## 2023/24 Seven Small Towns Program Application Form

### Eligibility

\* indicates a required field

Before completing this application form, you should have read the **Seven Small Towns Minor Capital Works Program** guidelines, which are available on the <u>Latrobe City Council</u> website.

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

• Phone: 0429 270 419

• Email: grants@latrobe.vic.gov.au

#### Introduction

The Seven Small Towns Minor Capital Works Funding Program represents an important contribution by Latrobe City Council to infrastructure improvements within the seven small towns. The program encourages an incorporated body that is identified as a Township Association within the seven small towns to work with Latrobe City Council to achieve positive outcomes for the betterment of their communities and the citizens that live there.

The Program applies to Latrobe City's seven small towns of

- · Boolarra;
- Glengarry;
- Toongabbie;
- Traralgon South;
- Tyers;
- Yallourn North; and
- Yinnar

#### **Seven Small Towns Minor Capital Works Program**

The Program assists the ongoing development of public infrastructure such as improvement to buildings, access for people with disability, renovations, pathways, repairs, major items of equipment etc. contributing to the overall development of the municipality.

Examples of projects that may be considered for funding:

- Renovations or repairs to public buildings and club rooms. This includes painting, plumbing, kitchen replacement and floor covering. For projects not covered under councils scheduled maintenance program.
- Works to grounds. Including landscaping, sprinkler systems and fencing.
- Major items of equipment valued at \$500 or more. Including conditioners and ride on mowers.
- Development of plans.
- Construction of pathways
- Purchase and installation of park bench seating or picnic tables for a public park.
- Fencing or bollards around a skate park, playground or hall.
- Purchase and construction of a shed.
- Beautification of township entrances.

## 2023/24 Seven Small Towns Program Application Form

#### Supporting Documents

You will be asked to upload the following attachments when completing your submission: Mandatory:

- If the total project cost is up to \$5,000 you will need to provide one written quote. If the total project cost is over \$5,000 you will need to provide two written quotes. Quotes must be provided by a registered tradesperson or registered business. Screenshots of catalogues or online advertising will not be accepted as sufficient quotes;
- Written approval from other user groups who may share the existing facilities associated with the project;
- Evidence of permission from the asset owner to complete the project;
- A copy of the minutes and evidence of support from the community, of the Township Association's submitted priority project; and
- Provide evidence of approval or acceptance of the submission from Latrobe City Council for projects:
- 1. 1.on sporting reserves and open spaces that are on Latrobe City Council land, or 2.on buildings that belong to Latrobe City Council

You will also be given the opportunity to upload any additional attachments you would like included with the application.

### Confirmation of Eligibility

To be eligible for funding, submitters must:

- Be the Township Association from one of the seven small towns (Boolarra, Glengarry, Toongabbie, Traralgon South, Tyers, Yallourn North and Yinnar);
- Be a not-for-profit organisation that is either an incorporated body and/or has a current Australia Business Number (ABN). Alternatively an applicant may be auspiced by such a body which is able, and willing, to accept legal and financial responsibility for the project;
- Be free of debt to Latrobe City Council and have no outstanding acquittals from previous Latrobe City Council grant or project applications; and
- Hold appropriate public liability insurance specific to the project.

| Does  | your organisation | on meet the | eligibility | criteria? | * |
|-------|-------------------|-------------|-------------|-----------|---|
| O Yes | 5                 |             |             |           |   |

You must confirm that all statements above are true and correct. If you do not meet the eligibility criteria you will be considered ineligible to apply.

| Ha | ve you  | comple  | eted all previous Latrobe City Council Seven Small Towns Min | or |
|----|---------|---------|--|----|
| Ca | pital W | orks gr | ant acquittals? *  |    |
|    | Yes □   | No □    | No Previous Grants   |    |

#### **Contact Details**

\* indicates a required field

| Township Association  |
|---|
| Township Association Name: * Organisation Name  |
| Please use your Township Association'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   |
| If your Township Association operates in multiple locations or from multiple offices, please pick one as your primary address.  |
| Applicant website:  |
| Must be a URL (if you do not have a website, please leave this section blank)   |
| Primary contact person: * Title First Name Last Name  |
| This is the person we will correspond with about this grant   |
| Position held in Township Association : *   |
| e.g. Manager, Board Member, Fundraising Coordinator   |
| Primary phone number: *   |
| Secondary phone number:   |
| Contact person's email address: *   |
| This email address will be used for all correspondence.   |

### **Township Association Details**

\* indicates a required field

Township Association Type

Township Association must be be a not-for-profit, properly constituted legal entity.

| Please select an option type | below that best | represents the | status of y | our |
|------------------------------|-----------------|----------------|-------------|-----|
| Township Association:        |                 |                |             |     |

- Our Township Association has an ABN and is incorporated
- Our Township Association has an ABN and is not incorporated
- Our Township Association is incorporated and does not have an ABN
- Our Township Association is not incorporated and does not have an ABN, and we have an auspice organisation for this project

|   | _ |   | l = |  |
|---|---|---|-----|--|
| ^ | ж | N |     |  |
|   |   |   |     |  |

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 Bus | ness 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                      |                  |

Please provide your incorporation number: \*

| Please provide evidence to demonstrate | that your | Township | <b>Association</b> | is a no | ot |
|--|-----------|----------|--------------------|---------|----|
| 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: *  |
|---|
|   |
| Must be no more than 5 words. Your title should be short but descriptive. This title will be used by Latrobe City Council when promoting successful applicants. |
| Please provide a short summary of your project: *   |
|   |
| Word count:   |
| Must be no more than 200 words.<br>Be descriptive, but succinct. This description will be used by Latrobe City Council when promoting successful applicants,    |
| How has your Township Association completed internal or external (strategic)  |
| planning, including community consultation and engagement, to identity this project as a priority for your community? *   |
|   |
| Word count:<br>Must be no more than 150 words.  |
| Please provide a copy of the minutes and evidence of support from the community, of the Township Association's submitted priority project: *  Attach a file:    |
|   |
|   |
| Is the project open to □ Yes □ No the general public? *   |
| Connectedness of the Community  |
| How will you address the needs of people of different genders and abilities in the design and management of your project? *                                     |
|   |
| Word count:<br>Must be no more than 150 words.  |
| Acknowledgement of Support  |
| How will you acknowledge Latrobe City Council's support for your project?   |
|   |
| Word count:   |

Must be no more than 100 words.

This can include logo recognition on marketing material, announcements at launch events and logo recognition on social media, newsletter or website.

| Prior Experience   |
|--|
| What experience does your Township Association have in delivering a project of this nature? ${\color{red}^*}$  |
|  |
| Word count: Must be no more than 200 words.  |
| Project Management   |
| * indicates a required field   |
| Project Management Plan  |
| Where is the project being completed? Address  |
|  |
| You can include a map or plan that helps to demonstrate the specific location of your project.  Attach a file:   |
|  |
| Handwritten diagrams are welcome.  |
| Who is the owner of the asset? *  □ Council owns the asset □ Someone else owns the asset Township Associations will need to provide evidence of permission from the asset owner to complete the project. Projects being completed on Latrobe City Council assets must include evidence of approval or acceptance of the proposal from Latrobe City Council |
| Please provide evidence of approval or acceptance of the proposal from Latrobe City Council: * Attach a file:  |

Please provide evidence of permission from the asset owner to complete the project. \* Attach a file:

| Does your project require a  ☐ A building permit ☐ A plan                   |                 |  |
|---|-----------------|--|
| Have these been obtained?  ○ Yes  | *               | ○ No   |
| Latrobe City Council App  | oroval          |  |
|   | at belong to La | s and open spaces that are on Latrobe City<br>atrobe City Council require evidence of<br>Latrobe City Council. |
| Is this application for a Spor  | rt and Recre    | ation project?  ○ No   |
| Have you discussed your pro<br>Recreation and Open Space                    |                 | trobe City Council's Coordinator   |
|   | ⊃ No            | <ul> <li>Not Applicable</li> </ul>   |
| Please provide evidence of a Recreation and Open Space Attach a file:       | approval fro    | m Latrobe City Council's Coordinator   |
|   |                 |  |
| Team? *   | oject with La   | trobe City Council's Building Maintenance  O Not Applicable  |
| Please provide written appr<br>Building Maintenance team:<br>Attach a file: | -               | proposal from Latrobe City Council's   |
|   |                 |  |
| <b>Does your organisation sha</b> O Yes                                     | e the facility  | y with other users? *  O No  |

| existing facilities associated was Attach a file:               | val from other user groups who may share the with the project: *  |
|---|---|
| This could be a letter signed by all us                         | sers, demonstrating support and an understanding of the project.  |
| Who will manage the project                                     | (works)? *  |
|   |   |
| _   | oing maintenance requirements for the project? How maintenance requirements for the project? *  |
|   |   |
| Word count: Must be no more than 150 words. Include surrounding |   |
| Project Timeline  |   |
| Anticipated start date: *                                       | Anticipated end date: *   |
|   | Funds must be expended within 6 months of signing the Funding Agreement and Acquitted within 3 months of your identified project completion, unless written approval has been given for an extension. |
| Budget  |   |
| * indicates a required field                                    |   |
| Total Amount<br>Requested: *                                    | \$ What is the total financial support you are requesting in this application?  |
| Total Project Cost: *   | \$ What is the total budgeted cost (dollars) of your project?   |
| 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,

Use the 'Notes' column for any additional information you think we should be aware of.

• 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? | Income Amount (\$) |
|---|--------------------|--------------------|
| Latrobe City Council Grant              |                    | \$                 |
| Your organisations \$ contribution      |                    | \$                 |
| Your organisations in-kind contribution |                    | \$                 |
| Federal/State Government Grants         |                    | \$                 |
| Partnering organisations                |                    | \$                 |
| Sponsorship                             |                    | \$                 |
| Ticket Sales                            |                    | \$                 |
| Philanthropic Grants                    |                    | \$                 |
|   |                    | \$                 |
|   |                    | \$                 |

| Expenditure Item | Expenditure Amount (\$) |  |  |
|------------------|-------------------------|--|--|
|                  | \$                      |  |  |
|                  | \$                      |  |  |
|                  | \$                      |  |  |
|                  | \$                      |  |  |
|                  | \$                      |  |  |
|                  | \$                      |  |  |
|                  | \$                      |  |  |
|                  | \$                      |  |  |

| Which of the expenditure items will Latrobe City Council funding be used for? * |  |  |  |
|---|--|--|--|
|   |  |  |  |
| Word count:   |  |  |  |
| Must be no more than 100 words.   |  |  |  |

### Quotes and Evidence of Item Costs

| Please subr    | nit one or two v | written quotes | from a regist | ered tradesper | son or |
|----------------|------------------|----------------|---------------|----------------|--------|
| registered I   | ousiness *       | -              | _             | <u>-</u>       |        |
| Attach a file: |                  |                |               |                |        |

If the total project cost is up to \$5,000 you will need to provide one written quote. If the total project cost is over \$5,000 you will need to provide two written quotes.

#### **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.

| Grant Funding?  ○ Yes  ○ No | *                             | tails changed since receiving previous ived any grant funding from Latrobe City |
|-----------------------------|-------------------------------|---|
| Bank Name: *                |                               |   |
| Branch: *                   |                               |   |
| Bank Account * Account Name |                               |   |
| BSB Number                  | Account Number                |   |
|                             |                               |   |
|                             | stralian bank account format. |   |
| Email address f             | or remittance advice: *       |   |
| Must be an email a          | ddress.                       |   |

### **Supporting Documents**

\* indicates a required field

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 a submission: Attach a file:   | any additi                                | onal information   | ı to support you  | r                   |
| This could include risk assessments, information, annual reports, strategiadditional information that will supp   | c plans, evi                              | dence of expenditure   |   |                     |
| Declaration   |   |  |   |                     |
| * indicates a required field  |   |  |   |                     |
| Privacy Notice  |   |  |   |                     |
| The personal information reques<br>for the purpose of administering<br>you and your organisation will be<br>purpose or directly related purpo<br>your consent, unless required or | your appli<br>e used sole<br>ses. It will | cation. The person<br>ly by Latrobe City<br>not be disclosed t | al information col<br>Council for that p                  | lected about rimary |
| If you choose not to provide this application. You have the right to or requests for access to your in City Council on 1300 367 700.  | access ar                                 | nd/or correct your   | personal informat   | ion. Queries        |
| This section must be completed the applicant organisation (may application form).   |   |  |   |                     |
| I certify that to the best of mand in any attached document applicant organisation is applicant and conditions of the terms and conditions of the terms and program guideli       | nts are true<br>roved for<br>the grant    | ue and correct, a<br>this grant, we v<br>as outlined in th     | and I understand<br>will be required the<br>outcome notif | that if the         |
| I am authorised to complete declaration and privacy notic   |   | cation and have  | read and under  | stood the           |
| l agree *   | ○ Yes                                     |  |   |                     |
| Name of authorised person *   | <b>Title</b> Must be a                    | First Name<br>senior staff member                              | Last Name   | appropriately       |
|   |   | l volunteer  |   | -                   |

| Position *             | Position held in Township Association (e.g. CEO, Tr  | easurer)             |
|------------------------|--|----------------------|
| Contact phone number * | Ma manual and a decision of the state of the | in a white a vice of |
|                        | We may contact you to verify that this submission by the Township Association  | is authorised        |
| Contact Email *        |  |                      |
| Date *                 |  |                      |