2026/27 Asset Approval Request - Round 1

Form Preview

Important Information

Latrobe City Council Asset Approval

Prior to submitting a grant application, you must complete an **Asset Approval Request.**

Once you have completed the **Asset Approval Request** the relevant internal teams within Council will be notified (Property, Recreation & Open Space, and Building Maintenance) to provide the necessary approvals.

Asset Approval Steps:

1. Complete the **Asset Approval request**
2. The Grants team will liaise with you if any further information is required
3. If all information has been provided, the relevant team within Council will provide approval.
4. You will be required to attach this approval to your grant application.

Important Information

Please read the **Community Grant Program Guidelines**, which are also available on the **Latrobe City Council website**, before completing the asset approval request form. The Community Grants Program is governed by the Community Grants Program Governance Policy which is also available for you to read.

For any questions, please get in touch with the Grants Team:

Phone: **1300 367 700**

Email: **grants@latrobe.vic.gov.au**

The more time officers have to review your application, the more time they have to support you.

Applicant Details

* indicates a required field

Have you received a Latrobe City Council grant in the past 5 years? *

○ Yes ○ No

Primary Contact Details

* indicates a required field

Primary contact person: *

Title First Name Last Name

This is the person we will correspond with about this grant.

Position held at organisation: *

e.g. Manager, Board Member, Fundraising Coordinator, etc.

Primary Phone Number: *

Must be an Australian phone number.

Contact email address: *

Must be an email address.

Secondary email address:

Must be an email address.
This email address will be used for correspondence if we cannot make contact with you using your email address provided above.

Organisation Name: *
Organisation Name

Primary (physical) address:
Address

Postal Address:
Address

If this is a PO Box, click on the text box and select "Can't find your address?" to enter it manually. Your postal address will be used to send out any correspondence that we cannot send out via email.

Organisation Detail

* indicates a required field

Organisation Type

Select the organisation type: *
○ Our organisation has an ABN and is incorporated.
○ Our organisation is not incorporated and does not have an ABN, and we have an auspice organisation for this project.

ABN

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	

Must be an ABN.

Proof of Incorporation: *
○ We have an Incorporation Number
○ We have a Certificate of Incorporation or other evidence of Incorporation

Please provide your Incorporation Number: *

Must be no more than 9 characters.
To search for your incorporation number, please click on the following link: https://www.consumer.vic.gov.au/clubs-and-fundraising/incorporated-associations/search-for-an-incorporated-association

Upload your Certificate of Incorporation or other evidence of Incorporation: *
Attach a file:

Auspice Information

* indicates a required field

Auspice Organisation Details

Please read the Auspice Information Sheet for more information.

Name of Auspice organisation: *
Organisation Name

Auspice Primary Address:
Address

Auspice Postal Address:
Address

If this is a PO Box, click on the text box and select "Can't find your address?" to enter it manually. Your postal address will be used to send out any correspondence that we cannot send out via email.

Auspice Contact Details

Auspice Project Contact: *
Title First Name Last Name

Position held in organisation: *

e.g. Manager, Board Member, Fundraising Coordinator, etc.

Auspice Project Contact Primary Phone Number: *

Must be an Australian phone number.

Auspice Project Contact Email: *

Must be an email address.

Auspice Organisation Type

The auspice organisation must be a not-for-profit entity that is either incorporated or has and ABN.

Our organisation has an ABN and is Incorporated. *
○ Yes

If the organisation does not have an ABN and/or isn't Incorporated, they are not an eligible Auspice Organisation.

Auspice ABN

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	

Must be an ABN.

Proof of Incorporation: *

- ○ We have an Incorporation Number
- ○ We have a Certificate of Incorporation or other evidence of Incorporation

Auspice organisation Incorporation Number: *

Must be no more than 9 characters.
To search for your incorporation number, please click on the following link: https://www.consumer.vic.gov.au/clubs-and-fundraising/incorporated-associations/search-for-an-incorporated-association

Upload your Certificate of Incorporation or other evidence of Incorporation: *
Attach a file:

Project Details

* indicates a required field

Project Title: *

Your title should be short but descriptive. This title will be used by Latrobe City Council when promoting successful applicants.

What is the primary venue where your project will be completed? *

e.g. Ted Summerton Reserve, Morwell Recreation Reserve, Kernot Hall. If your venue does not have a name, please write N/A in this space

Address of venue: *
Address

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

Please give a brief description of your project: *

Word count:
Must be no more than 150 words.
Be descriptive, but succinct. This description will be used by Latrobe City Council when promoting successful applicants.

Project Management

* indicates a required field

Do you have structural designs / plans / photos to support your project? *
○ Yes ○ No
These documents will be used to support your application during the assessment process.

Please upload copies of structural designs / plans / photos for your project: *
Attach a file:

Have you obtained a quote for your project? *
○ Yes ○ No

Please upload a copy of the quote obtained for this project: *
Attach a file:

Does your project require a building permit or planning permit? *
☐ Building permit
☐ Planning permit
☐ Not required
Where you are unsure, please contact the Latrobe City Council Planning/Building team for further clarification on 1300 367 700

Have these been obtained? *
○ Yes ○ No

Who will undertake / complete the works? *
☐ Qualified Contractor
☐ Committee / Club member
If the works are being completed by a committee member and they are qualified to complete these works, please select Qualified Contractor

Declaration

* indicates a required field

Privacy Notice

The personal information requested on this form is being collected by Latrobe City Council for the purpose of administering your application. The personal information collected about you and your organisation will be used solely by Latrobe City Council for that primary purpose or directly related purposes. It will not be disclosed to any external party without your consent, unless required or authorised by law.

If you choose not to provide this information, then we will be unable to process your application. You have the right to access and/or correct your personal information. Queries or requests for access to your information should be made to the Privacy Officer at Latrobe City Council on 1300 367 700.

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I confirm 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 organisation and have read and understood the certification and privacy notice;**
- **On behalf of the applicant organisation I accept the terms and conditions set out in:**
    - **This application form, including but not limited to the incorporated funding agreement; and**
    - **The Community Grant guidelines and Grant Governance Policy;**

- **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 organisation 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

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Phone Number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.

Date *

Must be a date.