South Gippsland Small Grants Program

* indicates a required field

Please note before starting:

Small Grants open on the first day of the month and close on the last day of the month. They are assessed and announced by the close of the following month. For example, if you make a submission in September, you will not know the outcome until the end of October.

- Small Grants provide a **maximum** of \$1,000 at any time and a minimum of \$100. Requests for amounts above \$1,000 or below \$100 are automatically ineligible for assessment.
- Organisations may only receive two (2) Small Grants per calendar year.
- Full financial disclosure is required. The latest annual Financial Report and current bank statement(s) for the organisation MUST be provided. Applications submitted without a Financial Statement and current bank statement are automatically ineligible for assessment.
- Please have ready Quotes for your application.

If you have any queries, please do not hesitate to contact Council's Grants Team on 5662 9200 or via email grants@southgippsland.vic.gov.au

Please acknowledge you have read the above information * ○ YES
Organisation Information
Is your organisation managed by a volunteer committee of management * YES NO No more than 1 choice may be selected.
Is your organisation (Choose One) *
Are you based within the South Gippsland Shire or can you demonstrate that you serve a significant number of residents within the South Gippsland Shire * YES NO No more than 1 choice may be selected.
Are you operating in accordance with equal opportunity and non-discriminatory philosophies and occupational health & safety guidelines? * YES NO No more than 1 choice may be selected.
Does your organisation have an ABN? * □ YES

No more than 1 choice may be sele	cted.	
Please enter your ABN: *		
The ABN provided will be used t check that you have entered the	o look up the following information. e ABN correctly.	Click Lookup above to
Information from the Australian Bu	siness 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.		I
Contact Information		
* indicates a required field		
Applicant Organisation Name	e *	
Organisation Name		
Duiman, (Dhysiaal Addusas)		
Primary (Physical Address) * Address		
Address Line 1, Suburb/Town, State	Province, Postcode, and Country are re	quired.
Postal Address (If different f Address	rom above)	
Organisation Primary Fmail	Address *	

Must be an email address	5.		
Contact Person *			
First Name	Last Name		
Phone Number *			
Must be an Australian ph	one number.		
Position held in orga	anisation *		
. osicion nela in orgi			
Auspice Organisa	tion Details		
Auspice Organisatio	n Name *		
Organisation Name	ii Name		
Auspice Postal Addr Address	ess *		
Address Line 1, Suburb/T	own, State/Province, Post	ccode, and Country are re	quired.
Auspice Project Con	tact *		
First Name	Last Name		
Auspice Project Con	tact Position *		
Auspice Project Con	tact Primary Phone	Number *	
Auspice Project Con	tact Primary Email *		
Organisations are encour	raged to have a generic of	mail address rather than	using a private email
Organisations are encour address.	ayeu to nave a generic e	inan address rather than	using a private email
IA or ACN Number			
ia di acii number			
Incorporated Association	or Australian Corporation	n 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, postition, 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
Entity name
ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type <u>More information</u>
ACNC Registration
Tax Concessions
Main business location
Must be an ABN.
Project Information
* indicates a required field
Council's Community Grants Program's objective is to 'enhance the quality of life, heritage, recreation and cultural opportunities of the South Gippsland community'.
Which of these objectives will your project or event contribute to? * ☐ Increasing Arts and Cultural opportunities for the South Gippsland community ☐ Improving South Gippsland's Community Capacity and Connection ☐ Sustaining South Gippsland's Community Assets ☐ Enhancing Sport and Recreational opportunities for the South Gippsland community ☐ Enhance Diversity, Equity, and Inclusion while increasing access for all members of the South Gippsland community. You are welcome to select more than one option.

What category best fits your project? *

☐ Equipment ☐ Event ☐ Other:
At least 1 choice and no more than 1 choice may be selected.
Project Title *
Short project description *
Provide a short description (100 words recommended) of your project - what are you out to do?
Trovide a short description (100 words recommended) or your project - what are you out to do:
Why does your organisation require Council funds to undertake this activity? *
Word count:
Must be between 100 and 400 words. Explain why your organisation cannot undertake the project with its own funds.
Start Date *
Must be a date.
Must be a date a month away.
End Date (if known)
Must be a date.
Must be a date within the next 12 months.
Total Amount Requested *
\$
Must be a dollar amount and between 100 and 1000 . What is the total financial support you are requesting in this application?
Total Project Cost *
\$
Must be a dollar amount. What is the total budgeted cost (in dollars) of your project?

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	\$	Expenditure	\$
Requested Small Grant Amount	\$		\$
Cash Contribution	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
e.g. South Gippsland Shire Grant	\$1000	New Equipment	\$1000

Budget Totals

Total Income Amount Total Expenditure Amount		Income - Expenditure
\$	\$	\$
This number/amount is	This number/amount is	This number/amount is
calculated.	calculated.	calculated.

Supporting Documentation

* indicates a required field

Financial Statements from last Annual General Meet Attach a file:	ing (AGM) *
A minimum of 1 file must be attached. Full Balance Sheet is required as well as the most recent Annual F	Profit and Loss Statement.
Bank Statement(s) * Attach a file:	
Statements from ALL accounts held by the organisation must be i includes investment accounts and special purpose accounts held	• •

Quote(s Attach a) / Budget * file:		
A maximu	ım of 4 files may be a	attached.	
Other S Attach a	upporting Docum	nentation	
e.g. photo	os, letters of support,	etc	
Certifi	cation		
* indicate	es a required field		
This MUS	ST be completed by	the applicant org	janisation.
true and I will be i	correct, and I unde	erstand that if Sou the terms and cor	e statements made within this application are oth Giipsland Shire Council approves the grant, nditions of the grant as outlined in the grant
We agre	ee *		
Certificat	tion must be agree	d to by two repres	sentatives of the Applicant Organisation
1. Name	e (Chair or Presid	ent) *	
Title	First Name	Last Name	
Position	*		
	_	_	
2. Name Title	e (Secretary or Ti First Name	r easurer) * Last Name	
Title	i ii se Name	Lust Nume	
Position	*		
Today's	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.