

Australia Day Grants Application 2025

Form Preview

Information for applicants

* indicates a required field

Please note

Applications have been re-opened for the 2025 Australia Day Grants program for community groups planning to hold a free community event in recognition of Australia Day/January 26.

Save as you go. You can save and return to your application at any time via SmartyGrants.

Applications must be received before **11pm** Thursday 31 October 2024.

Before completing this application form, you should have read the Australia Day Grant program 2025 guidelines. You can find the guidelines, scoring matrix and other useful documents on our website. If you have any questions regarding the eligibility criteria or any part of the application, please contact **the grants team via 5422 0216 or grants@mrsc.vic.gov.au**.

The collection and handling of personal and health information is in accordance with Council's Privacy Policy <http://www.mrsc.vic.gov.au/About-Council/Our-Council/Policies/Privacy-Policy>.

Program

This field is read only.

If you do contact us throughout the application process, please quote the application number below:

Application Number

This field is read only.

Conditions

- Priority will be given to events attracting a large number of participants.
- The event must be free and open to all members of the public.
- The event must be held within the shire.
- Macedon Ranges Shire Council must be acknowledged as a sponsor.
- The event must take place between 19 January and 2nd February 2025.
- If successful, you/your group must submit an Event Notification Form to the Events Team.

Agreement *

☐ I/We agree to the conditions outlined above

To accept the conditions of the grant, please check the box.

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Eligibility

* indicates a required field

Confirmation of Eligibility

I confirm that the applicant ...

- has read and understands the program guidelines
- is a not-for-profit organisation (includes educational institutions such as schools and kindergartens)
- is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- is located in (and/or supplies services to) the Macedon Ranges Shire
- does not owe any acquittal reports or money to the Macedon Ranges Shire Council as a result of previous funding or grants
- has the appropriate type and level of insurance for the activities that are the subject of this grant
- is not an individual, a political organisation, for profit/commercial organisation or Government agency
- does not receive direct income from electronic gambling machines and/the event does not promote or involve gambling-related activities.
- is able to demonstrate compliance with Child Safe Standards

Please select below: *

☐ Yes ☐ No

You must confirm that all statements above are true and correct.

Child Safe Standards

Macedon Ranges Shire Council is committed to a zero tolerance approach to child abuse, through actively promoting child safety and ensuring compliance with the Victorian Child Safe Standards. All applicants must demonstrate compliance with the Victorian Child Safe Standards and read/understand Council's Child Wellbeing and Safety Policy available [here](#).

Please note: If your organisation is being auspiced for the purpose of this grant, the auspicing organisation will also need to meet the Child Safe Standards.

Reference: [CCYP | Child Safe Standards](#)

What type of contact with children or young people will your project have? *

- ☐ Direct contact
- ☐ Incidental contact - the project is not intended for children or young people, however incidental contact may occur.

Direct or incidental contact includes face-to-face, physical, written, verbal or electronic contact, whether supervised or not.

Project involves direct contact with children

As your project will engage directly with children as either participants or audience members, you will be required to demonstrate that you are complying with the Child Safe

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Standards. To do so, please upload a copy of your organisation's **Child Safe Policy** and complete the [Child Safe Standards Direct Contact Checklist](#).

If your organisation does not yet have a Child Safe Policy a template is available [here](#).

If your organisation is being auspiced for the purpose of this grant, you will also need to provide a copy of their Child Safe Policy and/or [Child Safe Statement of Commitment](#).

Please upload your Child Safe Policy here *

Attach a file:

Please ensure you name it correctly, e.g. Group Name - Child Safe Policy. Please also note, that to be of benefit, your Child Safe Policy and Child Safe Statement of Commitment must be well communicated.

Please upload a signed and completed Child Safe Standards Direct contact checklist here *

Attach a file:

Please name it correctly, e.g. Group Name - Child Safe Standards Direct contact checklist

Upload auspice Child Safe Policy and Direct Contact Checklist (if applicable)

Attach a file:

Please name is correctly, e.g. Group Name - Auspice_ Child Safe Policy/Direct Contact Checklist

Project may involve incidental contact with children

As your project may involve incidental contact with children, you will be required to demonstrate that you are complying with the Child Safe Standards. To do so, please complete, sign and upload the [Child Safe Statement of Commitment](#). Please note: this must be signed by a senior member of your organisation, e.g. President, Treasurer, Secretary.

If your organisation is being auspiced for the purpose of this grant, you will also need to provide a copy of their Child Safe Policy and/or [Child Safe Statement of Commitment](#).

Please upload a copy of your signed Child Safe Statement of Commitment here *

Attach a file:

Please name it correctly, e.g. Group Name - Child Safe Statement of Commitment. Please also note, that to be of benefit, your Child Safe Policy and Child Safe Statement of Commitment must be well communicated.

Please upload auspice Child Safe Statement of Commitment here (if applicable)

Attach a file:

Please name is correctly, e.g. Group Name - Auspice_ Child Safe Statement of Commitment

Organisation Contact

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* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, click [here](#).

Organisation Contact Details

Please note, applicant refers to the organisation applying for the grant.

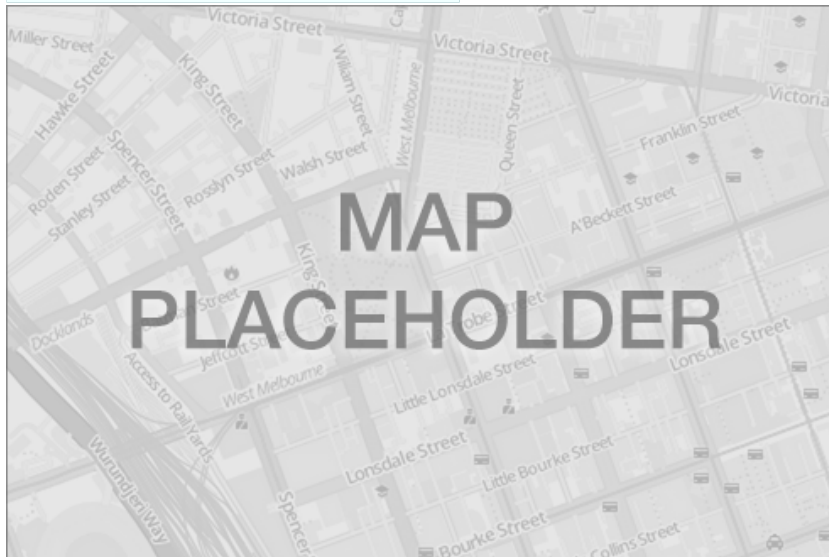
Applicant (Organisation Name) *

Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Applicant primary address

Address



Applicant postal address

Address

Applicant primary phone number *

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Must be an Australian phone number.

if the form does not recognise as a valid number use the following format +61354220216

Applicant email address *

Must be an email address.

Applicant website

Must be a URL.

Primary Contact Details

This section is for the primary contact within the organisation for this grant.

Primary contact *

First Name

Last Name

This is the person we will correspond with about this grant. Title can be left blank if preferred.

Position held in organisation *

e.g., Manager, Board Member or Grants Coordinator.

Primary contact primary phone number *

Must be an Australian phone number.

Primary contact alternative phone number

Must be an Australian phone number.

Primary contact email address *

This is the address we will use to correspond with you about this grant.

Organisation Details

* indicates a required field

What is your organisation's purpose or mission? *

Word count:

Must be no more than 50 words.

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What is your organisation's annual revenue? *

- ☐ Less than \$10,000 ☐ Between \$10,000 and \$100,000 ☐ \$100,000 or more

Your revenue includes grants, donations, and other fundraising activities, fees for services, sale of goods, interest, royalties and in-kind donations that have been included in your accounts as 'revenue'. The Australian Charities and Not-for-profits Commission (ACNC) has more detailed information here: <https://www.acnc.gov.au/tools/topic-guides/revenue>

Does your organisation receive direct income from electronic gambling machines? *

- ☐ Yes ☐ No

Organisation Structure

Is your group/organisation incorporated?

- ☐ Yes ☐ No

If your group is not incorporated you will need an Auspice for the purpose of this grant.

Does your group/organisation have an ABN? *

- ☐ Yes ☐ No

If you wish to check you incorporation number please click [here](#).

What is your incorporation number? *

Incorporated Association or Australian Company Number.

ABN Details

Applicant 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	

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As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application. [Download the form here.](#)

Please upload completed Statement of Supplier Form: *

Attach a file:

Please ensure you name the file correctly, e.g Group Name - Statement of Supplier formMax 25mb per file uploaded

Public Liability Insurance

Do you have current public liability insurance? *

☐ Yes

☐ No

If you do not have public liability insurance your group will need an Auspice for the purpose of this grant.

Please attach a current copy of your Organisation's public liability insurance. Please check the expiry date is current before uploading.

Public Liability Insurance *

Attach a file:

Before you upload your file, please name it correctly, e.g. Group Name - Public Liability Insurance

Please attach a current copy of your Auspice public liability insurance. Please check the expiry date is current before uploading.

Auspice Public Liability Insurance *

Attach a file:

Please attach a current copy of your Auspice public liability insurance. Please check the expiry date is current before uploading. Before you upload your file, please name it correctly, e.g. Auspice Group Name - Public Liability Insurance

Auspice Organisation Details

If you wish to check your Auspice's incorporation number please click [here](#).

Please enter your Auspice's Incorporation number. *

Auspice organisation name *

Organisation Name

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Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

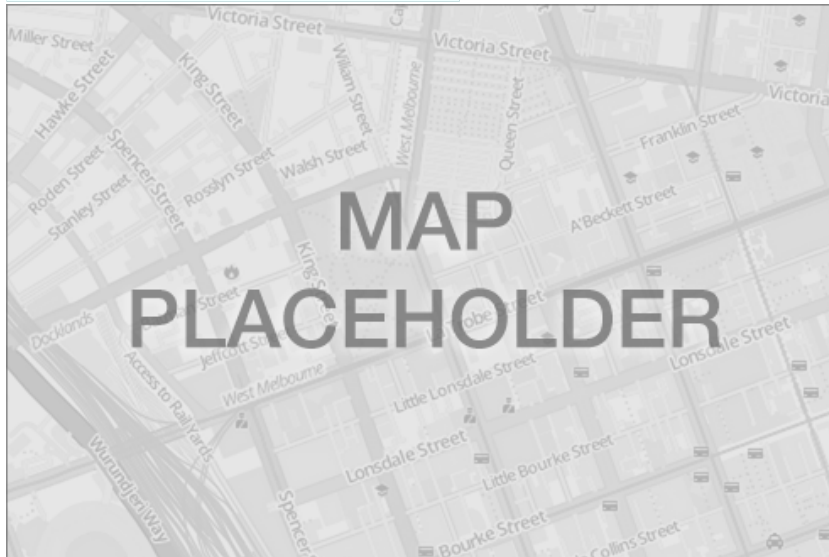
Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. *

Attach a file:

Please ensure you label the file correctly, e.g. Group Name- Auspice Letter. The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

Auspice primary address

Address



Auspice postal address

Address

Auspice phone number *

Must be an Australian phone number.

Auspice email address *

Must be an email address.

Auspice website

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Must be a URL.

Primary contact person at auspice organisation *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Position held in organisation *

e.g., Manager, Board Member or Fundraising Coordinator.

Auspice primary contact number *

Must be an Australian phone number.

Auspice primary contact email address *

Must be an email address. This will be the email address used for correspondence related to this grant.

Does the auspice organisation have an ABN? *

☐ Yes ☐ No

Auspice 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	

Must be an ABN.

As the auspice organisation does not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application. Download the form from [the ATO website](#).

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Please upload completed Auspice Statement of Supplier Form: *

Attach a file:

Please ensure you label the file correctly, e.g. Group Name - Auspice Statement of Supplier Form. Max 25mb per file uploaded

Declaration

I declare I am authorised by my organisation to submit this application on their behalf.

Name *

Title First Name Last Name

Title can be left blank if preferred.

Position *

Date *

Must be a date.

Event details

* indicates a required field

Total Amount Requested *

\$

Must be a dollar amount and no more than 1000.

Event title: *

Word count:

Must be no more than 10 words.

Event date *

The event maybe 7 days before or after 26 January 2025.

Please provide a short description of your event. *

Word count:

Must be no more than 30 words.

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What time will your event start/finish? *

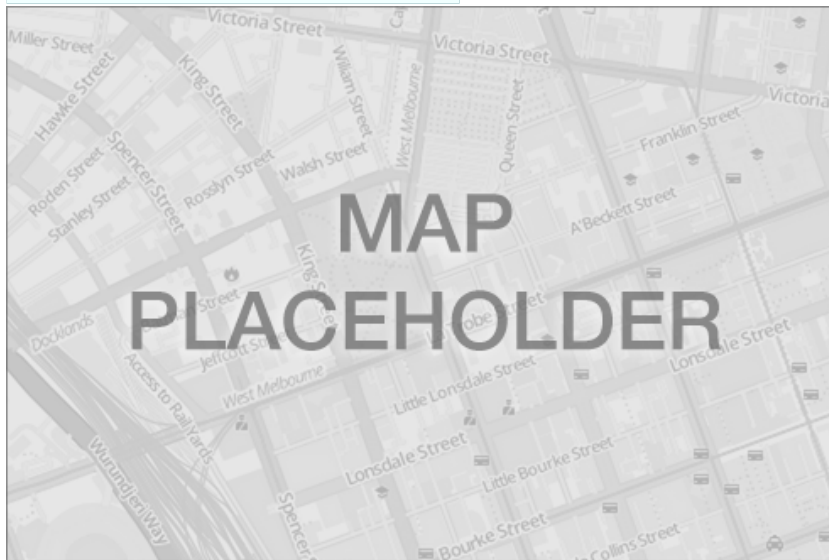
Eg. 10am - 2pm

Project Location(s)

Please provide your project location.

Project Address *

Address



Project Local Government Area

Which Council Ward is your project located in? *

☐ East Ward

☐ South Ward

☐ Other:

☐ West Ward

☐ All Wards

Assessment criteria

* indicates a required field

Community Engagement (30%)

- Number of people participating
- Number of people benefiting from the event
- Impact of the community benefit (anticipated community outcomes)

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- Community/stakeholder participation and/or involvement
- Supports local sourcing of goods and services where applicable

Please indicate the estimated number of people attending the event. *

Must be a number.

Please indicate the number of people helping/volunteering at the event. *

Must be a number.

Please comment on the community outcome, participation, involvement and show how this event supports local goods and services. *

Word count:

Must be no more than 200 words.

Alignment to Council priorities (30%)

Consideration and planning to minimize environmental impact and promote sustainability. For resources to support efforts to minimise environmental impact click [here](#).

Demonstrate measures to make event safe, welcoming, accessible and inclusive e.g. consideration of gender equity and accessibility for diverse community groups. For more information on gender diversity and identities click [here](#).

Please comment on how you have considered gender equity, diversity and inclusion in the planning and design of this event. *

Word count:

Must be no more than 200 words.

We want you to show how you have considered gender diversity (e.g. women, non-binary, men) and other diverse groups (e.g. different ages, cultures, abilities and LGBTQIA+) in designing your project and how you will know if you have been accessible and inclusive of these groups. You may also comment here on any policies or activities your group has developed to address equity, diversity and inclusion.

Please comment on how you have considered minimizing environmental impact and promoting sustainability for this event. *

Word count:

Must be no more than 200 words.

Supporting documentation/additional information (if required)

Attach a file:

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Please label your file correctly - e.g. Gender Equity Statement - Organisation Name or you may upload your organisations Diversity Policy or Inclusion Policy or a flyer from an event that demonstrates your work in this area.

Budget and Event Plan

* indicates a required field

Ability to deliver the event (40%)

- Demonstrate sound budget
- Demonstrate clear event plan
- Demonstrate risk management plan
- Includes site plan
- Appropriate permits, permissions and insurances in place

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. All amounts should be GST exclusive. Please include any cash and/or in-kind contributions from your group. Click [here](#) for a sample budget.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT).

Income Type	Confirmed Funding?	Income Amount (\$)	Notes:
		\$	
		\$	
		Please do not add commas	Add any other detail if needed here.

Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Notes:
		\$	
		\$	
			Add any other detail if needed here.

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.

Event Plan

Your event plan should include a site plan, risk management plan and a run sheet.

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Please note successful applicants will need to submit an event notification form. Once approved these events will be listed on Council's website. Complete your event notification form [here](#).

Please upload your event plan or your completed Event Proposal Form *

Attach a file:

Before submitting your event plan label your document correctly eg Group Name - Event Plan - 2025

Marketing and Promotion

Please describe your marketing and promotional plans for this event *

Word count:

Must be no more than 200 words.

Certification and Feedback

* indicates a required field

Certification

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval and funding agreement.

I agree *

☐ Yes

☐ No

Name of authorised person *

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer . Title can be left blank if preferred.

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

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Date *

Must be a date

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.

How did you find out about this grant?

- | | |
|---|--|
| <input type="checkbox"/> Local newspaper | <input type="checkbox"/> Social media (Facebook, Twitter, Instagram, LinkedIn) |
| <input type="checkbox"/> Community newsletter | <input type="checkbox"/> Poster |
| <input type="checkbox"/> eNewsletter | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> ShireLife magazine | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Council's website | |

Select 1 or more options.

Please indicate how you found the online application process: *

- ☐ Very easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very Difficult

Please provide us with any suggestions and feedback you'd like us to be aware of.

The focus of your feedback could include, application form, process of applying, contact with Council Officers and support provided - or anything you'd like to see included next round.

Would training in any of the following areas be of benefit to your group?

- | | |
|--|--|
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Project Reporting and Acquittals |
| <input type="checkbox"/> Project Planning and Management | <input type="checkbox"/> Collaborating with other Community Groups |
| <input type="checkbox"/> Measurement and Evaluation | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Budgeting and Finance | |

Please select all that apply

Please review your answers, correct any errors and click SUBMIT.

Please note: You will receive a conformation email once your application has been successfully submitted.