

# 2023/24 Minor Grants Application Form

## Form Preview

### Minor grants

#### About the grant

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 **\$1000** per annum and need to be **delivered within a three-month period** of receiving the funds.

The Minor grants program will support and encourage applications that:

- Increase the capacity of community groups/organisations to provide quality services/ programs.
- Increase the ability of community groups/organisations to provide quality services/ programs.
- Increase the diversity of groups/organisations in the NGS.
- Create opportunities for groups/organisations to contribute to positive outcomes for their community.

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

Please allow one hour 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 submission.

### Eligibility check

\* indicates a required field

#### General questions

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

- ☐ Yes  
☐ No

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

- ☐ Yes  
☐ No

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

- ☐ Yes  
☐ No

If you answer no to this question you will need to demonstrate how residents of the NGS will benefit.

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**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 has not yet started and will commence after the release of grant funds \***

- ☐ Yes
- ☐ No

**The project does not duplicate other locally available services or resources.**

- ☐ Yes
- ☐ No

### Previous funding

**Has your group/organisation received funding from 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
- ☐ Unsure

**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.**

## Applicant Information

**\* indicates a required field**

### Organisation or Group details

**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
- ☐ A school

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- ☐ None of the above
- ☐ Other

**Please provide your Australian Business Number (ABN) if your group/organisation has one.**

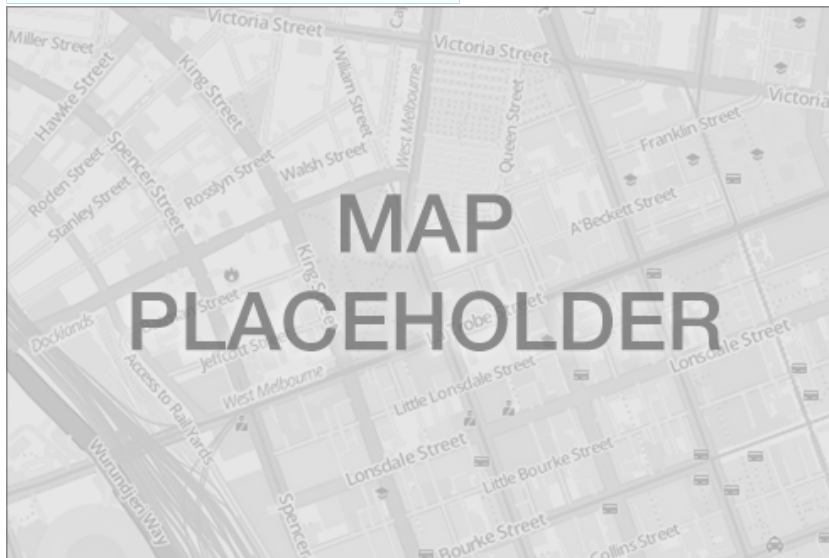
The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

| Information from the Australian Business Register |                                  |
|---|----------------------------------|
| ABN   |                                  |
| Entity name                                       |                                  |
| ABN status  |                                  |
| Entity type                                       |                                  |
| Goods & Services Tax (GST)                        |                                  |
| DGR Endorsed                                      |                                  |
| ATO Charity Type                                  | <a href="#">More information</a> |
| ACNC Registration                                 |                                  |
| Tax Concessions                                   |                                  |
| Main business location                            |                                  |

Must be an ABN.

### Group/organisation or Applicant Primary Address \*

Address

If your organisation or group does not have a physical address, please provide address of President or Key Contact

### Mailing Address

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Address

### Applicant details

#### Name

Title

First Name

Last Name

#### Applicant Position

#### Applicant Primary Phone Number

Must be an Australian phone number.

#### Applicant Primary Email

Must be an email address.

### Key contact

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

#### Applicant Project Contact

Title

First Name

Last Name

#### Project Contact Position

#### Project Contact Primary Phone Number

Must be an Australian phone number.

#### Applicant Project Contact Primary Email

Must be an email address.

### Auspice agreement

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

- ☐ Yes  
☐ No

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### Auspice organisation and contact details

#### What is the name of the auspice group/organisation ?

#### Type of group/organisaiton

- ☐ 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
- ☐ A school
- ☐ 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  |                                  |
| 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.

#### Contact person for the Auspice group/organisation

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

#### Auspice Contact Position

#### Auspice Contact Primary Phone Number

Must be an Australian phone number.

#### Auspice Project Contact Primary Email

Must be an email address.

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### Please upload your auspice agreement

Attach a file:

## Project/initiative Summary

\* indicates a required field

### Details

#### Project/initiative title \*

#### Which of the Minor Grants priorities does your project/initiative best align with.

- ☐ To increase the capacity of your community groups/ organisations to provide quality services/programs (eg capacity building).
- ☐ To increase the diversity of groups/organisations available in the NGS (establishment of a new group).
- ☐ To create opportunities for groups/organisations to contribute to positive outcomes for their community (small project).
- ☐ To increase the ability of community groups/ organisations to provide quality services/ programs (purchase of equipment).

#### Provide a summary of your project/initiative explaining what you plan to do, how you will do it and why you are doing it. \*

Your description of your project/initiative needs to connect back to the Minor Grants priority you have chosen.

#### 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 Start Date \*

Must be a date.

This must be after release of funds.

#### Project End Date \*

Must be a date.

#### What are the expected outcomes of the project?

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Using dot points describe up to three things you want the project to achieve in terms of benefits for participants and/or others (200 words recommended)

### How will you know if these outcomes have been achieved?

Using dot points describe up to three changes you will see if the expected outcomes of the project occur (150 words recommended)

## Budget details

\* indicates a required field

### Funding amount

**Up to \$1000 is available.**

### How much funding are you requesting \*

\$

Must be a dollar amount.

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

### Total project/initiative cost

\$

Must be a dollar amount.

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

**If your project/initiative costs are greater than your funding request please list the other sources of funding and the amounts.**

## Quotes

### Please upload your project/initiative quotes

Attach a file:

Quotes are needed to provide evidence of costs.

## Acknowledgement and submission

\* indicates a required field

### 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 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 purposes specified.

### **Submission statement acknowledgement**

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 to the above Submission Statement.

### **General Notes**

#### **Please add any non-assessment general notes**

### **Application review option**

You can download a pdf version of your completed application form prior to submitting it for assessment.

If you would like a Community Development Officer to review your completed application form prior to submission please click "Save and close" below, then contact [community@ngshire.vic.gov.au](mailto:community@ngshire.vic.gov.au) and quote the application number below.

### **Application Number**

This field is read only.

The identification number or code for this submission.