

# Small Grants Program - Application Form

## Form Preview

### 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](mailto: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

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NO

No more than 1 choice may be selected.

**Please enter your 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 Information

\* indicates a required field

**Applicant Organisation Name \***

Organisation Name

**Primary (Physical Address) \***

Address

  

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

**Postal Address (If different from above)**

Address

  

**Organisation Primary Email Address \***

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Must be an email address.

### Contact Person \*

First Name

Last Name

### Phone Number \*

Must be an Australian phone number.

### Position held in organisation \*

## Auspice Organisation Details

### Auspice Organisation Name \*

Organisation Name

### Auspice Postal Address \*

Address

  

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

### Auspice Project Contact \*

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

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### 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	
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.

## 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? \*

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- 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?

### **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.

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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**

\$

This number/amount is calculated.

**Total Expenditure Amount**

\$

This number/amount is calculated.

**Income - Expenditure**

\$

This number/amount is calculated.

### Supporting Documentation

\* indicates a required field

#### Financial Statements from last Annual General Meeting (AGM) \*

Attach a file:

A minimum of 1 file must be attached.

Full Balance Sheet is required as well as the most recent Annual Profit and Loss Statement.

#### Bank Statement(s) \*

Attach a file:

Statements from ALL accounts held by the organisation must be included with the application. This includes investment accounts and special purpose accounts held by organisation.

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### Quote(s) / Budget \*

Attach a file:

A maximum of 4 files may be attached.

### Other Supporting Documentation

Attach a file:

e.g. photos, letters of support, etc

## 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"/>
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### Position \*

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

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Position \*

### Today's Date \*

Must be a date.

## Privacy Notice

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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.