2026/27 DREAM Individual Support Grant Application Form

Form Preview

Eligibility

* indicates a required field

Introduction

DREAM: Dedicate, **R**ealise, **E**mpower, **A**chieve & **M**otivate

Before completing this application form, you should have read the **DREAM** Individual Support Grant guidelines, which are available on the Latrobe City Council website.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant.

Program Objectives

The Dedicate, Realise, Empower, Achieve & Motivate (DREAM) Individual Support Grant program is aimed at nurturing and developing the talents of individuals. Latrobe City celebrates and embraces diversity and recognises that, with support, individuals will be able to pursue events, activities and interests that enhance their quality of life, promote pride, showcases strengths and potential, and enhance the vibrancy of their chosen field.

This program builds capacity and strengthens the region's potential of its most valuable resource – its citizens. The Latrobe City Council's philosophy behind this program is about:

- Providing opportunities for enhanced participation in public life;
- Providing benefits to individuals and therefore the broader community;
- Contributing to the wellbeing of Latrobe City;
- Inspiring participation;
- Nurturing leadership and capacity; and
- Enabling creativity and innovation.

DREAM Individual Support Program is available to those applicants seeking financial assistance. It is aimed at nurturing and developing the talents of individuals who wish to pursue events, activities and interests that enhance their quality of life, promote pride, showcase strengths and potential; and enhance the vibrancy of their chosen field.

The DREAM program provides support to young people who have qualified or been selected by a peak body to represent the Latrobe City, in Victoria or Australia, in one of the following areas of interest:

- Academic excellence
- Arts and culture
- Community leaders and ambassadors
- Environment
- Heritage and history
- Sport and recreation

If you have any questions in regards to the program guidelines, please contact the Senior Grants Officer:

- Phone: 0429 270 149
- Email: grants@latrobe.vic.gov.au

Supporting Documents

You will be asked to upload the following evidence when completing your application:

Mandatory:

- Evidence of project cost - This could include travel estimates, accommodation or letter from your peak body, coach, club or association indicating costs.
- Evidence of selection or eligibility to participate – This could include a letter, email or program evidencing your identity and offer of participation; and
- Applicants should demonstrate a commitment and history of participation to their field of choice.

You will also be given the opportunity to upload any additional attachments you would like included with the application.

Confirmation of Eligibility

The DREAM Individual Support Grant Program is open to all individuals for participation in their chosen fields.

To be eligible, individuals must:

- Be free of debt to Latrobe City Council and have no outstanding acquittals from previous Latrobe City Council grant applications; and
- Reside in Latrobe City; and
- Young person aged between 12 – 25 years old.

Do you meet the eligibility criteria? *

○ Yes

You must confirm that all statements above are true and correct. If you do not meet the eligibility criteria you will be considered ineligible to apply. Please note: groups, entities and organisations, and individuals residing outside of Latrobe City, are ineligible.

Have you completed all previous Latrobe City Council grant acquittals? *

○ Yes ○ No ○ No previous grants

If you have any outstanding DREAM applications, you are ineligible to apply for funding until these have been finalised.

Privacy Notice

The personal information requested on this form is being collected by Council for the purpose of administering your application. The personal information will be used solely by Council for that primary purpose or directly related purposes.

If you choose not to provide this information, then we will be unable to process your application The applicant understands that the personal information provided is for the reasons outlined above and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to the Privacy Officer at Latrobe City Council on 1300 367 700.

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Contact Details

* indicates a required field

Applicant
Title First Name Last Name

The name of the person who is participating in the activity

Phone Number *

Email *

This email address will be used for correspondence regarding the outcome of your grant, including your Outcome Notification.

Applicant Residential Address *
Address

Suburb State Postcode

To be eligible, applicants must reside in Latrobe City.

Applicant Primary Phone Number *

Gender *
○ Male ○ Female ○ Other

Date of birth *

Must be a date.

Parent or Guardian

If applicant is under the age of 18 he or she will need to provide further details

Parent or Guardian name *

Relationship to applicant *

Emergency Contact number *

Assessment

* indicates a required field

Assessment

All applications will be assessed in accordance with Council's **DREAM** Individual Support Grant Policy and program objectives and weighted out of 70. The weighting will then be used to form an assessment decision.

The following assessment criteria applied for the DREAM Individual Support Grants is:

- **Commitment** – The applicants level of commitment to their selected field, including evidence of participation history (20);
- **Funding Recognition** - Level of Latrobe City Council recognition (10);
- **Need for Funding** - Alignment between planned expenditure and essential participation costs (20);
- **Benefit to the Individual** (20).

Name of the activity you are participating in? *

What is your involvement in the activity? *

e.g. Athlete,

Outline your achievements and commitment in your chosen field *

Word count:
Must be no more than 250 words.
e.g how long have you been participating for? What is your highest level of participation?

How will this grant contribute to you realising your dreams and empowering you to reach your potential in your chosen field? *

Word count:
Must be no more than 250 words.

How will you recognise Latrobe City Council's support for the project? *

Word count:
Must be no more than 100 words.
e.g. thank you letter, social media, uniform etc.

Please upload evidence of selection or eligibility to participate. *
Attach a file:

This could include a letter, email or program evidencing your identity and offer of participation.

Budget

* indicates a required field

Grant Funding

The following funding levels are available for the program, it is anticipated that most applications will fall within the first category:

Category	**Level of Support**	**Funding Available**
Category 1	General participation costs and Latrobe City representation	Up to $100
Category 2	Representing Victoria	Up to $300
Category 3	Representing Australia	Up to $500

Which category are you applying under? * ○ Category 1 - up to $100 ○ Category 2 - up to $300 ○ Category 3 - up to $500

Total Amount Requested *
$
What is the total financial support you are requesting in this application?

Total Project Cost *
$
What are the total expenses for the project? How much will it cost to particpate?

Participation costs may include, but will not be limited to compulsory equipment and uniform purchases; accommodation and travel costs; and attendance, participation and coaching fees

Expenditure Item	Expenditure Amount ($)
	$
	$
	$
	$

What expenditure item or items will Latrobe City Council funding be used for? *

Evidence of Project Costs

Please upload evidence of the activity costs you are seeking Latrobe City Council funding for: *
Attach a file:

This is an opportunity to upload mandatory and supporting documentation. IMPORTANT: Retrospective costs are ineligible per the Guidelines.

Bank Details

* indicates a required field

If this application is successful, grant funds can be paid directly into the authorised persons bank account.

Please note, if any additional funding conditions are applied to your application during assessment, you will be required to complete a funding agreement. Funds will be paid into your nominated bank account once the funding agreement has been signed and submitted to Council.

Bank Name: *

E.g. ANZ, Bendigo Bank, Commonwealth Bank etc.

Branch: *

Bank Account: *
Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Email address for remittance advice: *

Have you received a DREAM Individual Support Grant previously? *
○ Yes ○ No

Payment

Payment will be processed into your nominated bank account. The funds will reach your nominated bank account within approximately six weeks, providing we have all the information we need.

Please complete and attach a 'Statement by Supplier' form *
Attach a file:

Individual grant applicants are required to complete a Statement by Supplier form when accepting grant funding from Latrobe City Council. The form is available at https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn This form can be completed electronically and included with your submission.

Funding Agreement

* indicates a required field

Conditions of Funding

By accepting the funding from the DREAM Individual Support Grant, you agree to adhere to the following conditions;

- You must ensure funds are spent in line with the purpose of which the grant was approved (what you indicated funding would be used for);
- The Latrobe City Council reserves the right to cancel a grant if it is deemed that the purpose of which the grant was approved substantially changes;
- Funding is subject to the completion of this Funding Agreement;
- If the activity is cancelled, or you are no longer able to attend, you must return the funding to the Latrobe City Council;
- I have provided correct bank details and acknowledge that Latrobe City Council are not liable if funding is not received due to provision of incorrect details.

Do you agree to the conditions of funding? *
○ I agree ○ I disagree

Declaration

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This section must be completed by the applicant or if under the age of 18 an authorised person on their behalf.

I certify that:

- **to the best of my knowledge all details supplied in this application and in any attached documents are true and correct;**
- **I am authorised to complete this application on behalf of the applicant and have read and understood the certification and privacy notice;**
- **on behalf of the applicant I accept the terms and conditions set out in:**
  - **this application form, including but not limited to the incorporated funding agreement; and**
  - **the grant program guidelines; and**
- **I understand that if this grant application is approved, there may be additional terms and conditions outlined in the outcome notification email that the applicant will be required to accept as a condition of receipt of the grant.**

I agree *

○ Yes

Name of authorised person *

Title | First Name | Last Name

Applicant, parent or guardian, or auspice organisation representative

Position *

Applicant, parent or guardian, or auspice organisation representative

Contact phone number *

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Date *