Eligibility
* indicates a required field

Applicants: Please Note

Thank you for your interest in Council's Grants for Community Program. Before completing this application form, please ensure you have read the Grants for Community Program Guidelines and the Selection Criteria relevant to the funding stream you are applying for.

Not sure which funding stream to apply for? Refer to our Selection Criteria using the links below.

- Arts & Heritage Selection Criteria
- Community Development Selection Criteria
- Festivals & Events Selection Criteria

Due to the competitive nature of the grants program, incomplete applications or late submissions cannot be considered.

This section of the application form is designed to help you, and us, understand if you are eligible to apply for this grant. Please ensure you meet all eligibility criteria before proceeding.

If you have any questions regarding selection or eligibility criteria, please contact the Grants Team on 1300 368 333 or grants@yarraranges.vic.gov.au

Confirmation of Eligibility

I confirm that I:

- have read and understood the program guidelines;
- have discussed this application with a relevant Council Officer;
- can demonstrate alignment between this project and the aims of this program;

and the applicant:

- is a not-for-profit organisation (or individual artist)
  - Please note: individuals may only apply in the Arts & Heritage funding category
- is incorporated, or is auspiced by an incorporated organisation for this application
- is located in (and/or supplies services to) Yarra Ranges;
- can demonstrate financial viability;
- has the appropriate type and level of insurance for the activities that are the subject of this grant;
- has no outstanding Yarra Ranges Council grant acquittals.

The above statements are true and correct *

○ Yes ○ No

You must confirm that all statements above are true and correct.
All eligibility criteria need to be met to apply for a Yarra Ranges Grant for Community. If you have any questions about the eligibility criteria contact the Grants Team on 1300 368 333 or grants@yarraranges.vic.gov.au

Which Council Officer did you discuss your proposed project with? *

You are required to discuss your project with a Council Officer before submitting.

Which Grants for Community funding stream are you applying for? *
○ Community Development
○ Arts & Heritage
○ Festivals & Events

Is your project/event in direct response to COVID-19 recovery in the community?
○ Yes
○ No

Contact Details
* indicates a required field

Applicant Details

Applicant *
○ Individual
○ Organisation

Organisation Name

First Name
Last Name

Select ‘organisation’ if project is being delivered by a community group. Select ‘individual’ if project is being delivered by an artist applying in the Arts & Heritage funding category.

Applicant (Physical) Address *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. If your organisation operates in multiple locations or from multiple offices, please pick one as your primary address.

Applicant Postal Address *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. We may send mail to this address.
Applicant Website

Must be a URL.
Do you/your organisation or community group have a website or a Facebook page?

Your primary phone number *

Must be an Australian phone number.
Please specify your area code i.e. (03) 9294 6751.

Your email address *

Must be an email address.
This is the address we will use to correspond with you about this grant.

Give a brief history of your background relating to this project *

Word count:
Must be no more than 150 words.
For example, how long you have been working on the project, what inspired you to develop/become involved with the project, how you identified the need for the project, etc.

Primary contact person *
First Name  Last Name

This is the person best placed to discuss the project and send correspondence to e.g: A project coordinator

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number *

Must be an Australian phone number.
Please specify your area code i.e. (03) 9294 6751.

Contact person’s email address *

Must be an email address.
This is the address we will use to correspond with you about this grant.

Secondary contact person *
First Name  Last Name
Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number *

Must be an Australian phone number. Please specify your area code i.e. (03) 9294 6751.

Contact person's email address *

Must be an email address. This is the address we will use to correspond with you about this grant.

Third contact person *
First Name  Last Name

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number *

Must be an Australian phone number. Please specify your area code i.e. (03) 9294 6751.

Contact person's email address *

Must be an email address. This is the address we will use to correspond with you about this grant.

Fourth contact person *
First Name  Last Name

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number *

Must be an Australian phone number.
Please specify your area code i.e. (03) 9294 6751.

**Contact person's email address** *

Must be an email address.

**Briefly tell us about your organisation. What is your purpose?** *

Word count: Must be no more than 150 words.

**When was your organisation or group established?** *

Must be a date.

**Membership** *

Approximately how many members does your group have?

**Are you an incorporated organisation and/or a registered charity?** *

- Yes
- No
- We are a public institution (school, university, not for profit company, government body)

Unincorporated organisations or individual artists applying for a grant must be auspiced by an incorporated organisation.

**Applicant Incorporation Number** *

Incorporated Association or Australian Corporation Number

**Do you have an active ABN?** *

- Yes
- No

**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.
<table>
<thead>
<tr>
<th>Entity name</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ABN status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entity type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goods &amp; Services Tax (GST)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DGR Endorsed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATO Charity Type</td>
<td></td>
<td>More information</td>
</tr>
<tr>
<td>ACNC Registration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax Concessions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Main business location</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Must be an ABN.

Auspiced Applications

If you are an unincorporated organisation/community group/individual artist we will require your application to be auspiced by an incorporated body, with a current ABN. For example a Neighborhood House, School, State Body, etc.

Your auspice will receive and manage grant money on your behalf.

An agreement will need to be in place with your auspice which outlines each parties roles and responsibilities. This can be a letter of support or outlined in a Memorandum of Understanding (MOU). An editable example can be found [here](#).

Please establish with your auspice if the project will be covered by their public liability insurance.

**Will this application be auspiced?**

- ○ Yes
- ○ No

Auspice Organisation Details

**Name of auspicing organisation**

*Organisation Name*

**Auspicing organisation's primary (physical) address**

*Address*

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

**Auspicing organisation's postal address**

*Address*

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
**Auspicing organisation's website**

Must be a URL.

**Primary contact person at auspicing organisation** *

First Name  
Last Name  

We may contact this person to verify that this auspicing arrangement is valid and current.

**Position held in organisation** *

e.g. Manager, CEO

**Contact person's primary phone number** *

Must be an Australian phone number.  
Please specify your area code i.e. (03) 9294 6751.

**Contact person's email address** *

Must be an email address.

**Please attach a copy of your auspice letter of support or Memorandum of Understanding (MOU) here:** *

Attach a file:

This document should include an outline of the agreed upon roles and responsibilities of each party for the duration of the project.

**Incorporation Number of auspicing organisation** *

Incorporated Association or Australian Corporation Number

**ABN of auspicing organisation** *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

<table>
<thead>
<tr>
<th>Information from the Australian Business Register</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABN</td>
</tr>
<tr>
<td>Entity name</td>
</tr>
<tr>
<td>ABN status</td>
</tr>
<tr>
<td>Entity type</td>
</tr>
<tr>
<td>Goods &amp; Services Tax (GST)</td>
</tr>
</tbody>
</table>
Project Details

* indicates a required field

Focus and Locality

Please nominate where your project will be delivered (by Ward) *

- Billanook
- Chandler
- Chirnside
- Lyster
- Melba
- O'Shannassy
- Rhyie
- Streeton
- Walling
- All

Please nominate where your project will be delivered by Ward. Select 'All' if the project will be delivered across the whole of Yarra Ranges. You may want to invite your Ward Councillor to any events related to the project. Not sure of your Ward? Click the following link: https://www.yarraranges.vic.gov.au/Places-events/Whats-happening-in-my-neighbourhood

Please nominate where your project will be delivered (by town or suburb) *

Please list the town or suburb or geographical location. If you are targeting the whole region write 'Yarra Ranges'.

Which Council priority area will your project address? *

- Children & Families
- Environment
- Health & Wellbeing
- Reconciliation
- Build the capacity and emergency resilience of creative communities.
- Provide support to organisations, groups and individual artists.
- Young People

You may only select one category.

Is this a new festival or event? *

- Yes
- No

Anticipated start date *

Must be a date and between 01/01/2021 and 31/12/2021

Anticipated end date *

Must be a date and between 01/01/2021 and 31/12/2021
Project Scope

**Project Title** *

Your title should be short but descriptive. For Festivals & Events, it should be the name of the event.

**Project Summary: Please provide a brief description of your project** *

Must be no more than 150 words.
Provide a short description of your project.

**Project Rationale: What is the need and how will you address it?** *

Word count:
Must be no more than 200 words.
Tell us why your project is needed, and why you believe the activities you propose will produce the outcomes you seek. If evidence exists to support the need, please include. This could be surveys, Australian Bureau of Statistics data or conversations with participants/clients. Visit Funding Centre Answers Bank for more information.

**Project Alignment: How will your project help Yarra Ranges Council achieve our goals? Which of our program aim/s does your project align with?** *

Word count:
Must be no more than 200 words.
Please refer to the Program Guidelines for more information about our program and organisational goals. Visit Funding Centre Answers Bank for more information.

Outcomes are the changes you expect to occur for the beneficiaries of your project. Generally, outcomes can be framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation, (these are generally *immediate* or short-term outcomes)
- Actions, behaviour, change in policy (these are generally *intermediate* or medium term outcomes)
- Social, financial, environmental, physical conditions (these are generally *long-term* outcomes)

**Project Outcomes: What anticipated outcomes do you expect to occur for the beneficiaries of your project?** *

Must be no more than 200 words.
Outcomes are the changes that you expect to occur as a result of your project. Example: 'Improve women’s independent living skills.' Visit Funding Centre Answers Bank for more information.
Project Success: How will you know if these outcomes have been achieved? What will you use to measure outcomes and how will you verify this? *

Word count:
Must be no more than 150 words.
What will you use (indicator) to measure outcomes? Example: ‘Feedback from both female participants and facilitators.’ How will you verify this? Example: ‘Survey; interviews; focus groups.’ Visit Funding Centre Answers Bank for more information.

Please describe the major milestones and planned activities that you expect will occur as part of your project.

<table>
<thead>
<tr>
<th>Activity (e.g. consultation; planning; major event; evaluation)</th>
<th>Start Date</th>
<th>Finish Date</th>
<th>Location (e.g. address or suburb if known; otherwise type 'unknown' or 'not applicable')</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Project Plan

A solid plan is essential to running a successful event. This section provides you with an opportunity to describe how the event will be implemented.

Please include:

- Tasks and activities involved
- When they will occur
- Who will be responsible

More than 6 months out: *

Dot point your response

6 months out: *

Dot point your response
5 months out: *

Dot point your response

4 months out: *

Dot point your response

3 months out: *

Dot point your response

2 months out: *

Dot point your response

1 month out: *

Dot point your response

Day of event: *

Dot point your response

Post event: *

Dot point your response

Exhibitions

Does your project or event include an exhibition component? *
○ Yes ○ No

Please describe the exhibition you are planning *

Word count: Must be no more than 100 words.
Provide a brief description of your exhibition. Consider mentioning the art which will be displayed, the artists or overall theme.

**When are you anticipating holding this exhibition?***

If your exhibition has been planned around a specific event, please note what the event is and the dates. Otherwise, please specify an approximate date period or note that you are flexible with the timing.

**Are you hoping to exhibit in the Yarra Ranges Regional Exhibitions Program?***

○ Yes
○ No

Please note that the Yarra Ranges Regional Exhibitions Program has its own Expression of Interest process. They can be contacted via email at exhibitions@yarraranges.vic.gov.au or via phone: 1300 368 333. A successful grant outcome does not guarantee that your Expression of Interest to the Regional Exhibitions Program will also be successful.

**Have you spoken to the Regional Exhibitions Officer about this application?***

○ Yes
○ No

We advise you to discuss the exhibition component of your application with the Regional Exhibitions Officer. They can be contacted via email at exhibitions@yarraranges.vic.gov.au or via phone: 1300 368 333.

**Yarra Ranges Council Venues**

Please note, if your project or event requires the use of a Yarra Ranges Council Hall & Venue or a Yarra Ranges Council Cultural Facility you will need to discuss this with the Halls & Venues Coordinator or the Cultural Facilities Team to confirm before submitting your application.

Please confirm availability, cost and inform staff that your enquiry is related to a Grants for Community application.

We will require a copy of your quote to be attached to the application.

**Halls & Venues** are Yarra Ranges Council buildings available for independent community use. A full list of Halls & Venues can be located [here](#). Enquiries can be made over the phone by speaking to the Halls & Venues Coordinator: 1300 368 333 or via email: hallsandvenues@yarraranges.vic.gov.au

**Cultural Facilities** are multi purpose arts centres that offer a variety of arts activities and events including film screenings, community performances, exhibitions and music programs. Community use of these centres is supported by Cultural Facilities team members. Locations include The Arts Centre, Warburton; The Memo, Healesville; Montrose Town Centre; and, Mooroolbark Community Centre. Enquiries can be made over the phone: 03 9294 6681 or by using the [Cultural Facilities online enquiry form](#).

**Does your project or event require the use of a Yarra Ranges Council Hall or Cultural Facility?***

○ Yes, we require the use of a Council Hall or Venue
○ Yes, we require the use of a Cultural Facility
○ No

**Please select the hall or venue you are intending to use.***
### Cultural Facilities

**Have you spoken with the Halls & Venue Coordinator to arrange a quote?**
- [ ] Yes
- [ ] No

You are required to speak with the Halls & Venue Coordinator before submitting your application to arrange a quote. Please call 1300 368 333 or email hallsandvenues@yarraranges.vic.gov.au

**Please select the Cultural Facility you are intending to use.**
- [ ] The Arts Centre, Warburton
- [ ] The Memo, Healesville
- [ ] Montrose Town Centre
- [ ] Moorooburk Community Centre

**Have you spoken with the Cultural Facilities team to arrange a quote?**
- [ ] Yes
- [ ] No

You are required to speak with the Cultural Facilities team before submitting your application to arrange a quote. Please call 03 9294 6681 or Click here to complete online enquiry form

**Please upload venue quote here.**
Attach a file:

### Yarra Ranges Council In-Kind Waste Support

In-kind waste support is available through the [Small Grants Program](#). Applications must be submitted two months (minimum) prior to your event.

Please note, a successful Grants for Community application does not guarantee that your Small Grants application for in-kind waste support will also be successful.

### Community Involvement and Partnerships

**Who are the expected primary beneficiaries of this project/program?**

Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, 'Universal – no particularly targeted beneficiaries'

To select which population groups will be engaged by the project, click on the white box and either browse the options available, or start typing the population group, such as:

- [ ] Children
How many people do you expect to reach through this project?

You should include approximate figures for a minimum of one and up to three population groups. If you are not targeting any specific beneficiary group/s, list 'All community' as your population group.

The below table is offered as an example only. Please complete your table using population groups relevant to your project.

### Population

<table>
<thead>
<tr>
<th>Number of participants</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>50</td>
</tr>
<tr>
<td>Over life of project</td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>75</td>
</tr>
<tr>
<td>During the event</td>
<td></td>
</tr>
</tbody>
</table>

As identified in the previous question, Must be a number. (e.g. over life of project; during the event)

How many people in total do you expect to reach through this project?

This number/amount is calculated.
Do the project beneficiaries support the activities you are proposing? *
○ Yes ○ No ○ Don't know
Evidence of community support is generally highly regarded as projects with community buy-in tend to be more successful.

What evidence do you have to demonstrate community support for this project? *

This may include conversations, surveys or letters of support.

Please upload letters of support (if available/applicable)
Attach a file:

A maximum of 5 files may be attached.

How will the community participate in the project? *

Word count:
Must be no more than 150 words.
For example, describe how the community will participate or roles that community groups will manage ie: Event manager, volunteer coordinator, fundraising committee.

Will this project include volunteers? *
○ Yes ○ No

Approximately how many volunteers will be included? *

Must be a number.

How will the project contribute to strengthening new or existing partnerships? *

Word count:
Must be no more than 100 words.
Projects with strong partner support are considered favourably. Detail other community groups, service providers, schools, business, government bodies or organisations supporting the project.

How will you promote your project? *

Word count:
Must be no more than 150 words.
Briefly dot point how you will communicate and promote your project.
Yarra Ranges Council is committed to gender equity in the region and considers our grant recipients important partners who will enable us to achieve this.

Men and women can face different expectations and challenges based on social conditioning and subtle biases. Consequently, treating all people as the same when designing or delivering a project does not necessarily result in equal impact.

**How will you address the needs of people of different genders in the design and management of your initiative?***

We want you to show us how you have considered gender differences in designing your project/program so that you are reaching people equitably. If you are running a gender-specific initiative, please tell us why only one gender is being targeted. For more information on applying a gender lens to your work, visit [http://www.fundingcentre.com.au/help/gender-lens](http://www.fundingcentre.com.au/help/gender-lens).

**How will you measure the gender reach of your project/program?***

Please outline how you will know whether or not you have reached all genders equitably (presuming your initiative is designed for all genders). For more information on applying a gender lens to your work, visit [http://www.fundingcentre.com.au/help/gender-lens](http://www.fundingcentre.com.au/help/gender-lens)

**Sustainability**

Yarra Ranges is renowned for its natural beauty and Council is committed to maintaining the health and significance of the region’s environment.

All proposed projects are encouraged to incorporate activities that improve sustainable outcomes and minimise unnecessary environmental impacts.

**How will your organisation or group minimise the environmental impacts of this project or event?***

Word count: Must be no more than 150 words.
For example, promotion of zero waste activities (ie: reusable crockery, boomerang bags), providing alternative active transport options for patrons (such as walking, bike etc) at events or prioritise online media instead of printing.

**Budget**

* indicates a required field

**Total Amount Requested***

$ Must be a dollar amount and no more than 10000.
What is the total financial support you are requesting in this application? Must not exceed $10,000.

**Total Project Cost** *

$ 

Must be a dollar amount.

What is the total budgeted cost (dollars) of your project?

Due to the competitive nature of the Grants for Community program not all successful applicants will receive the full amount requested. Partial funding may be granted if the project is still considered viable, based on the applicant's budget summary.

If your project is offered a grant less than the amount requested, would you be able to proceed with your project? *

○ Yes

○ No

What changes will you make to the project if you receive less funding? *

On what part of the project will the grant be spent? *

Word count: Must be no more than 50 words.

Has your organisation/community group received funding from Yarra Ranges Council within the last two years? *

○ Yes

○ No

For example: Partnership Grants, Grants for Community or Small Grants received between 2018-2020

Please list the Grants your group has received in the past two years and the amount received.

The below table is offered as an example only. Please complete your table using population groups relevant to your project.

<table>
<thead>
<tr>
<th>Grant Program</th>
<th>Project Title</th>
<th>Year</th>
<th>Amount Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Grants</td>
<td>Community Engagement Project</td>
<td>2019</td>
<td>$5,000</td>
</tr>
</tbody>
</table>
$4,500.00
Partnership Program
Improving Health Outcomes
2018-22
$16,000.00

<table>
<thead>
<tr>
<th>Grant Program</th>
<th>Project Title</th>
<th>Year</th>
<th>Amount Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants for Community, Small Grants, Partnership Grant</td>
<td>Must be a dollar amount.</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Budget (GST exclusive)

Please outline your project budget in the income and expenditure table below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST exclusive.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'. Examples of expenses could include 'catering', 'performer', 'promotion'.

Quotes will be required for individual expense items above $500.

Your budget MUST balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please do not add commas to figures - e.g. type $1000 not $1,000 - this will ensure your figures for each table total correctly.

Council has prepared a Grants for Community sample budget as an example. Please note that items included in the sample budget are indicative only.

Budget

<table>
<thead>
<tr>
<th>Income</th>
<th>Funding Confirmed</th>
<th>$</th>
<th>Expenditure</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
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<td></td>
<td>$</td>
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<td>$</td>
<td></td>
</tr>
</tbody>
</table>

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Budget Totals

Total Income Amount

This number/amount is calculated.

Total Expenditure Amount

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated. This number should be zero.

Volunteer Calculator

Use this calculator to determine the monetary value of the project work provided by your volunteers.

The current suggested volunteer rate is $41.72 per hour. Further information about assigning a monetary value for your volunteer contributions can be found here.

Volunteer costs per hour

$41.72

Must be a dollar amount.

Average number of hours per week

Must be a number. How many hours combined do your volunteers work on average each week?

Average number of weeks per year

Must be a number. How many weeks of the year do your volunteers work on average?

In-kind Contribution

Please detail any in-kind project support. In-kind support refers to any non-cash project contributions such as donated materials, free venue hire, or volunteer time.

In-Kind Contribution

Must be a dollar amount.

Please attach quotes for expense (costs) items over $500.

Attach a file:

You can use this button to upload as many files as required.
Supporting Documentation

* indicates a required field

Please upload any supporting documentation you have for your application below.

Please attach a copy of your organisation’s Public Liability Insurance. *
Attach a file:

Public Liability Insurance coverage of up to $10,000,000 is required. If you are in the process of purchasing public liability insurance please upload a note stating your intent. If the project is being auspiced, check if the auspices public liability insurance can be extended to cover you.

Please upload evidence of project support i.e: letters detailing community consultations, partnerships (with contributions of each party), photographs, website links from past events etc. (if applicable)
Attach a file:

Please attach details of grants or sponsorship listed in the budget (if applicable)
Attach a file:

Please provide a link to or attach a copy of your most recent Annual Report. If your project is being auspiced, this can be a copy of your auspicing body’s Annual Report.
If you do not produce an annual report, please provide us with your most recent financial statements (may include a Profit and Loss Statement / Statement of Financial Performance and a Balance Sheet / Statement of Financial Position).

Child Safe Standards

Council is committed to promoting child safety and is asking grant funded community groups to work with us - together we can help keep all children safe. For some organisations, this will assist to meet legislated requirements.

Council’s Child Safety and Wellbeing Policy and Statement of Commitment are available here.

A child safe organisation is one that meets the Victorian Child Safe Standards by proactively taking measures to protect children from abuse. As a Child Safe organisation, Council requests grant recipients whose funded projects may involve Direct or Incidental Contact with children (including handling information about or provided by, children), to
have appropriate Child Safe processes in place. This will assist to comply with Child Safe Standards made under section 17 (1) of the Child Wellbeing and Safety Act 2005 (Vic).

Grant projects will fall into three contact categories:

Direct contact: Involves direct care, supervision or engagement with children or young people (under the age of 18 years). It also includes storing information and data about children and/or their families.

The project or services being delivered include one or more of the following:

- Child/young person related work or activity (unsupervised contact, face to face contact, verbal, written or electronic contact, surveys, consultation, contact in absence of parent or guardian)
- Access to personal information about children, young people and families (Includes anyone that has a direct role with children or access to their information especially contact details.)

Incidental contact: The project or service is not directly related to children or young people, or direct contact or supervision of children is not intrinsic to the project/service. However, it is possible that some staff or volunteers may come into contact with children and young people who are supervised by parents or carers or are attending a community event on their own, and the organisation needs to assess any risks related to this. Any collection of data is with parent or guardian consent, and accessible only to persons holding current Working with Children Checks.

Examples may include:

- A lost children’s tent at a festival, sports carnival or community event
- Other instances where a child is alone with an adult and a risk has been identified
- Collection of data, especially contact details for children, young people and families

No Contact: The grant funded project or service involves no contact with children or young people (under the age of 18 years).

Does your project involve contact with children? *
○ Direct Contact  ○ Incidental Contact  ○ No Contact

Documentation required for Direct Contact is:

- Direct Contact Child Safe Readiness Checklist. An editable template can be found [here](#).
- Child Safe Policy (for groups and organisations). An editable template can be found [here](#).
- Signed Statement of Commitment to Child Safety (for individual artists only). An editable template can be found [here](#).
- Provide a Statutory Declaration stating that "All staff, committee/board members have a Working With Children Check in place. In addition, volunteers identified in your Risk Assessment as requiring a Working with Children Check, will have one in place at the commencement of the funded project. Routine systems are also in place to monitor Working With Children Checks.” An editable statutory declaration template can be found [here](#). An example risk assessment can be found [here](#).

Please upload a completed copy of Direct Contact Child Safe Readiness Checklist *
Attach a file:
Please upload a copy of Child Safe Policy (Groups/Organisations) or Statement of Commitment (for individual artists only) *
Attach a file:

Please upload a completed Statutory Declaration *
Attach a file:

Documentation required for Incidental Contact is:
- Incidental Contact Child Safe Readiness Checklist. An editable template can be found here.
- Signed Statement of Commitment to Child Safety. An editable template can be found here.

Please upload a completed copy of Incidental Contact Child Safe Readiness Checklist *
Attach a file:

Please upload a copy of signed Statement of Commitment *
Attach a file:

I agree that all staff, committee members and volunteers identified in our Risk Assessment as requiring a Working With Children Check, will have one in place at the commencement of the funded project. Routine systems are also in place to monitor Working With Children Checks. *
○ Yes  ○ No
Please note that to be eligible for Grants for Community funding, you are required to meet this obligation.

I declare that the project does not involve a) Direct Care, supervision or engagement with Children b) Storing and/or using information/data about children c) Incidental contact, including situations where the organisation, group or contractors may be working at locations where children are or may be present. *
○ Yes  ○ No

Certification and Feedback
* indicates a required field
Certification

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 the statements made within this application are true and correct.

I understand that if Yarra Ranges Council approves my application, I will be required to accept the terms and conditions of the grant as outlined in the grant application and Funding Agreement. I acknowledge that through ticking the below box I give consent for Council to disclose information contained in this application to a third party to assist in the assessment process.

I agree that Yarra Ranges Council will be notified immediately if any information provided in the application is incorrect or changes.

I understand that the information collected in my application form will be used by Yarra Ranges Council for the purpose of administering and promoting Council grants programs.

I agree *
○ Yes ○ No

Name of authorised person *
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 *
Must be an Australian phone number. Please specify your area code i.e. (03) 9294 6751. We may contact you to verify that this application is authorised by the applicant organisation

Contact email *
Must be an email address.

Date *
Must be a date.

Privacy Notice
 Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the SUBMIT button please take a few moments to provide some feedback.

Please indicate how you found the online application process: *
○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

How many minutes in total did it take you to complete this application?

Estimate in minutes i.e. 1 hour = 60 minutes

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.