

2024 / 2025 Emergency Grants Program - Application Form

Form Preview

2024 / 2025 Emergency Grants Program

* indicates a required field

Please note before completing this application form, you should have:

1. Read the Emergency Grants Program Guidelines available at https://www.southgippsland.vic.gov.au/homepage/461/emergency_grants
2. Contacted the Grants team on 5662 9200 or via email (grants@southgippsland.vic.gov.au) to discuss your project's eligibility **before** submitting an application for an Emergency Grant.
3. Prepared all the relevant information and documentation for your application

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.

Eligibility Reminder

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. Emergency grant applications require a 50% co-contribution from the applicant towards the project. Co-contributions that are not met 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

Contact Details

* indicates a required field

Applicant Organisation Details

Applicant Organisation Name *

Organisation Name

Do not use abbreviations or acronyms

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Organisation Postal Address *

Address

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

Contact Person *

First Name

Last Name

Position held in Organisation *

Primary Contact Number *

Organisation Administration Primary Email *

Emergency Grants are available to community groups or organisations managed by a volunteer committee of management. Please tell us which one you are: *

Is your organisation based within South Gippsland Shire or be able to demonstrate that they service a significant number of residents of South Gippsland Shire? *

- Yes
 No

Does your organisation operate in accordance with equal opportunity and non-discriminatory philosophies and occupational health and safety guidelines? *

- Yes
 No

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

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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

Auspice Organisation Details

Auspice Organisation Name *

Organisation Name

Auspice IA or ACN Number *

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	

Auspice Postal Address *

Address

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

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Auspice Organisation Primary Administration Email *

Auspice Project Contact *

First Name

Last Name

Auspice Project Contact Position *

Auspice Contact Number *

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

Attach a file:

A minimum of 1 file must be attached.

Project Details

* indicates a required field

Project Title

Project / Event Name *

Word count:

Must be no more than 30 words.

Brief Project Description (Provide a short description of your project in no more than 100 words) *

Word count:

Must be no more than 100 words.

Provide a short description (100 words recommended) of your project - what are you out to do?

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

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

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

Project Location

Will this project be conducted at a physical location? *

- Yes
 No

Location of Project/Event *

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

- Yes
 No

If no, then who owns/controls the property? *

Please attach evidence of owner's and/or property controller's approval:

Attach a file:

Please be aware that project's that are on the Department of Energy, Environment and Climate Action (DEECA, formerly known as DELWP) land require a letter of support from DEECA. Please contact our Grant's Team if you require assistance with obtaining this.

Please provide evidence of your permission from Council.

Attach a file:

e.g. email or letter from Council Officer whom gave permission.

Project Outcomes

* indicates a required field

Key Selection Criteria (Refer to Guidelines)

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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. Describe what the project will involve.

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

Max 200 words. Tell us about who will be involved in delivering the project and who will benefit from your project. Who will be managing the project and what experience do they have? What stakeholders will be involved in the project?

WHAT will the project achieve for your organisation and the community? (Weighting 20%) *

Word count:

Max 500 words. Will it increase participation numbers, membership, revenue, proceeds, promotion etc.? Will it assist current or encourage new volunteers? How will it assist volunteers? Preference will be given to projects that encourage multi-use and do not duplicate a service and / or facility with the community. Will it be more cost effective? Demonstrate the extent to which the project responds to the needs of the South Gippsland community. Is the specific project identified or supported by any Business Plans, Master Plans, Feasibility Study, OH&S Reports, Council Reports or Strategies? Is your project identified and / or supported by a Community Direction Statement / Community Plan, Council's Social / Community Infrastructure Blueprint?

Budget Information

* indicates a required field

Total Amount Requested

*

Must be a dollar amount and between 1000 and 5000.
What is the total amount of financial assistance you are seeking through the Emergency Grants program?

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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		\$		\$
Cash from your organisation		\$		\$
Anticipated Event Income		\$		\$
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:

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

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

Attach a file:

Please attach your current bank statement(s): *

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:

Evidence of GippSport Programs

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:

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

Attach a file:

Plans and / or Drawings

Attach a file:

Evidence an Event Registration form 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:

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

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1. Name (Chair or President) *

First Name

Last Name

Position *

2. Name (Secretary or Treasurer) *

First Name

Last Name

Position *

Today's 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.