SIAG 2023/24 Community Connection Grant - Application Form
Form Preview

Important Information

* indicates a required field

Please read the **Social Inclusion Action Group (SIAG) Community Connection Grant Program 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 Social Inclusion Project Officer:

Hannah Burley

Phone: 0437 456 061

Email: SIAG@latrobe.vic.gov.au

Application Checklist

Before you start applying for the grant, make sure you've gone through this checklist. Keep in mind that your application will be judged only on the information you provide and how well it meets the eligibility criteria. If your application doesn't meet the criteria, it won't be considered for further evaluation.

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

I have:

*
☐   Read and understood the Social Inclusion Action Group (SIAG) Community Connection 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
☐   Approvals ready to be uploaded to the application, if required
☐   Discussed the proposal with the relevant Latrobe City Council Officer
☐   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.

Primary (physical) address: *
Address

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

Postal address (if different to 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: *

Word count:
Must be no more than 100 words.

Organisation Type

Applicant organisations must be 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

* 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. We see auspicing 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 organisation.
- 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.

Auspice primary contact person: *

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

* 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.

Where is the project being completed? *

Address

Please enter the primary project location. If more than one location, please list other locations below.

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

Is your project being undertaken at more than one location? *
○ Yes
○ No

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

Is the project open to the broader community beyond your organisation? *
○ Yes
○ No
Please note applications for projects that are only designed for group members to attend and are not designed for the broader community will not be considered.

If yes, please describe how the general public will find out about and attend your project: *

Word count:
Must be no more than 150 words.
E.g. Open all hours to community members, utilised by community members for events, project will be promoted via... etc

Is the project applying for general or Aboriginal and Torres Strait Islander funding? *
○ General
○ Aboriginal and Torres Strait Islander
For further information, refer to the Funding Guidelines: https://www.latrobe.vic.gov.au/Community/Community_Groups/Community_Programs/Social_Inclusion_Action_Group/Social_Inclusion_Group_Community_Page

Is this a new or existing project? *
○ New
○ Existing

Alignment

* indicates a required field

Please select the priority area that your project best aligns with. You can select more than one option. It is recommended that you review the Municipal Public Health and Wellbeing Plan 2022 - 2025 document prior to completing your application via the following link: Municipal Public Health and Wellbeing Plan 2022 - 2025

Which of the Council's priority area does this project align with? *
☐ Safe
☐ Healthy and Active
☐ Resilient and Supported
☐ Natural and Built Environments

Priority Population Groups

*Latrobe City has a diverse community. While health and wellbeing affects everyone, some individuals or groups in our community experience particular challenges and significantly poorer health outcomes. The Municipal Public Health and Wellbeing plan refers to these groups as **priority population groups**.*

Please select the priority population group/s your project will be supporting *
☐ Aboriginal and Torres Straight Islander People
☐ People who are lesbian, gay, bisexual, trans and gender diverse, intersex, and queer and / or questioning (LGBTIQA+)
☐ People with a disability
☐ People from culturally diverse communities

☐ Children (under 12)
☐ Young people (aged 12 - 25)
☐ Older people (over 65)
☐ People who have experienced hardship and exclusion (including but not limited to mental ill-health, addiction, family violence, socio-economic disadvantage, people who have experienced or at risk of homelessness)
☐ Single people and single parents
☐ General community

How does this project promote equity or provide for a specific population? *

Word count:
Must be no more than 150 words.
Equity means treating everyone fairly and providing equal opportunities regardless of background, and addressing unfairness in society.

Participation Numbers

How many people will benefit from the outcomes of the project?

A project may be open to the whole community or target participation from different community demographics. Successful projects will either have broad community benefit, or achieve deep and meaningful outcomes with particular community members and groups.

Participant Type	Number of Women	Number of Men	Number of people of self-described gender

How has your organisation addressed the specific needs and requirements of your project audience, particularly the identified priority population groups and genders you have selected? *

Word count:

Must be no more than 150 words.
Please provide details or any strategies/initiatives that you will implement to ensure their inclusion and active participation in your project or program.

How will you measure if your project has addressed the needs of priority groups and different genders? *

Word count:
Must be no more than 150 words.
Please outline how you will know whether or not you have addressed the needs of priority population groups and different genders in the design of your project. This may include how many people will benefit from your project, new members to your organisation as a result of your project etc.

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 or fireworks? *
○ Yes
○ No
If your answer is yes, your application will not be considered.

Assessment

* indicates a required field

All applications will be assessed in accordance with Latrobe City Council's Social Inclusion Action Group (SIAG) Community Connection Program Guidelines and program objectives and weighted out of 100 against the following criteria:

Assessment Criteria

Weighting

Alignment with Latrobe City's Municipal Public Health and Wellbeing Plan and Latrobe's SIAG Priorities.

20

Demonstrated ability of project to address local needs, improve equity and address barriers to participation.

20

Demonstrated level of community engagement undertaken or planned as part of the project.

20

Evidence supporting the effectiveness and impact of the project to support social connection and mental health.

20

Demonstrated organisational capacity to deliver the project, including plan for long-term sustainability.

20

What is the community need this program is designed to address? *

Word count:
Must be no more than 150 words.

Describe the community engagement that has been undertaken or planned as part of the project: *

Word count:
Must be no more than 150 words.
This could be a community meeting, survey, consultation with local organisations etc.

Please upload any data or documents that demonstrate a community need or engagement:
Attach a file:

E.g. Research reports, letters of support, photos etc

What research and evidence supports the development and projected outcomes of the project? *

Word count:
Must be no more than 150 words.
Describe the changes you expect to see in the community as a result of your project.

Please upload any data or documents that supports the development and projected outcomes of the project:
Attach a file:

Can you provide examples of successful projects that your organisation has completed in the past? Please describe any relevant experience or qualifications that demonstrate your ability to effectively deliver the proposed project. *

Word count:
Must be no more than 150 words.

E,g. This could include previous project outcomes or expertise of community members responsible for the project delivery.

What are the short- and long-term impacts of this project on social inclusion and mental health? *

Word count:
Must be no more than 150 words.

How will this project ensure short- and long-term connection for community members? *

Word count:
Must be no more than 150 words.

Describe how your project is consistent with or contributes to Council's strategic direction (particularly the Council Plan or Municipal Public Health and Wellbeing plan). Are there particular objectives that your projects meets? If so, please list: *

Word count:
Must be no more than 150 words.
To view the Council Plan or the Municipal Public Health and Wellbeing Plan, visit: https://www.latrobe.vic.gov.au/sites/default/files/2021-12/LCC%202021%20%E2%80%93%20Council%20Plan%20%E2%80%93%20190x250mm%20%E2%80%93%20FA%20%28Web%20Spreads%29.pdf OR https://www.latrobe.vic.gov.au/sites/default/files/2022-08/Health%20%26%20Wellbeing_Active%20Comm_Web_V1_FA.pdf

Project Timeline

* indicates a required field

Start Date *

Must be a date and no earlier than 6/5/2024.

End Date *

Must be a date.
Funds must be expended within 6 months of signing the funding agreement and acquitted withing 3 months 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 securing lease agreements, advertising for members, confirming logistics and having meetings?

Milestones	Start Date	Finish Date

e.g. planning, facilitator quotes, printing of collateral, project delivery, acquit project	If timing is not fixed provide an estimate, or describe dependencies	If timing is not fixed provide an estimate, or describe dependencies

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.
- 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 ($)
Latrobe City Council	Confirmed Unconfirmed N/A	$
		$
		$
		$
		$
		$

Total Income

Total Income Amount

$

This number/amount is calculated.

Budget - Expenditure

Expenditure	$
E.g. Builder, painter, building materials, plumbing materials etc	Total amount of each individual expenditure item
	$
	$
	$
	$
	$
	$

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 projects up to $5,000 and two written quotes for projects over $5,000 from a registered tradesperson or registered business: *
Attach a file:

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

If you have used an organisation to auspice your project, you must enter the organisations bank details in this section below.

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: *

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.

Private information will not be shared with the Social Inclusion Action Group - only details that relate to the assessment of the application will be shared.

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.

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:

- **If successful, representation from our organisation will attend the feedback session that aligns with that grant round.**
- **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   Title   First Name   Last Name
person *

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.

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

How did you hear about Council's SIAG Community Connection Grant program? *
☐ Council's website
☐ Library/Leisure Centre
☐ Local Newspaper
☐ Word of mouth
☐ Someone in my organisation
☐ Radio
☐ Instagram
☐ Facebook
☐ Email
☐ Other:

Please provide any other feedback you may have about the online application process or the SIAG Community Connection Grant 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.