Introductory Information

* indicates a required field

Thank you for your interest in Council's Small Grants Program!

I have read the Small Grant Program Guidelines *

The Program is run on a monthly cycle with applications closing on the last calendar day of each month. Applicants should be notified of outcomes approximately four weeks after the round closes.

Before completing this application form, applicants are required to read the <u>Small Grants</u> <u>Program Guidelines</u>. The Guidelines contain selection criteria and eligibility along with other useful information.

○ No
ived a Small Grant this financial year. * O No
oup have already received funding during vill not be eligible for funding in this Small
ting outcome for you, however, this can be accessed by as many groups in our
e new financial year and if you have any n touch.
ly occurred and will not be occurring this No

As you have indicated that your event has already occurred or will be occurring this month, unfortunately, you will not be eligible for funding in this Small Grants round.

We understand this may be a disappointing outcome for you, however, we require a minimum of eight weeks notice to ensure you receive your funding in time for your event.

We encourage you to apply for future rounds and if you have any questions please don't hesitate to get in touch.

Which category under ○ Connected & Vibran ○ Youth Pathways		Program are you applying for? *
		2021 storm, other emergencies) blicants for Sports Participation must be under 25
Applicants in the Sports age restrictions:	Participation or Youth	Pathways categories must meet the following
		ounger plications, all team members must be under 25
Are you (individual a teams applications) a		am members (for Sport Clubs or Sport unger? *
		rm is under the age of 18 a parent or guardian will
25 years or younger	and residing in Yarı eria, unfortunately,	orts Participation categories must be aged ra Ranges. As you have indicated that you you are not eligible to apply for a Small
Applicant Inform	ation	
* indicates a required fi	eld	
Applicant Details		
		on or not for profit community group, select ne grant yourself, select individual.
Organisation Name * O Individual Organisation Name	Organisation	
First Name	Last Name	
What is your organisation	or community group cal	ed?
Individual/Organisati	on Address *	
Address		

Address Line 1, Suburb/Town, State/Province, and Postcode are required.
Where is your organisation or community group located?
Individual/Organisation Postal Address Address
Addi C33
On occasion we may need to post something out. Where would we reach you?
Phone Number *
(03)
Must be an Australian phone number.
What number should we call if we need to get in touch? Please specify the area code i.e. (03) 9294 6386.
Applicant Primary Email *
Must be an email address. What email address do you check regularly?
Primary Contact *
First Name Last Name
First Name Last Name
Who is the primary person responsible for your project?
Who is the primary person responsible for your project?
Who is the primary person responsible for your project?
Who is the primary person responsible for your project? Primary Contact Position What position do they hold in the organisation or community group?
Who is the primary person responsible for your project? Primary Contact Position
Who is the primary person responsible for your project? Primary Contact Position What position do they hold in the organisation or community group? Primary Contact Phone Number *
Who is the primary person responsible for your project? Primary Contact Position What position do they hold in the organisation or community group? Primary Contact Phone Number * (03) What number should we call if we need to get in touch? Please specify the area code i.e. (03) 9294
Who is the primary person responsible for your project? Primary Contact Position What position do they hold in the organisation or community group? Primary Contact Phone Number * (03) What number should we call if we need to get in touch? Please specify the area code i.e. (03) 9294 6386. Primary Contact Email *
Who is the primary person responsible for your project? Primary Contact Position What position do they hold in the organisation or community group? Primary Contact Phone Number * (03) What number should we call if we need to get in touch? Please specify the area code i.e. (03) 92946386.
Who is the primary person responsible for your project? Primary Contact Position What position do they hold in the organisation or community group? Primary Contact Phone Number * (03) What number should we call if we need to get in touch? Please specify the area code i.e. (03) 9294 6386. Primary Contact Email *
Who is the primary person responsible for your project? Primary Contact Position What position do they hold in the organisation or community group? Primary Contact Phone Number * (03) What number should we call if we need to get in touch? Please specify the area code i.e. (03) 9294 6386. Primary Contact Email * What email address does your project contact check regularly?
Who is the primary person responsible for your project? Primary Contact Position What position do they hold in the organisation or community group? Primary Contact Phone Number * (03) What number should we call if we need to get in touch? Please specify the area code i.e. (03) 9294 6386. Primary Contact Email * What email address does your project contact check regularly? Secondary Project Contact

Secondary Contact Position

Secondary Contact Phone Number	
What number should we call if we need to get in to 6386.	ouch? Please specify the area code i.e. (03) 9294
Secondary Contact Email	
What email address does your secondary contact	check regularly?
Briefly tell us about your organisation. Vare you proud of? *	What is your purpose? What achievements
Word count: Aim for no more than 200 words.	
Is your organisation incorporated? * ☐ Yes ☐ No ☐ We are a public institution (school, univer Please note your organisation is only considered a school, university, registered charity or government.)	public institution if you are a formally recognised
Incorporation Number *	
Do you have an ABN? * O Yes	○ No
Does your organisation have an ABN? * ○ Yes	○ No
ABN *	
The ABN provided will be used to look up the check that you have entered the ABN correct	
Information from the Australian Business Register	
ABN Entity name	
Entity name	

ABN status		
Entity type		
Goods & Services Tax (GST)		
DGR Endorsed		
ATO Charity Type	More information	
ACNC Registration		
Tax Concessions		
Main business location		
Application Auspicing Rec	quirements	
	y group is not incorporated or you a spicing agreement with an incorpor	
	bourhood house or not-for-profit be ty insurance will be covered by the	
You are able to download an exa	mple of an <u>aupicing agreement</u> by	clicking on the link.
Have a question on auspicing? Go on 1300 368 333.	et in touch with the Community Par	tnerships Officer directly
The following application types w	rill not require an auspice:	
 Applications from incorpora 	ted organisations	
	itutions (schools, universities, regis	tered charities and
government bodies) • Sports Participation application	ions	
 Youth Pathways applications 		
Maria and the second	42 *	
Will this application be auspid Yes	ced? * O No	
	-	
Individual Artist & Non Ind	corporated Organisations m	nust be auspiced
be auspiced by a Not for Profit In	Non Incorporated Organisation, yo corporated organisation. Examples use get in contact with an auspice of with you.	are Sporting Clubs,
Auspice Details		

What is the name of the organisation that is auspicing your project?

Auspicing Organisation * Organisation Name

Auspice Address *	
Address	
Address Line 1, Suburb/	Town, State/Province, and Postcode are required.
Auspice Postal Add	ress *
Address	
	Town, State/Province, and Postcode are required.
On occasion we may nee	ed to post something out. Where would we reach you?
Auspice Contact *	
First Name	Last Name
Who is the primary cont	act from your auspicing body?
Contact Position *	
What position do they he	old in the organisation?
Auspice Phone Num	iber *
(03) What number should we	e call if we need to get in touch? Please specify the area code i.e. (03) 9294
6386.	
Auspice Email *	
Auspice Lilian	
Incorporation Numb	ber
Auspice ABN *	
	I be used to look up the following information. Click Lookup above to entered the ABN correctly.
Information from the Au	ustralian Business Register
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)
DGR Endorsed	

ATO Charity Type ACNC Registration Tax Concessions Main business location	More information		
Council Ward			
Please nominate where your post of the provided in the provide	 Melba O'Shannassy Ryrie roject will be delivered by Woof Yarra Ranges. You may woject. Not sure of your Ward	O Streeton O Walling O All Council Wa Ward. Select "All" if the project want to invite your Ward Council d? Click the following link: http	will cillor
Sports Participation	iaces-events/whats-nappeni	<u>img-m-my-neighbourhood</u>	
Which of the following a Achievement category Achievement Category Inclusion category (Individual applicants Inclusion category (Spot	(Individual) - \$250 (Team) - \$500 vidual)- \$250 rts Clubs only) - \$500 ence, please refer to page 6 CANNOT select Ach	on the Small Grant Program G	
Achievement Catego select Achievement ((Individual)	_		
Sports Participation - Ac proof of residency in the Attach a file:		pplicants are required to	o provide
This could include a copy of a	drivers license, student card	d or rates notice. Anything with	h a name and

Please provide a letter verifying selection by the accredited governing sporting association OR for those at a development level, a letter from the local club. *

For example, if you have been selected to represe squad reflecting your selection.	nt the state you would provide a letter from the
Sports Participation - Inclusion category of residency in the Yarra Ranges. * Attach a file:	applicants are required to provide proof
This could include a copy of a drivers license, studaddress on.	ent card or rates notice. Anything with a name and
Please provide evidence of what you're i uniform invoice, club fees. *	ntending to spend the grant on e.g.
Attach a file:	
Applicants are requested to demonstrat Attach a file:	e financial need. *
This could be an Australian Government Health Ca concession card.	re Card, Youth Allowance, other valid means-tested
Please add individual team membe applications. Note you may apply for	•
Individual Team Member Name	Team Member Age
Individual Team Member Name	Team Member Age
Individual Team Member Name	Team Member Age
Individual Team Member Name	Team Member Age
Individual Team Member Name	Team Member Age
Please list below the names and ages of your the Small Grant. Please note, we only need the Ranges Council.	team members who will be benefiting from
Please list below the names and ages of your the Small Grant. Please note, we only need the	team members who will be benefiting from e names of team members who live in Yarra
Please list below the names and ages of your the Small Grant. Please note, we only need th Ranges Council.	team members who will be benefiting from
Please list below the names and ages of your the Small Grant. Please note, we only need th Ranges Council.	team members who will be benefiting from e names of team members who live in Yarra
Please list below the names and ages of your the Small Grant. Please note, we only need th Ranges Council.	team members who will be benefiting from e names of team members who live in Yarra

Sports Participation - Team category applicants are required to provide proof of residency in the Yarra Ranges for all team members covered by the application. *

Attach a file:	
This could include a copy of a drivers license, stude address on it. We recommend you put these into or	
Please provide a letter verifying selection association OR for those at a development Attach a file:	
Attach a nie.	
For example, if you have been selected to represen squad reflecting your selection.	t the state you would provide a letter from the
Youth Pathways	
Youth Pathways category applicants are the Yarra Ranges. * Attach a file:	required to provide proof of residency in
the Yarra Ranges. *	required to provide proof of residency in
the Yarra Ranges. *	
the Yarra Ranges. * Attach a file: This could include a copy of a drivers license, stude	nt card or rates notice. Anything with a name and
the Yarra Ranges. * Attach a file: This could include a copy of a drivers license, stude address on. Please provide evidence of commitment tenrolment. *	nt card or rates notice. Anything with a name and
the Yarra Ranges. * Attach a file: This could include a copy of a drivers license, stude address on. Please provide evidence of commitment tenrolment. *	nt card or rates notice. Anything with a name and

Project Scope

* indicates a required field

Project or Event Focus

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

Select your project's target audience. Who does it intend to engage and/or benefit? 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
- Young people
- Older adults
- Indigenous Australians
- Women/girls
- Men/boys

- LGBTIQ (lesbian, gay, bisexual, transgender, intersex, and queer) community
- People with disabilities
- Culturally and linguistically diverse communities
- Social and economic barriers

Then select from the options available.

Then select from the options available.
Approximately how many people do you expect to reach through your project?
Must be a number.
Where will your project have the most impact in Yarra Ranges? * Across Yarra Ranges Urban Hills Upper Yarra Valley Other: Where possible select a region.
Will this project engage volunteers? * O Yes O No
Approximately how many volunteers will be engaged? *
Must be a number.
Project Brief
Project or Event Name *
What is your project or event called?
Please provide a short description of your project. Make sure you include what the project will involve, when it will occur and any key partners. *
Word count: Must be no more than 300 words.
Start Date *
Must be a date
End Date *

Must be a date
Does your project meet the selection criteria relevant to your funding category? * ○ Yes ○ No
If you are unsure of the selection criteria for your funding category please refer to pages 7-9 of the Small Grants Guidelines
Please explain how it meets the selection criteria. *
Word count: Must be no more than 250 words. Please respond to the selection criteria in the Small Grants Guidelines. In-kind applications can be

Please note, in order for your application to be considered, you must be able to meet the selection criteria outlined for your nominated funding category. As you have indicated your current project does not meet the criteria, unfortunately, your application will not be eligible at this time.

strengthened by demonstrating alignment with the components of social inclusion outlined under the Connected and Vibrant Communities selection criteria (refer to page 7 of the Small Grants Guidelines)

We understand this may be a disappointment to you and encourage you to get in touch with our Grants team to discuss your project and how it may be strengthened to meet the selection criteria.

In-Kind Support

Under the In-Kind Support category, you can apply for the following support:

- Hall or facility use (up to \$300)
- Waste management support (up to 30 bins)
- Both facilities and waste management (collective value of \$1000 or less)

If you are intending on applying for 'both' please get in touch with the Small Grants Team to discuss.

What type of in-kind support are you applying for? *

- Hall or facility use
- Waste management support
- Both facilities and waste management

In-Kind Halls and Facilities

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

When you speak to them you will need to confirm availability and cost. You will also need to inform them that your enquiry is related to a Small Grants application.

We will require a copy of the quote or invoice 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 by using the Halls and Venues online enquiry form (available on the individual venue page under "booking information") or via email: hallsandvenues@yarraranges.vic.gov.au

Community Links are Yarra Ranges Council offices which have rooms available for community use. Community Links which have rooms available are located in Healesville, Monbulk and Yarra Junction. Enquiries can be directed to the team at the relevant location. You can reach them by phone: 1300 368 333.

Cultural Facilities are multi purpose arts centres which 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.

Which type	of hall o	r venue will y	ou be us	ing for v	our projec	t/event? *
AAIIICII LADE	oi man o	i velide will v	you be us	HIIG IOI V	Oul Piolec	L/CVCIIL:

- Council Hall or Venue
- Council Community Link
- Cultural Facility

Please select one of the above. If you are unsure you can check which category your venue falls under by clicking the links above.

Please select the hall or venue you are applying to use *							
○ Belgrave Tin Shed	Lilydale Lake CommunityRoom	O Upwey Community Hall					
○ Blue Hills Centre	Lilydale Senior CitizensCentre	O Wandin East Public Hall					
 Coldstream Community Centre 	Montrose Public Hall	O Wandin North Public Hall					
 Gary Cooper Pavilion Hoddles Creek Public Hall Kalorama Pavilion Kilsyth Memorial Hall 	 Mt Evelyn Public Hall Silvan Public Hall Tapscott Milbourne Centre The Patch Hall 	Yarra Glen Memorial HallYarraburn CentreYellingbo Public Hall					

Please select the Community Link you are intending to use *

- Healesville Community Link
- Monbulk Living and Learning Centre
- Upper Yarra Family Centre

Please select the cultural facility you are intending to use *

- Arts Centre, Warburton
- The Memo, Healesville
- Montrose Town Centre
- Mooroolbark Community Centre

In-Kind Waste Management

Please note that before you fill out this section you will need to contact Council's Waste Management team using the <u>In-Kind Waste Enquiry Form</u> to confirm eligibility and your waste requirements.

How many event participants are you ant 0 0-1000 0 1001-2000 Please note that any event anticipating over 3000 p therefore ineligible for Small Grant funding.	○ 2001-3000
Have you spoken with the appropriate tea O Yes You are required to speak with the appropriate team refer to the instructions provided in this application	No n to confirm availability for in-kind support. Please
Please note that in order for your In-kind you must speak to the appropriate team properties indicated that you have not don not eligible at this time.	prior to submitting your application. As
Please upload the quote or invoice for had Attach a file:	ll/venue hire here. *
Please upload a copy of written confirmat Team. * Attach a file:	ion provided by the Waste Management

Budget and Supporting Documentation

* indicates a required field

Budget

- All figures must be GST exclusive and should be written without commas i.e. \$1000 not \$1.000
- The 'income' column should detail funding that has been confirmed and applied for. Examples of income include grants, donations and membership fees
- The 'expenditure' column should clearly describe the items. Examples of expenditure include venue hire, catering, power and water
- Please note that public liability insurance is mandatory. If your project is being auspiced by an incorporated organistion you may be covered by the auspicing body

- Supply estimates/quotes for expenses over \$500
- For an example of a correctly completed budget, <u>please click here.</u>
- Please note that should you be successful you will be required to keep receipts for purchases \$100 and over. Spot audits may be conducted.

Make sure you crunch the numbers! Your budget must balance i.e. total income = total expenditure.

Make sure you include all project expenses. If total cost of project is more than the Yarra Ranges Small Grant requested, ensure you list all sources of income that will be used to pay for this project.

Connected & Vibrant Communities, Community Planning, Economic Development or Community Relief Recovery funding available

Please note, under these funding categories, you are eligible to apply for up to \$1000.

In-kind funding available

Please note, the following funding limits apply to in-kind applications:

- Hall or facility use Up to \$300
- Both facilities & waste management Collective value of \$1000

For budgeting purposes, we suggest the following estimates if you are applying for in-kind waste management:

- 0-1000 event participants \$500
- 1001-2000 event participants \$750
- 2001-3000 event participants \$1000

Sports Participation funding available

Please note, the following funding limits apply to sports participation applications:

- Achievement category (Individual) \$250
- Achievement Category (Team) \$500
- Inclusion category (Individual)- \$250
- Inclusion category (Sports Clubs only) \$500

Youth Pathways funding available

Please note, under this funding category, you are eligible to apply for up to \$250

Total Amount Requested

\$

What is the total financial support you are requesting in this application? Please refer to the notice above regarding the maximum funding available for your category.

Budget

Some suggestions of income and expenditure items are included in the example below. You can use these to start thinking about your own income and expenses before completing the table. Please add any other income/expenses that relate to your project. More lines can be added if needed.

Income

Confirmed funding

\$

Expenditure

\$

Council Small Grant

No

\$

Venue hire

\$

Organisation funds

Yes

\$

Insurance\$

Sponsorship

No

\$

Promotion\$

Other grants

Yes

\$

Income	Confirmed funding?	\$ Expenditure	\$
Council Small Grant		\$	\$
		\$	\$
		\$	\$
		\$	\$

	\$	\$
	Must be a dollar	Must be a dollar
Budget Totals	amount.	amount.
Total Income Amount	Total Expenditure Amount	Income - Expenditure
\$	\$	\$
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.
Please detail any in-kind s	upport for the project that your	group will be providing.
could include donated ma	ny non-cash assistance that cov terials or volunteer time. Volunt e. 2 volunteers x 2 hours x \$41.7	eer time should be calculated at a
In-Kind Contribution		
In-Kind	\$	
Supporting Docume	ntation	
		depending on the category you pload the necessary documents.
Quotes for those expen Attach a file:	diture items in the budget f	or items over \$500.
Actuell a life.		
Any other supporting e Attach a file:	vidence you wish to include	
Attach a nie:		
	previous projects, letters of support	etc.

Please upload a copy of your organisation's public liability insurance. *

Community Plan and date created. *

i.e. Coldstream Community Plan - March 2016

Attach a file:		
intent. If the project is being auspice	ng public liability insurance please upload a note stating your ed, check if the auspicer's public liability insurance can be any questions regarding this, please contact the Small Grants team	
Child Safe Standards		
	ed to a zero-tolerance approach to child abuse, through nd ensuring compliance with the Victorian Child Safe	
Council's Child Safety and Woavailable here.	ellbeing Policy and Statement of Commitment are	
	ncil requires the following from all groups/organisations there is any contact with children.	
organising the event with direct/	volunteers and committee/board members involved in incidental contact with children at the event/activity will ldren Check (WWCC) in place. Home Working with Children	
* O lagree		
Certification and Feedb	ack	
* indicates a required field		
Certification		
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. I agree that Yarra Ranges Council will be notified immediately if any information provided in the application is incorrect or changes. I understand that information collected in my application form will be used by Yarra Ranges Council for the purpose of administering and promoting the Grants for Community program.		
I am over the age of 18 *	O Yes O No Please note that if the applicant is under the age of 18 a parent or guardian will need to sign the declaration at the end of the application form.	
l agree *	O Yes O No Where appropriate it is advised that the group's president or member of the committee complete this section.	

First Name

Last Name

Title

Your Name *

Position in Organisation *		
Date *	Must be a date	
Privacy Notice		
this form may be stored in Yarr for statistical research, informa information may be provided to Council's financial transactions	tion Privacy Act 2009 (the Act) parages Council records databation provision and evaluation of the financial institution which I and may be disclosed to other action and/or monitoring complian	ase and may also be used services. Your personal handles Yarra Ranges agencies and third parties fo
Feedback		
We would value any feedback y application process.	ou may have regarding our Sm	all Grants program
Please indicate how you fou ○ Very easy ○ Easy	ind the application process: O Difficult	* O Very difficult
	suggested improvements or h the grant application form	

Review

Congratulations, you have now come to the end of the application form!

Once your form is submitted you cannot make any further changes, so please take some time to review your responses carefully. You may wish to ask someone who wasn't involved to review your application to check for errors and make sure that everything is clear.

Your application will not be processed until you hit the **SUBMIT** button on the next and final page. You will not be able to successfully submit our form until all the required fields are completed.

If you do not receive a confirmation email your application has not been successfully received.

Once your application form has been submitted you will be able to log in to your SmartyGrants account and view your application at any point.