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.

If your application is for an event, please ensure you have submitted an Events
Notification Form. Alternatively, please contact Council's Events team via email at events@murrindindi.vic.gov.au or by calling 5772 0333 to check on any permit and other requirements.

Applicant details

* indicates a required field

Applicant

Organisations name * Organisation Name	
Briefly describe what the Organisation d	oes. *

Word count:

Must be no more than 200 words.

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

Applicant or Auspice ABN *

	I be used to look up the following information entered the ABN correctly.	. Click Lookup above to
Information from the Au	ustralian Business Register	
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.		
Applicant Project This person is response delivering the property managing and man	sible for	th Council.
Position in organisa	ation	
Phone Number *		
Email *		
Auspice Authoris	sed Person	
Name * First Name	Last Name	

Position *	
1 OSICION	
Email *	
Contact Phone Number *	
Agreement to auspice Attach a file:	
Written auspice agreement between parties outlin	ing responsibilities of both parties.
Project Details	
* indicates a required field	
Your project title and the short descript summary reports to Council and in Coun Event/Activity/Program/Award Title *	
Must be no more than 20 words.	
Event/Activity/Program/Award description	on *
Word count: Must be no more than 100 words. This description should include what the project is applicable	, 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 5000. What is the total grant support you are requesting in this application?

Total Cost of Event/Activity/Program/Award *
\$
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 benefit of this sponsorship? *
Word count:
Must be no more than 200 words.
What promotional opportunities for the Murrindindi Shire and Council are offered?
Word count:
Naming rights, Councillor invitations, Councillor presentation, branding opportunities, media
opportunities etc
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?
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	\$
	\$
	\$

	\$
	\$
	\$
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	Expenditure Total	Balance
\$	\$	\$
This number/amount is	This number/amount is	This amount should be \$0.
calculated.	calculated.	

Supporting documents

Mandatory documents

Quotes

Attach a file:

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

0

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.)

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?		