AIG (Minor) - Application Form R2
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.

A maximum funding amount of $3,000 will be provided to the successful applicants to undertake projects or purchases that fit within the eligibility criteria. No co-contribution is required for the AIG Minor grant. 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.

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, and how your organisation relates to the tourism industry. *

Word count:
Must be no more than 200 words.
What do you provide for visitors and locals?

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.. This is an eligibility requirement.

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

This is an eligibility requirement.

You will be asked to declare this information as true and correct upon submitting your application.

You may attach documentation supporting your statement below.

Financial Documentation:
Attach a file:

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 provide a description of your project, and how it removes a barrier to participation. *

Word count:
Must be no more than 200 words.
Be descriptive, but succinct. For example: Provision of a portable ramp to create step free access to our venue / Transcription of restaurant menus to braille for low vision or blind patrons.

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.

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

Building Works must have the approval of the asset owner. If the applicant is not the owner, evidence of approval is required.

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

You can contact Latrobe City Council's Building Maintenance team on 1300 367 700

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

Project Timeline

Unless prior written approval has been given:

Funds must be expended by 31 December 2026.

Grant acquittals are required by 31 January 2027.

You will be asked to declare you can complete the project within the timeline indicated upon submitting your application.

Start Date *

Must be a date.

End Date *

Must be a date.

Budget

* indicates a required field

Budget - Income and Expenditure

A maximum funding amount of $3,000 will be provided to the successful applicants to undertake projects or purchases that fit within the eligible criteria.

No co-contribution is required for the AIG Minor grant.

Please outline your project budget in the income and expenditure tables below.

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.
- 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. Communication board, portable hearing loop	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?

Quotes and Evidence

AIG (Minor) requires one written quote.

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).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.

Assessment & Supporting Documents

* indicates a required field

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 Panel Scoring Criteria

Weighting %

Benefit to the community and alignment with the grant objectives.

The project increases inclusion and removes barrier/s to participation.

80

Capacity to deliver the project

The applicant has a demonstrated ability to deliver the project within the timeframe required.

20

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, marketing information, annual reports, strategic plans, evidence of expenditure items, letters of support and any additional information that will support your application.

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;**
- **Our organisation is eligible to apply for this grant opportunity (FTE, and Turnover);**
- **We have capacity to complete the project within the required timeframes;**
- **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.