Traffic Management Grant - Application Form R3

Form Preview

Important Information

* indicates a required field

Please read the Traffic Management for Community Groups Grant Guidelines, which are available on the Latrobe City Council website, before completing the application form.

A maximum funding amount of $5,000 is available to eligible applicants. Applications are assessed monthly as outlined in the Guidelines.

For any questions, please contact the Sports Legacy & Activation Team:

- Phone: 1300 367 700
- Email: latrobecitysportslegacy@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 Guidelines
☐ 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.
☐ Confirmed I have no overdue 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: *

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

To be an eligible applicant, your organisation must be **a registered Not-For-Profit** organisation based within Latrobe City or providing services or benefits primarily to the Latrobe City Community.(Or, such a body that can accept legal and financial responsibility for the project must auspice them.)

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.

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

* 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.

I am applying for:

- ○ Traffic Management Training for Volunteers
- ○ Event Traffic Management by a contractor
- ○ Development of an Event Traffic Management Plan

Volunteer Details - Traffic Management Training

Please outline who the training will be provided for.

Include their name, position within your organisation, the course selected, and training provider.

Name	Position in Organisation	Course	Training Provider
e.g. Paul Smith	e.g. Event Coordinator		

Alignment with Funding Guidelines

Approved courses with the Grant Guidelines are:

1. Traffic Controller Level 1
2. Traffic Controller Level 2
3. Traffic Management Implementer Level 1
4. Traffic Management Implementer Level 2
5. Short Term Low Impact Training

Training outside of the above courses, or alternative delivery methods will be considered at the discretion of Council.

One application type per community group for each round will be considered.

Does your application align with the above criteria? *
- ○ Yes
- ○ No

Have you consulted with Latrobe City Council's Engineering Services Team on the most appropriate training for your organisation? *
- ○ Yes
- ○ No

Latrobe City Council's Engineering Services team can be contacted on 1300 367 700.

Attach any correspondence between your organisation & Latrobe City Council's Engineering Services Team:
Attach a file:

Alternative Proposals

Please provide details of any alternative proposal including:

- Attendees
- Organisation/s
- Proposed Course
- Training Provider
- Approval for Training Course
- Date of Training

Response *

Word count:
Must be no more than 500 words.
Alternative Proposals will be considered at the discretion of Council. Please consider the Grant Guidelines when providing your response.

Broader Community Benefit

Please outline any additional community organisations / events you are willing to assist with should your application for Traffic Management Training for Volunteers be successful:

Response: *

Word count:
Must be no more than 250 words.

Include organisation and/or event name & dates. Enter Not Applicable if trained volunteers will only work for your organisation.

Event Traffic Management by a contractor

Please provide the event details below including name, date, and location.

Approval of funding does not constitute permission to deliver your event. It remains your responsibility to seek the appropriate permits and approvals required to deliver the event.

Event Name: *

Official name of event. e.g. MyTown Creative Market

Location: *

Include name of venue and town within Latrobe City.

Date: *

Include day, month, year. Event must be held prior to 31 December 2026.

Contractor to be engaged: *

Ensure the contractor name matches the quote attached to your grant application.

Please attach a copy of your Event Permit/s: *
Attach a file:

Visit https://www.latrobe.vic.gov.au/Community/Latrobe_City_Events for details on event permits.

Has this event been held before? *
- ○ Yes
- ○ No

Event Details

Please provide details of when the event was established and the frequency of the event: *

Word count:
Must be no more than 250 words.

Event Details

Please provide details of the proposed event including any supporting evidence of event planning: *

Word count:
Must be no more than 500 words.

Supporting Documents for new events:
Attach a file:

Development of an Event Traffic Management Plan

Please provide the event details below including name, date, and location.

Approval of funding does not constitute permission to deliver your event. It remains your responsibility to seek the appropriate permits and approvals required to deliver the event.

Event Name: *

Official name of event. e.g. MyTown Creative Market

Location: *

Include name of venue and town within Latrobe City.

Frequency of Event: *

Please attach a copy of your Event Permit/s:
Attach a file:

Visit https://www.latrobe.vic.gov.au/Community/Latrobe_City_Events for details on event permits.

Has this event been held before? *
- ○ Yes
- ○ No

Event Details

Please provide details of when the event was established and the frequency of the event: *

Word count:
Must be no more than 250 words.

Event Details

Please provide details of the proposed event including any supporting evidence of event planning: *

Word count:
Must be no more than 500 words.

Supporting documents for new events:
Attach a file:

Effect & Impact

How will the community benefit if your grant application is successful? *

Word count:
Must be no more than 500 words.
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.

Participation Numbers

How many community members will benefit if your grant application is successful?

Participant Type	Description if Other selected	Number

Assessment

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 Criteria

Organisation Eligibility
Pass / Fail

Consultation with Latrobe City Council's Engineering Services team on appropriate training (where required).

Pass / Fail

Standardised Scoring (20)

Amount of funding received in previous Traffic Management Grant rounds.
20%

Assessment Panel Scoring Criteria (80)

Weighting

Benefit to the community and alignment with the grant objectives.

60%

Broader Community Benefit

20%

Project Management

* indicates a required field

Project Timeline

Start Date *

Must be a date and no earlier than 6/10/2025.

End Date *

Must be a date.
Funds must be expended by 31 December 2026 and acquitted by 31 January 2027, unless prior written approval has been given.

Budget

* indicates a required field

Budget - Income and Expenditure

The maximum grant available is $5,000.

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.

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. Contractor, building materials, etc.	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?

Which of the expenditure items that you have listed above, will Latrobe City Council funding be used for? *

Word count:

Quotes and Evidence

Latrobe City Council requires:

- One written quote for projects up to $5000

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
- 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.

If we allocate part funding, will this project go ahead? *

○ Yes ○ No

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

$

Must be a dollar amount.

Which expenditure items will the funding be used for, if part funding was granted? *

What alterations would you consider?

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.

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;**
- **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 Community 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 Community 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.