

2024/25 Community Grant

Form Preview

About the grant

The 2025 Community Grants Program has a community connection, equity and inclusion focus. These grants, in line with the program outcomes, will support initiatives that:

- support opportunities for multicultural inclusion.
- enable all residents to have the opportunity to be socially connected.
- enable access to healthy and affordable food.
- that provide leadership opportunities for women and girls.

To align with the grant priorities funds can be used for items such as but not limited to:

- purchasing of programs/ training/workshops
- program resources
- materials and equipment
- plays/shows
- signage
- promotional materials
- catering (up to 20% of funds)
- website development
- social media training/support

Grants of up to **\$5000** are available.

Please speak to the grants officer on 53589027 to ensure your group/organisation is eligible to apply and that your project/initiative is suitable before you submit your application.

We wish you all the best with your application.

Eligibility

*** indicates a required field**

General questions

The following questions are to ensure that you have met the key eligibility criteria before you start the application.

Have you or another person from your group or organisation spoken to a Community Development Officer about your grant application? *

- ☐ Yes
- ☐ No

Is your group / organisation a registered entity with an Australian Business Number? *

- ☐ Yes
- ☐ No

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If you answered no to this question you will need to provide the details of an Auspice group/organisation and provide evidence of an agreement signed by both parties.

Is your group/organisation based in Northern Grampians Shire? *

- ☐ Yes
- ☐ No

If your group/organisation is not based in the NGS please explain how residents in the NGS will benefit from your project/initiative.

The project will commence after the release of grant funds. *

- ☐ Yes
- ☐ No

The project is not eligible for other spheres of funding eg Government departments or other organisations. *

- ☐ Yes
- ☐ No

Previous grants

Has the group/organisation you are representing received a grant from the council in the past 12 months? *

- ☐ Yes
- ☐ No

Has the group/organisation you are representing been an auspice organisation for another community group to receive a grant from the council in the past 12 months? *

- ☐ Yes
- ☐ No

If you have answered yes to either of the above questions please provide information on the type of grant, what the funds were used for, amount received and if relevant the name of the group being auspiced.

Grant types: Minor grant, Community Event Grant, Sponsorship and Contributions, Community Grant, Arts and Culture Grant, Tourism, Business growth.

Liability Insurance

Please attach evidence of public liability insurance or a plan for obtaining the insurance. If there is an Auspice arrangement the Auspice organisation will need to provide liability insurance. *

Attach a file:

If the group/organisation does not have liability insurance please explain why.

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Group/Organisation details

* indicates a required field

What is the name of the group/organisation applying? *

Organisation Name

Please select the type of group/organisation applying for a grant

- ☐ An Incorporated not-for-profit organisation.
- ☐ A Charity registered with the Australian Charities and Not For Profit Commission.
- ☐ An Australian public company limited by guarantee whose rules demonstrate a not-for-profit purpose.
- ☐ None of the above.
- ☐ Other.

Please provide your Australian Business Number if your group/organisation has one.

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

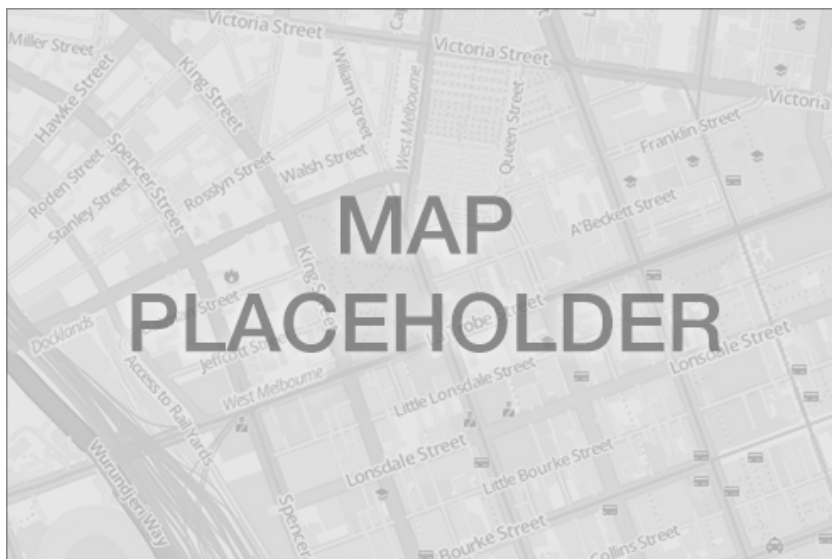
Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Business Address *

Address

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Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Mailing Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Applicant details

Name of person applying

Title First Name Last Name

Applicant Position

Applicant Primary Email

Must be an email address.

Applicant Primary Phone Number

Must be an Australian phone number.

Preferred method of communication *

- ☐ Email
☐ Phone

Project contact details

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Only complete this section if your project contact is different from the applicant details above.

Project Contact *

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

Project Contact Primary Phone Number *

Must be an Australian phone number.

Project Contact Primary Email *

Must be an email address.

Preferred method of communication *

- ☐ Email
☐ Phone

Auspice information

Are you entering into an auspice agreement with another group/organisation. *

- ☐ Yes
☐ No

Auspice organisation details

What is the name of the auspice group/organisation ?

Organisation Name

Type of group/organisation

- ☐ An Incorporated not-for-profit organisation
☐ A Charity registered with the Australian Charities and Not For Profit Commission
☐ An Australian public company limited by guarantee whose rules demonstrate a not-for-profit purpose
☐ None of the above

Auspice group/organisation Australian Business Number (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	

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Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type More information
ACNC Registration
Tax Concessions
Main business location

Must be an ABN.

Contact person from the Auspice group/organisation.

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

Phone Number

Must be an Australian phone number.

Email

Must be an email address.

Please upload your auspice agreement

Attach a file:

Project summary

* indicates a required field

Project/initiative name *

Please provide a brief description of your project/initiative (what, how and why).

Provide a short description of your project/initiative.

Who are the primary beneficiaries of this project/program? *

No more than 5 choices may be selected.

Please choose only the group/s that are at the very core of this project/program

Project Address

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Address

Project start date

Must be a date.

Project end date

Must be a date.

Detailed project information

*** indicates a required field**

Project/initiative purpose

Your project/initiative needs to stongly align with one of the following priorities.

Which of the grant priorities does your project/initiative most strongly align with?

- ☐ Support opportunities for multicultural inclusion.
- ☐ Enable all residents to have the opportunity to be socially connected.
- ☐ Enable access to healthy and affordable food.
- ☐ Opportunities that provide leadership opportunities for women and girls.

Select all that apply

Please provide supporting information on why your project/initiative relates to the selected grant priority. *

Only one priority needs to be selected however If you choose more than one please have an explanation for each priority.

Project Collaboration details

Please name and describe the role of any individuals/organisations/groups/businesses who will be contributing in some way to this project:

Name of individual/organisation/group/ business	Describe their role
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Project barriers or risk

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Outline any barriers or risks for successful implementation of the project and how you plan to prevent or limit these:

Note: If you believe there are more than 2 risks or barriers to successful implementation of your project, please use the "Add more" button below to add rows.

Risk/barrier	Solution

Purpose of funding

What will you do with the funding? This is an overview of what you plan to do with the funding. Your response to this question should be a high-level summary only.

*

For example: undertake training, host a workshop.

Project Planning

Why does this work need to be done? *

Describe the specific issue or need you want to address. What evidence do you have that the project/initiative is needed? (200 words recommended)

What major milestones you need to complete to implement your project/initiative? *

Briefly list (bullet points) the specific activities/tasks that you need to complete, such as; ordering catering, developing and distributing flyers, securing a musician, organise ads in the paper (200 words recommended).

Project/initiative outcomes

Outcomes are what you hope to achieve by implementing your project/initiative and need to relate back to the council priority/priorities you have selected.

What are the expected outcomes of the project/initiative. *

Using dot points describe up to three things you want the initiative to achieve.

How will you know if the outcomes have been achieved? *

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Using dot points describe up to three changes you will see if the outcomes have been achieved.

Budget

* indicates a required field

Total Amount Requested

\$

Must be a dollar amount.

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

Total Project Cost

\$

Must be a dollar amount.

What is the total budgeted cost (dollars) of your event?

Income

List all incoming funds to support the implementation of the project/initiative including the NGSC Community Grant. \$

	\$
	\$
	\$

Expenditure

List all items that you plan to purchase/ supply using the Community Grant. \$

	\$
	\$
	\$

Quotes

Please upload quotes to support the expenditure amounts. *

Attach a file:

Please submit quotes for all items you are requesting council funding for.

Submission acknowledgement

Privacy Collection Statement

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Personal information requested on this form will only be used by council to carry out its functions and activities and will not be disclosed without your consent except where authorised by law.

If you do not provide all or part of the personal information required we may not be able to process your request in an effective and efficient manner. You have the right to seek access to and correction of your personal information.

I acknowledge that

☐ I have read and understood the Privacy Collection Statement and consent to my personal information being used for the purpose specified.

Submission Statement

This request can only be made by the named applicant.

If you are submitting this application on behalf of another person or entity you must be duly authorised to do so.

By submitting this application you are confirming that you are authorised to do so and declare that the information is correct to the best of your knowledge.

I acknowledge that

☐ I have read, understood and confirm I am complying with the above Submission Statement