide some feedback. (If you would prefer to provide anonymous feedback, you can do so [here](#).)

How would you rate the ease of this online application?

- ☐ Very easy
- ☐ Easy
- ☐ Neutral
- ☐ Difficult
- ☐ Very difficult

Do you have suggestions to improve our application process or form?