

2023/24 Quick Response Grant - Round 4

Form Preview

Important Information

* indicates a required field

Please read the **Community Essentials - Quick Response Grant** guidelines, which are available on the [Latrobe City Council website](#), before completing the application form.

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

Caitlan Ponton

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

Application Checklist

Prior to commencing your grant application, please ensure you have completed the following checklist, please note that the assessment of your application will be based solely on the information provided and its adherence to the eligibility criteria. Applications that do not meet the criteria will not undergo further evaluation.

Please ensure you have completed the below prior to commencing an application:

I have: *

- ☐ Read and understood the 2024 Community Grant Program guidelines
- ☐ Appropriate insurance for this project
- ☐ Quotes for all expenditure items as required by the guidelines
- ☐ Confirmed our entity's status for GST in order to complete the budget correctly
- ☐ Not commenced our project prior to the awarding of the grant
- ☐ 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: *

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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: *

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

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

Postal address (If different to the above)

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 it's activities: *

Word count:

Must be no more than 50 words.

Organisation Type

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Applicant organisations must be a not-for-profit organisation that is incorporated, has an ABN or is auspiced by such a body which is able to accept legal and financial responsibility for the project.

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.

Auspice Information

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* 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 event. We see auspicings as a great way to partner with likeminded organisations to deliver community projects.

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 above eligibility criteria and provide a letter indicating that they accept full financial accountability for the project. It is not considered to be the applicant and may apply for separate funding for other projects.

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
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<input type="text"/>	<input type="text"/>	<input type="text"/>
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Position held in organisation: *

e.g. Manager, CEO

Contact person's primary phone number: *

Contact person's email address: *

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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 represents 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:

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

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.

Please provide a short description of your project, the aim of your project and what Latrobe City Council funds will be used for: *

Word count:

Must be no more than 50 words.

Be descriptive, but succinct. This description will be used by Latrobe City Council when promoting successful applicants,

Assessment

* indicates a required field

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

Standardised Scoring

- Previous Latrobe City Council Grant or Sponsorship funding received over the previous five financial years. (25)
- Demonstrated in-kind contributions e.g., monetary, voluntary services etc. (25)

Assessment Panel Scoring Criteria

- The project addresses a community need and describes how the community will benefit from the project. (50)

What is the need this equipment / project is designed to address within your organisation? How do you know this need exists? *

Word count:

Must be no more than 100 words.

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Please upload any data or documents that demonstrate a need:

Attach a file:

How will your organisation benefit from the equipment / project? *

Word count:

Must be no more than 100 words.

Healthy Partnerships

In partnership with VicHealth, Latrobe City Council is working to create an environment where community organisations seek healthier options to support their projects.

Will the grant funding you are applying for be used to purchase or promote the consumption of tobacco, alcohol, large chain fast food, or increase exposure to gaming activities? *

- ☐ Yes
☐ No

Budget

*** indicates a required field**

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.

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.

Income source	Confirmed funding?	Income Amount (\$)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

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Total Income

Total Income Amount

\$

This number/amount is calculated.

Budget - Expenditure

Expenditure

\$

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

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 will Latrobe City Council funding be used for? *

Word count:

Must be no more than 50 words.

Quotes and Evidence of Items Cost

Please provide one written quote for the project from a registered business: *

Attach a file:

If only part of the funding requested is allocated, will this project go ahead? *

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- ☐ Yes
- ☐ No

If yes, what is the minimum amount you would require? *

\$

Must be a dollar amount.

Bank Details

*** indicates a required field**

If this application is successful, grant funds can be paid directly into the group/organisations 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.

Have any of your contact or banking details changed since receiving previous Grant Funding? *

- ☐ Yes
- ☐ No
- ☐ This organisation has not previously received any grant funding from Latrobe City Council

Bank Name: *

Branch: *

Bank Account: *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Email address for remittance advice: *

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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.

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.

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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, 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 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 the Community Grants program. Suggestions will be considered for improving Council's Community Grants Program.

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How did you find the application process? *

- ☐ Very Easy
- ☐ Easy
- ☐ Neither Easy nor Difficult
- ☐ Difficult
- ☐ Very Difficult

How did you hear about Council's Community Grants program? *

- ☐ Council's Website
- ☐ Local Newspaper
- ☐ Word of mouth
- ☐ Someone in my organisation
- ☐ Instagram

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

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.