AIG (Major) - Application Form R4

Form Preview

Important Information

* indicates a required field

Please read the Accessibility Improvements Grant for Tourism Small Businesses & Not-For-Profits Guidelines, which are available on the Latrobe City Council website, before completing the application form.

Note applications are assessed fortnightly.

For any questions, please get in touch with the Sports Legacy & Activation Team:

- Phone: 1300 367 700
- Email: utg@latrobe.vic.gov.au

Application Checklist

When we assess your application, we only use the information you share and check that it meets the eligibility criteria. Applications that do not meet the criteria will not undergo further evaluation.

Check these things before applying:

I have: *

☐ Read and understood the Grant Program guidelines.
☐ Identified how the project will remove barriers and increase inclusion in the tourism industry.
☐ Appropriate insurance for this project.
☐ Quotes for all expenditure items, as required by the guidelines.
☐ Checked our entity's GST status to ensure the budget is completed correctly.
☐ Not commenced the project prior to the awarding of the grant.
☐ Prepared the relevant approvals to upload to the application if needed.
☐ Completed all previous Latrobe City Council community grant acquittals.
☐ No outstanding debt to Latrobe City Council.

For work on Latrobe City Council buildings, you must get written permission from the Building Maintenance Team.

Call 1300 367 700

For works to buildings not owned by the applicant, you must get written permission from the owner and include this with your application.

Primary Contact Details

* indicates a required field

Primary contact person: *

This is the person we will correspond with about this grant

Position held in organisation: *

e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number: *

Contact person's email address: *

This email address will be used for all correspondence.

Secondary email address:

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

Organisation Details

* indicates a required field

Organisation Name: *
Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Date of Establishment: *

Please provide the date your organisation was established. Make sure this matches the date listed in official documentation such as with the ABR, ACNC or ATO.

Primary (physical) address: *
Address

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

Postal Address: *

Your postal address will be used to send out any correspondence that we cannot send out via email.

Organisation Description

Please provide a short description of your organisation: *

Word count:
Must be no more than 100 words.

How does your organisation relate to the tourism industry? (What do you provide for visitors and locals?) *

Word count:
Must be no more than 250 words.
Please provide a short description of how your organisation operates or services visitors and locals within a tourism context.

Organisation Type

Applicant organisations must be an eligible small business, or a not-for-profit, incorporated body with an ABN. Or, such a body that can accept legal and financial responsibility for the project must auspice them.

Please select the option that describes your organisation:
○ Small Business
○ Not-For-Profit
For small business, your annual income must be less than AUD $10 million and you must employ 20 or less full-time equivalent (FTE) employees. FTE is not a head count.

Please select an option type below that best represents the status of your organisation: *
○ Our organisation has an ABN and is incorporated
○ Our organisation has an ABN and is not incorporated
○ Our organisation is incorporated and does not have an ABN
○ Our organisation is not incorporated and does not have an ABN, and we have an auspice organisation for this project

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	

Please provide your incorporation number: *

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

Please provide evidence to demonstrate that your organisation is a not-for-profit entity: *
Attach a file:

This could include a certificate of registrations, official correspondence, reporting documentation etc.

Please provide evidence of your current business registration: *
Attach a file:

This could be a certificate of business registration, incorporation or equivalent documentation.

Please provide the number of current employees: *

FTE is calculated based on total hours worked, where 38 hours per week = 1 FTE. Grant eligibility is <20 FTE.

In the last financial year, what was your approximated turnover?

This is an eligibility requirement.

Please upload the relevant financial information to demonstrate your annual turnover to meet eligibility requirements.

Evidence can include previous and projected financial statements, profit and loss, financial guarantee, OR sufficient supporting information such as a statement to confirm the business viability from a legal practitioner or accountant..

Business Victoria provides guidance on creating financial statements, along with templates that can support the process.

Regardless of the templates you use, they must provide sufficient detail and assumptions/ notes to support your projected financial data.

Make sure your financial information is accurate, and any projections are reasonable. The projected figures should balance and reflect financial results and cash flow forecasts.

Financial Documentation: *
Attach a file:

A minimum of 1 file must be attached.

Auspice Information

* indicates a required field

Auspice Organisation Details

If your community group is not incorporated and does not have an ABN, you can approach an organisation to auspice your project.

The auspice organisation will:

- Work with you on the funding application, although the application will still be in the name of your community group.
- Receive any funding that may be granted on your behalf.
- Partner with you to deliver your project.

The auspice organisation must meet the Community Grant Program eligibility criteria and provide a letter indicating that they accept full financial accountability for the project. The auspice organisation is not considered to be the applicant and may apply for their own funding.

Name of auspice organisation: *

Auspice organisation's primary (physical) address: *
Address

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

Auspice organisation's postal address (if different to above): *
Address

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

Applicant *
Title First Name Last Name

Position held in organisation: *

e.g. Manager, CEO

Contact person's primary phone number: *

Contact person's email address: *

Please attach a letter from the auspice organisation stating that they accept full financial accountability for the project: *
Attach a file:

Letter must be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and must include, name, position, signature and date.

Auspice Organisation Type

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

Please select an option type below that best respresents the status of your auspice organisation: *

- ○ Our organisation has an ABN and is incorporated
- ○ Our organisation has an ABN and is not incorporated
- ○ Our organisation is incorporated and does not have an 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	

Auspice organisation incorporation number: *

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

Please provide evidence to demonstrate that the auspice organisation is a not-for-profit entity: *
Attach a file:

This could include a certificate of registrations, official correspondence, reporting documentation etc.

Project Details - Needs, Equity, and Barriers

* 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.

Name of venue: *

e.g. Frank's Cafe & Restaurant, Liz's Equine Tours. 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, and Postcode are required.

Please give a brief description of your project, its aim, and how you will use Latrobe City Council funds: *

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.

Please describe how your project removes a barrier to participation. What is the barrier this project is designed to remove and how does it increase inclusion and equity? How do you know this need exists? *

Word count:
Must be no more than 500 words.
For example: Providing automatic doors at the main entrance. Our current double doors are not wide enough for a wheelchair to pass through. Automatic doors will be beneficial for wheelchair or mobility scooter users, families with prams, visitors carrying things, or those with additional access requirements.

Please upload any photos or documents that illustrate the barrier:
Attach a file:

This could be a photo, a plan drawing, testimonial, research paper, letter of support, copy of an article or similar.

How will the community benefit from the project? (Include participation numbers if relevant) *

Word count:
Must be no more than 250 words.
Please describe the changes you expect to see in the community as a result of your project.

Project Management

* indicates a required field

Who is the owner of the asset? *
- ○ We own the asset (the applicant)
- ○ Latrobe City Council owns the asset
- ○ Someone else owns the asset

The Council's Building Maintenance team must approve all project proposals on its assets. Applicants must prove they have the asset owner's permission to complete the project. You can contact the Building Maintenance team on 1300 367 700

Please upload the written approval from the Latrobe City Council's Building Maintenance team: *
Attach a file:

Please upload written approval from the asset owner to complete the project: *
Attach a file:

Does your organisation share the facility with other users? *
○ Yes ○ No

Please upload written approval from other user groups who may share the project's existing facilities: *
Attach a file:

What resources and past experiences will help you succeed in this project? *

Word count:
Must be no more than 250 words.
E.g. Prior successful projects, qualified staff, reputation within the community, etc. This information is for the assessment panel who may not be aware of your previous projects or skills.

Do you have structural designs / plans for your project? *
○ Yes ○ No ○ Not Applicable

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

These documents will be used to support your application during the assessment process.

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
Provision of a building / planning permit when required may form a condition of funding.

Who will manage and supervise the project (works)? *

Please list the name and position of the person who will manage the project.

Contractor / Volunteer Details

Please provide the name, qualification and roles / responsibilities of contractor or volunteer that will be engaged to deliver your project.

Name & Qualification	Volunteer or Contractor	Roles / Responsibility
e.g. Paul Smith,		e.g. Installation of tactile signage on interior walls of building.

Project Timeline

Start Date *

Must be a date and no earlier than 6/10/2025.

End Date *

Must be a date.
Funds must be expended within 5 months of signing the funding agreement and acquitted within 6 weeks of the identified project completion, unless written approval has been given.

Please describe the major milestones that you expect will occur as part of your project for example: what the timelines are for required permits, tendering, equipment, delivery, construction and handover.

Milestones	Start Date	Finish Date
E.g. planning, contractor quotes, works commence, works completed, acquit project	If timing is not fixed provide an estimate, type 'unknown', or describe dependencies	If timing is not fixed provide an estimate, type 'unknown', or describe dependencies

Budget

* indicates a required field

The maximum grant available is $25,000.

There is no limit to the value of your project, however where projects exceed the maximum grant and co-contribution amounts, the additional cost must be met by the applicant.

Co-Contributions

All applicants are required to make a co-contribution to the project in line with the requirements outlined below.

The co-contribution may come from the applicant organisation or from other sources but must not be from any other Victorian Government or Latrobe City Council program or source. The co-contribution may partly be met by in-kind contributions as outlined below.

Applicants must provide evidence that demonstrates they have sufficient funds available for the required co-contribution amount.

The following co-contributions apply:

Organisation TypeCo-Contribution %

Small business

25%

Not-for-Profit

10%

In-Kind Support

An in-kind contribution is **a contribution of a good or a service other than money**. Some examples include: voluntary labour (for example, painting work) donated goods (for example, kitchen equipment) donated services (for example, professional advice from an architect).

- In-kind contributions may be up to 50% of the applicant's total contribution.
- In-kind amounts must be directly related to the project and not general operational;
- In-kind service costs are calculated at:
    - $20 per hour - volunteer labour, no qualifications required (painting work, clearing of site after demolition etc)
    - $45 per hour - donated services / specialist labour (engineer, architect, electrician etc)
- Calculate donated goods at the price you would pay for them if they were not donated.
- Ensure In-Kind contributions are provided by qualified, registered contractors where applicable.

Council will not consider the time it has taken to plan and complete the application as an in-kind contribution.

Small Business Example – If your project cost is $10,000 you will need to contribute 25% ($2,500). Half of this contribution can be In-kind – i.e. you can provide $1,250 worth of non-monetary contribution.

Not-for-profit Example – If your project cost is $10,000 you will need to contribute 10% ($1,000). Half of this contribution can be In-kind – i.e. you can provide $500 worth of non-monetary contribution.

An example in-kind and voluntary proforma can be located here

Will you be providing any In-kind support towards the project? *
○ Yes ○ No

In-Kind Support Budget

In-kind supplier	Type of in-kind support provided	Description of task / donated goods	Hours of work	In-kind rate	Total
e.g. Bob Smith	e.g.Volunteer labour	e.g. cleared site after demolition, donated kettle	e.g. 6 hours (please put N/A for donated goods)	e.g. $20 an hour (please put N/A for donated goods)	e.g. 6 x $20 = $120. For donated goods, enter the total amount you would pay if it was not donated
					$
					$
					$
					$
					$
					$
					$
					$

In-Kind Support Budget Total

Total Income Amount

$

This number/amount is calculated.

Budget - Income and Expenditure

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not, as well as your contribution.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns.

- **Your budget must balance.** The total income must equal the total expenditure.
- Do not include any in-kind support, all in-kind support must be included in the above table.
- Please do not add commas to figures.
- You can add and remove rows. Delete any rows you do not need.

Budget - Income

Income source	Confirmed funding?	Income Amount ($)
E.g. Bendigo Bank, Loy Yang, fundraising/donations, group funds, etc. Include Co-Contributions.	Has funding been approved from the source?	Must be a dollar amount.
Latrobe City Council	Confirmed Unconfirmed N/A	$
		$
		$
		$
		$
		$

Total Income

Total Income Amount

$

This number/amount is calculated.

Budget - Expenditure

Expenditure	Expenditure Amount ($)
E.g. Contractor, building materials, etc.	Total amount of each individual expenditure item. These amounts must match your quotes.
	$
	$

	$
	$
	$
	$

Total Expenditure

Total Expenditure Amount

$

This number/amount is calculated.

Total Amount Requested

$

What is the total financial support you are requesting in this application from Latrobe City Council?

Total Project Cost

$

What is the total budgeted cost (dollars) of your project?

Which of the expenditure items that you have listed above, will Latrobe City Council funding be used for? *

Word count:

Quotes and Evidence

Latrobe City Council requires:

- One written quote for projects up to $5000
- Two written quotes for projects between $5000 and $25,000.

We will accept screenshots of catalogues or online ads as quotes for items under $500.

We only accept written quotes that include:

- The date
- The registered business name & address
- A detailed cost breakdown
- Qualification or Registration details of the contractor (where applicable)

Consider the Local Procurement assessment criteria when obtaining quotes.

The quote must also match the expenditure listed in the table above.

Attach your quotes here: *
Attach a file:

We need to confirm that purchases are from Australian companies. So, please include the website address or the company's name.

If we allocate part funding, will this project go ahead? *
○ Yes ○ No

If yes, what is the minimum amount you would require? *
$
Must be a dollar amount.

Which expenditure items will the funding be used for, if part funding was granted? *
What alterations would you consider?

Supporting Documents

* indicates a required field

Mandatory Attachments

Please provide a current copy of your Public Liability Insurance Certificate of Currency (or the auspice organisation's if applicable) that will be used to cover your project: *
Attach a file:

Optional Attachments

Your are welcome to attach any additional information to support your application:
Attach a file:
This could include risk assessments, project management plans, financial statements, marketing information, annual reports, strategic plans, evidence of expenditure items, letters of support and any additional information that will support your application.

Assessment

Scoring

All applications will be assessed in accordance with Latrobe City Council’s Community Grant Governance Policy and program objectives and weighted out of 100 against the following criteria:

Assessment Criteria

Organisation Eligibility
Pass / Fail

Approvals where required (Latrobe City Council / Building Owner)

Pass / Fail

Demonstrated Co-Contribution

Pass / Fail

Assessment of In-Kind Contribution

Pass / Fail

Standardised Scoring

Amount of funding received in previous Universal Tourism Grant rounds.
15

Assessment Panel Scoring Criteria

Weighting %

Alignment to the Tourism Sector

The application demonstrates a clear alignment to the tourism sector, and how the organisation services visitors and locals within a tourism context.
10

Demonstrated Benefits to the Community & Alignment to the objectives of the grants

The project increases inclusion, removes barriers to participation and describes how the community will benefit from the project.

40

Capacity to deliver the project

The applicant has a demonstrated ability to deliver the project.

25

Local procurement

Goods / Services to deliver the project are being sourced locally.

10

Child Safety

* indicates a required field

Child Safety

Latrobe City Council has zero-tolerance towards any form of child abuse and is committed to the safety, wellbeing, and empowerment of children. We will create and maintain a child safe organisation where protecting children and preventing and responding to child

abuse is embedded in the everyday thinking and practice of all employees, volunteers and contractors.

Looking for information on **Child Safe Standards**? Explore the Commission for Children and Young People's website or Latrobe City Council's Child Safety page. For personalised assistance, reach out to our Child Safety Advisor at 1300 367 700, or email latrobe@latrobe.vic.gov.au.

My organisation currently meets the minimum requirements of the 11 Victorian Child Safe Standards. *

○ Yes ○ No ○ N/A

I would like to be notified about updates and workshop opportunities on child safety with Latrobe City Council. *

○ Yes ○ No

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.

Do you give permission for your project details to be used by Council for grant promotion purposes? *

○ Yes ○ No

This may include photos provided in your acquittal form for grant promotions, presentations or events.

Bank Details

Please note: If your application is successful, you will be required to complete a funding agreement, and provide an invoice prior to the payment of any funds. Bank details will be requested as part of this process.

Funds will be paid into your nominated bank account once the funding agreement has been signed and submitted to Council, and the invoice received and processed.

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 Grant guidelines and Grant Governance Policy; 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 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)

Contact phone number *

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

Contact Email *

Date *

Must be a date.

Feedback

* indicates a required field

We would appreciate your feedback on the online application system and Grants program. Suggestions will be considered for improving Council's Grants Programs.

How did you find the application process? *
- ○ Very Easy
- ○ Easy
- ○ Neither Easy nor Difficult
- ○ Difficult
- ○ Very Difficult

How did you hear about Council's Grants program? *
- ☐ Council's Website
- ☐ Library/Leisure Centre
- ☐ Local Newspaper
- ☐ Word of mouth
- ☐ Someone in my organisation
- ☐ Radio
- ☐ Instagram
- ☐ Facebook
- ☐ Other:

Would you like to be added to our email list for future grant opportunities? *
○ Yes ○ No

Please provide any other feedback you may have about the online application process or the Grants Program:

E.g. ways it could be more accessible, documents that would support making an application, or another aspect of the process. Were there any questions that needed to be clearer? Were there any questions you felt you were repeating information? Were there any questions you felt were hard to answer within the word limit?

Thank you for taking the time to complete your application.

Once your application is submitted, you will receive an email with your application number and a copy of your application. Please check your application carefully to ensure that all information is correct. Please advise us immediately if there are any errors.