Latrobe Community Gaming Support Fund Application Form R2 2026

Form Preview

Eligibility Criteria

* indicates a required field

Before completing this application form, you should have read the **Latrobe City Community Gaming Support Fund** 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.

If you have any questions in regard to these eligibility criteria, please contact the Governance Team:

- Email: egovernance@latrobe.vic.gov.au

Objectives

Financial support is available through the Latrobe City Community Gaming Support Fund for projects and initiatives that address the impact of problem gambling in a range of ways though direct support programs, projects that provide alternative activities for community members, or projects that build capacity and strengthen the community. These initiatives can cover a range of areas, including:

- Education and counselling programs for individuals and families;
- Community development initiatives;
- Individual capacity-building programs;
- Youth programs;
- Sport and recreation;
- Arts and culture;
- Community engagement and social inclusion activities.

The Latrobe City Trustees are now calling for submissions to the Latrobe City Community Gaming Support Fund from organisations and groups for projects and initiatives that meet the eligibility criteria set out below.

Eligibility Criteria

Are you a key operative as defined by the Gambling Regulation Act 2003? *

○ Yes ○ No

A key operative means a wagering and betting licensee; the holder of a venue operator's licence; a keno licensee; a person listed on the Roll; a casino operator; a holder of a public lotteries licence; a bingo centre operator.

Will the activities be based in the Latrobe City or benefiting the residents? *

○ Yes ○ No

Will the grant pay for any retrospective purposes? *

○ Yes ○ No

Has the project successfully obtained a Capital Works Grant or a Minor Community Grant from Latrobe City Council in the financial year starting 1 July 2026? *
○ Yes ○ No

Will this funding application be utilised by a third party? *
○ Yes ○ No

Will the grant support commercial activities? *
○ Yes ○ No

Will the project be universally accessible to all sections of the community? *
○ Yes ○ No
Projects can target a specific group but not restrict participation.

Is the project a core funding responsibility of the State or Commonwealth government? *
○ Yes ○ No
Applications which show additional funding that expands or enhances projects may be considered

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.

Contact Details

* indicates a required field

Applicant Organisation

Applicant 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.

Primary (Physical) Address *
Address

Suburb State Postcode

Must be an Australian postcode.

Primary Contact Person *

Title First Name Last Name

Position held in organisation: *

e.g. Manager, Board Member, Fundraising Coordinator

Applicant Email Address *

Primary Phone Number: *

Must be a primary source involved with the project and Organisation

Secondary Phone Number *

Must be someone who can discuss the grant and associated administrative functions

ABN

If you have one, please provide your ABN number:

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.

Incorporation Number

If your organisation is incorporated, please provide your incorporation number:

Project Details

* indicates a required field

Project title: *

Your title should be short but descriptive. This title will be used by the Latrobe City Trust when promoting your project.

Please provide a short summary of your project: *

Must be no more than 200 words.
Be descriptive but succinct. The description will be used by Latrobe City Trust when promoting your project.

Is this a new or existing project? *

○ New ○ Existing

Project Dates

Project start date: *

Project completion date: *

Generally projects must be acquitted within 12 months.

Project Timeline

Key Task / Milestone	Proposed Date of Completion

Organisation Details

Please provide an overview of your organisation *

Word count:
Must be no more than 250 words.
Include a brief history of your organisation, your aims and objectives and current activities.

Assessment Criteria

* indicates a required field

An assessment will be made of the benefits that this project will bring to the community.

Applications should:

- Demonstrate a benefit to the community.
- Build on best practice and be innovative.
- Demonstrate that the program/project is addressing an identified need.
- Demonstrate the capacity for timely and successful implementation.
- Represent value for money.

What support will your activity provide and how will you track your success? *

Word count:
Must be no more than 250 words.

How do you know the community needs support and why is this the best way to provide it? *

Word count:
Must be no more than 250 words.

Grant Funding

* indicates a required field

Funding requested: *

$

Total project cost: *

$

Budget

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.

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.

Income Source	Confirmed Funding?	$
Latrobe City Trust Funding		$
Your organisations $ contribution		$
Your organisations in-kind contribution		$
Federal / State Government Grant		$
Partnering organisations		$
Sponsorships		$
Philanthropic Grants		$
		$

Expenditure Item	Expenditure Amount	Include quotes or evidence of item costs.
		Funding will only be granted for items which have valid quotes.
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	

Budget Totals

Total Expenditure Amount *

$

This number/amount is calculated.

Supporting Documents

If you would like to provide supporting documents, please attach below:
Attach a file:

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

Acknowledgement

* indicates a required field

Acknowledgement of Trust Funding

Receipt of funding from the Latrobe Community Gaming Support Fund represents an opportunity for your organisation, the Latrobe City Trust and the local gaming venue operators which contribute to the Fund under the Latrobe City Community Gaming Agreement to obtain positive publicity.

Do you agree that Latrobe City Trust will be recognised as the major sponsor? *
○ Yes ○ No
If the answer is 'no', you may be asked to provide evidence that another sponsor's contribution is greater than that provided by Latrobe City Trust. In such cases, Latrobe City Trust will need to be advised that they will be recognised as minor sponsor.

Do you agree that Latrobe City Trust will be recognised in all publications, contact with the media, newsletters, stationery, events and promotions as a sponsor of your club/organisation? *
○ Yes ○ No

Do you undertake to give Latrobe City Trust prior notice to participate in any public relations activities associated with the project? *
○ Yes ○ No

Do you undertake to recognise Latrobe City Trust as a participant in any launch, opening, dedication ceremony or any lasting memorial to your project? *
○ Yes ○ No

Declaration

* indicates a required field

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 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 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;**
  - **the funding agreement;**
  - **the trust program guidelines; and**
- **I understand that if this trust 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 the funding agreement.**

I agree: *

○ Yes

Name of authorised person: *

Must be a senior staff member, board member or appropriately authorised by the applicant.

Position *

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

Date *