

# South Gippsland Emergency Grant Application

## Form Preview

### Eligibility

\* indicates a required field

Please note before completing this application form:

- Read the Emergency Grants Program Guidelines available at [https://www.southgippsland.vic.gov.au/homepage/461/emergency\\_grants](https://www.southgippsland.vic.gov.au/homepage/461/emergency_grants)
- Prepared all the relevant information and documentation for your application (Please see a list of the required documentation and information on our website here: <https://www.southgippsland.vic.gov.au/grants>)
- Spoken to the Grants team on 5662 9887 or via email ([grants@southgippsland.vic.gov.au](mailto:grants@southgippsland.vic.gov.au)) to discuss your project's eligibility **before** submitting an application for an Emergency Grant.
- Emergency Grants provide a minimum of \$1,000 and a maximum of \$5,000. Requests for amounts below \$1,000 or above \$5,000 are automatically ineligible for assessment
- A current Balance Sheet / Financial Statement for the organisation **MUST** be provided. Applications submitted without a Balance Sheet / Financial Statement are automatically ineligible for assessment.

*Please note:* Any incomplete applications and/or applications received after the closing date will not be considered.

**I have read the Emergency Grant Guidelines and acknowledge I have read the above information \***

- ☐ Yes  
☐ No

**I have discussed my application with the Grants Team. \***

- ☐ Yes  
☐ No

Please note you need to speak to the Grants Team before applying for Emergency Grant funding.

The following section **MUST** be completed by the Applicant Organisation:

**Is your organisation managed by a volunteer committee of management? \***

- ☐ Yes ☐

**Your organisation is one of the following: \***

**Based within South Gippsland Shire or be able to demonstrate that they service a significant number of residents of South Gippsland Shire \***

- ☐ Yes ☐

**Operating in accordance with equal opportunity and non-discriminatory philosophies and occupational health and safety guidelines. \***

- ☐ Yes ☐

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### Contact Details

\* indicates a required field

#### Applicant Organisation Details

##### **Applicant Organisation Name \***

Organisation Name

Do not use abbreviations or acronyms

##### **Primary (Physical) Address \***

Address

Suburb State Postcode

Location of Organisation

##### **Postal Address (if different from above)**

Address

Suburb State Postcode

##### **Applicant Website**

Must be a URL

##### **Contact Person \***

Title

First Name

Last Name

##### **Position held in Organisation \***

##### **Primary Phone Number \***

##### **Contact Mobile Phone Number**

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### Organisation Admin Primary Email \*

Organisations are encouraged to have a generic email address rather than using a private email address.

### Is your Organisation Incorporated? \*

☐ Yes ☐ No

If no, you must be sponsored by an incorporated Sponsoring organisation, details Section 6..

### Is your Organisation a Community Asset Committee (formerly known as a Section 86 Committee Council)? \*

☐ Yes ☐ No

If yes, proceed to Project Details

### IA or ACN Number

Incorporated Association or Australian Corporation Number.

### Does your Organisation have an ABN?

☐ Yes ☐ No

### 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

## Auspice Organisation Details

### Auspice Organisation Name

Organisation Name

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### Auspice Postal Address

Address

  

Suburb State Postcode

### Auspice Project Contact

Title First Name Last Name

### Auspice Project Contact Position

### Auspice Project Contact Primary Phone Number

### Auspice Project Contact Primary Email

Organisations are encouraged to have a generic email address rather than using a private email address.

### IA or ACN Number

Incorporated Association or Australian Corporation Number. .

### Does the Auspice Organisation have an ABN Number?

☐ Yes ☐ No

### Please attach signed certification letter by Office Bearer of Auspice Organisation

Attach a file:

President, Chair, Secretary or Treasurer. Letter must include, name, position, signature and date. Max 25mb

### 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

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

[More information](#)

Must be an ABN

## Project Details

\* indicates a required field

Project Title

**Project / Event Name \***

**Project Description \***

Briefly describe your project / event. Maximum 20 words

**Project Start Date**  
**- must be after the**  
**application is approved**  
**ie: 3 weeks from date of**  
**application submission**  
**being approved \***

**Project End Date - must**  
**be within 12 months of**  
**application submission**  
**being approved \***

**Date Event - must be**  
**within 12 months of**  
**application submission**  
**being approved**

Applications to Celebrations, Festivals and Events Category only.

Project Location

**Location of Project/  
Event \***

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**Is it located on Council owned and/or controlled property? \***

☐ Yes

If Yes, refer to Guidelines

☐ No

**If No, who owns/controls the property?**

**Have you attached evidence owners and/or property controllers approval?**

☐ Yes

☐ No

GippSport (if applicable)

For applications from sport clubs please indicate and provide evidence in the attachments if your club:

- ☐ Is a Healthy Sporting Environment Club
- ☐ Has developed a new Access for All Abilities Program with GippSport
- ☐ Is a Goodsports Club
- ☐ Has had an access appraisal completed by GippSport

**Key Selection Criteria (Refer to Guidelines)**

**WHY does your organisation need this grant? (Weighting at 50%) \***

Word count:

Demonstrate why the standard Community Grant program is not suitable / Demonstrate why your organisation needs access to funding immediately / Demonstrate why your organisation is unable to fund the emergency works from your current resources.

**HOW will your organisation carry out the project / event? (Weighting 20%) \***

Word count:

Max 200 words

**WHO will be involved in the project / event? (Weighting 10%) \***

Max 200 words

**WHAT will the project achieve for your organisation. (Weighting 20%) \***

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Word count:  
Max 500 words

### Budget Information

\* indicates a required field

#### Total Amount Requested

\*

\$

What is the total amount of financial assistance you are seeking through the Emergency Grants program?

#### Total Project / Event Cost \*

\$

What is the total cost (both financial and in-kind) for your project / event?

### Budget (GST Inclusive)

#### An example of a budget is provided on the Community Grants Page of the Council Website

Outline your project budget including details of other funding that has been confirmed or unconfirmed.

Clear item descriptions in the Expenditure column must be given (e.g. materials, equipment, artists, marketing etc) as well as supplier name (e.g Smith Builders).

Where possible, quotes should be attached to support the expenditure costs.

\*\*The budget **MUST** balance (**TOTAL INCOME = TOTAL EXPENDITURE**). Please include these areas in your budget INCOME and EXPENDITURE columns. All figures are GST inclusive.

**\*The provided template must be attached for In-Kind contributions.**

Please don't add commas to figures, eg. write \$1000 not as \$1,000

Income	Confirmed Funding?	Amount	Expenditure (please list)	Amount
Amount requested from Council	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Cash from your organisation	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Anticipated Event Income	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

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Other State Funding		\$		\$
Other Community Organisations		\$		\$
Business Contributions		\$		\$
Philanthropic contributions		\$		\$
Other		\$		\$
*In-Kind (template must be attached)		\$	*In-Kind (template must be	\$

### Supporting Attachments

Maximum 25mb per application. Recommended no more than 5mb per attachment.

**Please attach quotes for those expenditure (cost) items and/or a detailed cost estimate - compulsory : \***

Attach a file:

Maximum 25mb per file attachment. Recommended no more than 5mb per attachment.

**Please attach your most recent AGM (Annual General Meeting) Financial Report - compulsory: \***

Attach a file:

**Please attach your current bank statement - compulsory: \***

Attach a file:

**A completed Project Management Framework pro-forma (template available on the Community Grants Page of the Council website)**

Attach a file:

**A completed In-Kind Template (template available on the Community Grants Page of the Council Website)**

Attach a file:

**Land owners / property controllers evidence of approval**

Attach a file:

**Planning Permits**

Attach a file:



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### **Evidence of GippSport Programs**

Attach a file:

### **Consultants Brief (compulsory for Planning & Development applications)**

Attach a file:

### **Evidence of confirmation of funding sources (for example letter confirming contribution, meeting minutes)**

Attach a file:

### **Letters of support from organisations that clearly indicates how they will either support or benefit from the project**

Attach a file:

### **Photos**

Attach a file:

### **Business or Development Plans, Feasibility Studies, Master Plans, Community Plans etc.**

Attach a file:

### **Plans and / or Drawings**

Attach a file:

### **Evidence an Event Permit Application has been received by Council**

Attach a file:

Applications to Celebrations, Festivals & Events

### **Other**

Attach a file:

### **Other**

Attach a file:

### **Other**

Attach a file:

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### Certification

\* indicates a required field

This MUST be completed by the applicant organisation.

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if South Gippsland Shire Council approves the grant, I will be required to accept the terms and conditions of the grant as outlined in the grant application, policy and/or letter of approval.

**We agree \***

☐ Yes

Certification must be agreed to by two representatives of the Applicant Organisation

**1. Name (Chair or President) \***

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

**Position \***

**2. Name (Secretary or Treasurer) \***

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

**Position \***

**Date \***

Must be a date

### Privacy Notice

In compliance with the *Information Privacy Act 2009* (the Act) personal information on this form may be stored in South Gippsland Shire Council's records database and may also be used for statistical research, information provision and evaluation of services. Your personal information may be provided to the financial institution which handles South Gippsland Shire Council's financial transactions and may be disclosed to other agencies and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.