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

Organisations name * Organisation Name	:

Briefly	describe	e what	: the	Organi	sation	does.	*
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Word count:

Must be no more than 200 words.

Include information about the organisations 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

ABN			
Entity name			
ABN status			
Entity type			
Goods & Services Tax (G	SST)		
DGR Endorsed			
ATO Charity Type	More inform	ation ation	
ACNC Registration			
Tax Concessions			
Main business location			
Must be an ABN.			
Does this ABN belor	ig to the Applicant o	r Auspice	
T I:	21. 6		
This person is respons			
delivering the promanaging and me		s of the agreement with	n Council.
*			
First Name	Last Name		
Daaltian in annaniaa	. !		
Position in organisa	tion		
Phone Number *			
Email *			
Auspice Authorise	ed Person		
Name *			
First Name	Last Name		
Position *			

Email *	
Contact Phone Number *	
Agreement to auspice Attach a file:	
Written auspice agreement between parties out	lining responsibilities of both parties.
Project Details	
* indicates a required field	
Your project title and the short descrip summary reports to Council and in Cou	
Event/Activity/Program/Award Title *	
Must be no more than 20 words.	
Must be no more than 20 words.	
Event/Activity/Program/Award descript	tion *
Word count: Must be no more than 100 words. This description should include what the project applicable	is, the location and date of the project where
Start Date *	End Date *
Must be a date. What date will project activities start?	Must be a date. What date will all project activities, including grant acquittal, be completed?
Total Grant Requested *	
Must be a dollar amount and between 200 and 5 What is the total grant support you are requesti	
Total Cost of Event/Activity/Program/A	

This number/amount is calculated.
This is calculated from the budget page.

This is the place to tell us about the sponsored	activity in detail.
What is the purpose and community bene	fit of this sponsorship? *
Word count: Must be no more than 200 words.	
What promotional opportunities for the M	lurrindindi Shire and Council are offered?
Word count: Naming rights, Councillor invitations, Councillor presopportunities etc	sentation, branding opportunities, media
Describe how you have, or have access to deliver this project or activity? *	, the skills and experience required to
Word count: Must be no more than 300 words. Please outline relevant skills and experience relating	g to delivering projects of a similar nature or size.
What specifically will you spend the grant	t money on?
Budget	
In-kind Contributions	
Donated labour, services or materials can be considered after the grant has been awarded. If are described as retrospective and can't be inconsidered.	donated before the grant is awarded they
In-kind contributions should be included on bot your budget. If no in-kind add \$0 to both incom	
	\$
	\$ \$
	\$
	\$
Please include the in-kind contributions in both the	\$
income and expenditure tables. List them as In-	

kind Contributions.

Income

enditure amounts are equal.
Balance
\$ This amount should be \$0.

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

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.)

Ho	w 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?