

2024/25 Contribution Funding request

Form Preview

Welcome to the Contributions Request Form

Overview

Contributions provide an opportunity for council to acknowledge and support community groups to continue to provide invaluable activities and services for the benefit of the Northern Grampians Shire residents.

The objective of the program is to:

- Create connected and inclusive communities by providing support to local volunteer-run community organisations that support community connection, social inclusion, access and participation for Northern Grampians Shire Council.
- Contribute to positive educational outcomes by providing educational awards and supporting award ceremonies.

You can access more information about the grant [here](#).

Please allow forty minutes to complete your application. You may also need some extra time to collect supporting documentation and information.

If at any stage you come across a question you cannot answer, please use the save button at the bottom of this form to save your application so you can return later when you have the appropriate information.

We wish you all the best with your application.

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should have:

- read the program guidelines: [Contributions program](#)
- **contacted the Community Development officer at community@ngshire.vic.gov.au or 03 5358 0512.**

If you do contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.

Eligibility checklist

2024/25 Contribution Funding request

Form Preview

Before proceeding, please confirm the following:

1. you have read and understood the program guidelines
2. you can explain how the request will benefit your community group or the broader community
3. your organisation is a not-for-profit organisation
4. your organisation is incorporated or is auspiced by an incorporated organisation for this application
5. your group/organisation is located in the Northern Grampians Shire.
6. your organisation does not owe any reports or money to Northern Grampians Shire Council.
7. your organisation has the appropriate type and level of insurance for the activities that are the subject of this grant
8. your activity/initiative cannot be funded by other funding sources eg Government Departments
your request is not to fund:
 - wages
 - the purchase of gift and prizes (educational awards are excluded)
 - the reimbursement of council fees and charges consultancies
 - unconditional gifts, donations, bequests, or endowments
 - political sponsorships, donations, or merchandising
 - events or programs that denigrate, exclude, or offend minority groups
 - create environmental concerns
 - may present a hazard to the community.

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

☐ Yes

Contact Person Details

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to [Privacy Policy \(ngshire.vic.gov.au\)](#).

Contact details

Name

Title

First Name

Last Name

Applicant Position

Phone Number

2024/25 Contribution Funding request

Form Preview

Must be an Australian phone number.

Email

Must be an email address.

Organisation Details

* indicates a required field

Organisation number

Organisation Name

What type of not-for-profit group/organisation are you? *

- ☐ Educational institution (includes pre-schools, schools, universities & higher education providers)
- ☐ Religious or faith-based institution
- ☐ Philanthropic organisation
- ☐ Peak body
- ☐ Social enterprise
- ☐ Healthcare not-for-profit
- ☐ Community group
- ☐ General not-for-profit (i.e. none of the sub-types listed above)

Please choose the option that best applies to your organisation.

What is your organisation's legal structure? *

- ☐ Unincorporated association
- ☐ Incorporated association
- ☐ Cooperative
- ☐ Company limited by guarantee
- ☐ Indigenous corporation, association or cooperative
- ☐ Organisation established through specific legislation
- ☐ Unknown

If your organisation is unincorporated, it must have an auspice organisation

Does your organisation have an ABN? *

- ☐ Yes
- ☐ No

Applicant 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

2024/25 Contribution Funding request

Form Preview

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

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO website](#).

Please upload completed Statement of Supplier Form. *

Attach a file:

Max 25mb per file uploaded

What is your incorporation number? *

Incorporated Association or Australian Company Number

Auspice Information

* indicates a required field

Is your organisation auspiced by another organisation for the purpose of this grant? *

☐ Yes ☐ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

Auspice Organisation Details

Auspice organisation name *

Organisation Name

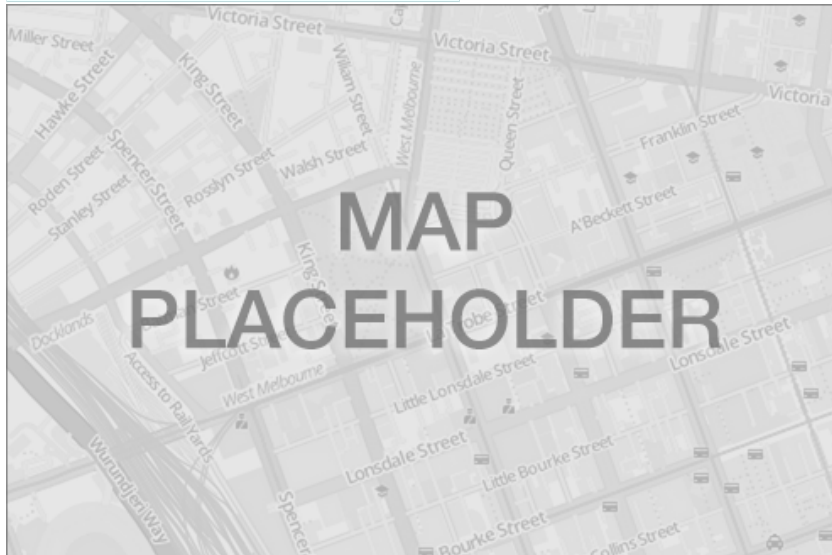
Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Auspice primary address

Address

2024/25 Contribution Funding request

Form Preview



Auspice postal address

Address

Auspice primary phone number *

Must be an Australian phone number.

Auspice email address *

Must be an email address.

Auspice website

Must be a URL.

Primary contact person at auspice organisation *

Title First Name Last Name

We may contact this person to verify that the auspice arrangement is valid and current.

Position held in organisation *

e.g., Manager, Board Member or Fundraising Coordinator.

Auspice primary contact primary phone number *

2024/25 Contribution Funding request

Form Preview

Must be an Australian phone number.

Auspice primary contact office phone number

Must be an Australian phone number.

Auspice primary contact email address *

Must be an email address

Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. *

Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

Does the auspice organisation have an ABN? *

☐ Yes

☐ No

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 (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

As the auspice organisation does not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO website](#).

Please upload completed Statement of Supplier Form: *

2024/25 Contribution Funding request

Form Preview

Attach a file:

Max 25mb per file uploaded

Request details

Request description

How many years are you requesting for?

- ☐ One year
- ☐ Two years
- ☐ Three years

What type of contribution are you requesting.

- ☐ on-going costs towards assisting your group/organisation to function and run programs
- ☐ in-kind support to assist your group/organisation to function and run programs
- ☐ waiving of fees that relate to your group/organisation being able to complete needed tasks and functions
- ☐ provision of educational scholarships and award ceremonies.

Organisational / program support

What will the funds /inkind contribute towards or what is the in-kind service needed?

Describe the specific issue or need you want to address (200 words recommended)

Educational awards

What will the funds contribute towards.

Who will benefit and why

Who will benefit from the funding being provided

- ☐ Community members
- ☐ Your group/committee

Beneficiaries - community

How many people will benefit from the funds being provided?

2024/25 Contribution Funding request

Form Preview

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

How will the community members benefit?

Beneficiaries - group/committee

What are the benefits to your group/committee?

Request

Funding Amount

Total Amount Requested

Must be a dollar amount.

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

Amount Requested Year 1

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the first year?

Amount Requested Year 2

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the second year?

Amount Requested Year 3

Must be a dollar amount.

What is the amount (in dollars only) of the total requested funds committed in the third year?

Certification and Feedback

* indicates a required field

Certification

2024/25 Contribution Funding request

Form Preview

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree * ☐ Yes

Name of authorised person *

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

Must be a senior staff member, trustee or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date