

# 2024/25 Minor Grants application form

## Form Preview

### Welcome to the Minor Grants Application Form

Northern Grampians Shire Council Minor Grants are to support one-off quick-to-implement initiatives by community groups, and organisations within the Northern Grampians Shire.

Applications for minor grant funding can be up to **\$700** per annum and need to be **delivered within three months** of receiving the funds.

The Minor grants program will support and encourage applications that benefit your group/organisation or the broader community.

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: [Minor Grants \(ngshire.vic.gov.au\)](https://ngshire.vic.gov.au)
- **contacted the Community Development Officer at** [community@ngshire.vic.gov.au](mailto: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

**Before proceeding, please confirm the following:**

- you have read and understood the program guidelines

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- you can explain how your activity/initiative will benefit your community group of the broader community
- your organisation is a not-for-profit organisation (includes educational institutions such as schools and kindergartens)
- your organisation is incorporated or is auspiced by an incorporated organisation for this application
- your group/organisation is located in the Northern Grampians Shire
- your organisation does not owe any reports or money to Northern Grampians Shire Council
- your organisation has the appropriate type and level of insurance for the activities that are the subject of this grant
- your activity/initiative cannot be funded by other funding sources eg Government Departments
- your activity/initiative is not for wages or general operating costs.

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

☐ Yes

## Contact 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 \(ngshire.vic.gov.au\)](https://www.ngshire.vic.gov.au/privacy-policy).

### Main contact details

#### Contact

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

#### Contact Position

#### Primary Phone Number

Must be an Australian phone number.

#### Primary Email

Must be an email address.

## Organisation Details

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\* indicates a required field

### Organisation name

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	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	

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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

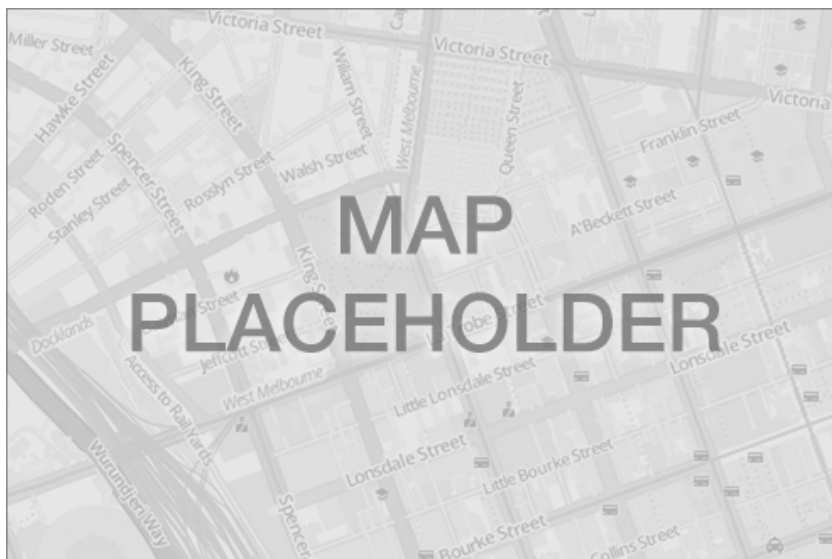
Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

### Auspice primary address

Address

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### 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 \*

Must be an Australian phone number.

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### 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	<a href="#">More information</a>
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: \*

Attach a file:

Max 25mb per file uploaded

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### Activity/initiative details

\* indicates a required field

#### Activity/initiative title \*

Word count:

Must be no more than 25 words.

Provide a name for your project/program/initiative. Your title should be short but descriptive

#### When will your activity/initiative be complete.

Must be a date.

#### Please provide a short summary of what you want to do and why? \*

Be descriptive, but succinct. If relevant explain; what you want to do, why you want to do it and how you will do it.

### Beneficiaries

#### Who will benefit from your activity/initiative.

#### How will they benefit from the activity/initiative being implemented? \*

What are the main benefits for those people who will be impacted by the activity/initiative. It may help to consider how those benefiting may be impacted if the activity/initiative does not take place.

### Project Budget

\* indicates a required field

#### Funding purpose

**What will you do with the funding. This is an overview of what you plan to do with the funding. For example; purchase an ipad.**

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### Funding amount

**Total Amount Requested \***

\$

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

**Total activity/initiative Cost \***

\$

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

**Please attach quotes for those expenditure (cost) items over \$500**

Attach a file:

{{ Grantmakers: Add your own hint to reflect your policy on obtaining quotes }}

### Certification and Feedback

\* indicates a required field

#### Certification

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

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 \***



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Must be a date

### Applicant 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 rather provide anonymous feedback, please go to **{{ Grantmakers: provide a link to an anonymous survey or delete this sentence }}** ).

**Please indicate how you found the online application process:**

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

**How many minutes in total did it take you to complete this application? \***

Estimate in minutes i.e. 1 hour = 60

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**