

# Small Project Grant Application Form 24/25

## Form Preview

### Information for applicants

\* indicates a required field

#### Please note

Before completing this application form, please read the Small Project Grant guidelines and discuss your project with Community Development Grants Team.

Here is a list of items/documents you will need for this application:

- **ABN number.** *If you do not have an ABN number, you will need to complete a [Statement of Supplier Form](#).*
- **Public Liability Insurance** (check document is current). *If you do not have public liability insurance, you will need an incorporated organisation as an auspice for the purpose of this grant.*
- **Incorporation number.** *If you are not incorporated, you will need an incorporated organisation as an auspice for the purpose of this grant.*
- **Child Safe Policy** and the **Child Safe Direct Contact Checklist** or a **Child Safe Statement of Commitment** for incidental contact with children.
- **Letters of community support**
- **Quotes** (if applicable)
- Other - if applicable, plans, drawings, permits, in principal approval/permission from the landowner (eg MRSC, DEECA, Parks Victoria etc)

You can find the guidelines, scoring matrix and other useful documents (e.g a list of documents you may need to provide for this application) [on Councils website](#).

If you have any questions in regards to the eligibility criteria or any part of the application, please contact **the grants team via 5422 0216 or email [grants@mrsc.vic.gov.au](mailto:grants@mrsc.vic.gov.au)**.

#### 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.

#### Confirmation of Eligibility

##### I confirm that the applicant ...

- has read and understands the program guidelines

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- has discussed their application with a relevant Council Officer prior to submitting
- 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

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

**Who in Council's Grants team did you speak with in regards to this application? \***

If you also spoke with other Council Officers please note their names here also.

**Please note the date you spoke with this Council Officer. \***

Must be a date.

## Organisation Contact

\* 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.

**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.

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### Primary address

Address

Please use the organisation's full address.

### Primary phone number \*

Must be an Australian phone number.

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

### Primary email address \*

Must be an email address.

Please use the organisation's full email address.

### Primary contact person \*

First Name

Last Name

This is the person we will correspond with about this grant.

### Position held in organisation \*

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

## Certification

**I declare I am authorised by my organisation to submit this application on their behalf. 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 understand funding maybe subject to funding conditions.**

**I agree \***

Yes

**Name of authorised person \***

First Name

Last Name

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

**Date \***

Must be a date

## Organisation Details

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\* indicates a required field

**Does your organisation have an ABN? \***

Yes

No

**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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

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

**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

**Does your group/organisation have current public liability insurance? \***

Yes

No

If your group/organisation does not have public liability, it will need an Auspice for the purpose of this grant.

## Public Liability Insurance

**Please attach a current copy of your organisation's public liability insurance. \***

Attach a file:

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

### Incorporation status

**Is your group/organisation incorporated? \***

Yes  No

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

### Incorporation details

If you wish to check you incorporation number please click [here](#) and use the back arrow to return to this page.

**What is your incorporation number? \***

Incorporated Association or Australian Company Number.

## Auspice Information

\* indicates a required field

**Is your organisation auspiced by another organisation for the purpose of this grant? \***

Yes

Unincorporated organisations or organisations without public liability insurance must be auspiced by an incorporated organisation for the purpose of this grant. If you do not have an auspice please contact Community Development Grants Team for advice on 5422 0216.

### Auspice Organisation Details

**Auspice 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.

**Auspice primary address**

Address

**Auspice phone number \***

Must be an Australian phone number.

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### Auspice email address \*

Must be an email address.

### Primary contact person at auspice organisation \*

First Name

Last Name

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

### Position held in the Auspice organisation \*

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

### 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.

### Please upload Auspice public liability insurance here \*

Attach a file:

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

### What is your Auspice incorporation number? \*

Incorporated Association or Australian Company Number. If you wish to check the incorporation number please visit <https://www.consumer.vic.gov.au/clubs-and-fundraising/incorporated-associations/search-for-an-incorporated-association>

### 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

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Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
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](#).

### **Please upload completed 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

## Child Safe Standards

\* indicates a required field

### 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 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](#).

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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 organisations Child Safe Policy. \***

Attach a file:

Before uploading the document, please ensure you have named it correctly, e.g. Group Name - Child Safe Policy. If your organisation is auspiced for the purpose of this grant, please upload their Child Safe Policy.

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

Attach a file:

Before uploading the document, please ensure you have named it correctly, e.g. Group Name - Child Safe Standards Direct contact checklist. If your organisation is auspiced for the purpose of this grant, please upload their 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:

Before uploading the document, please ensure you have named it correctly, e.g. Group Name - Child Safe Statement of Commitment. If your organisation is auspiced for the purpose of this grant, please upload their Statement of Commitment.

## Project Summary

\* indicates a required field

### Summary Information

**Project title: \***

Word count:

Must be no more than 6 words.

**Please provide a short summary of your initiative \***



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Word count:  
Must be no more than 30 words.

### Detailed project description \*

Word count:  
Must be no more than 400 words.  
Please provide more detail here on what your project is trying to achieve.

### Anticipated start date \*

Must be a date and no earlier than 1/8/2023.  
If unknown, provide your best guess.

### Anticipated end date \*

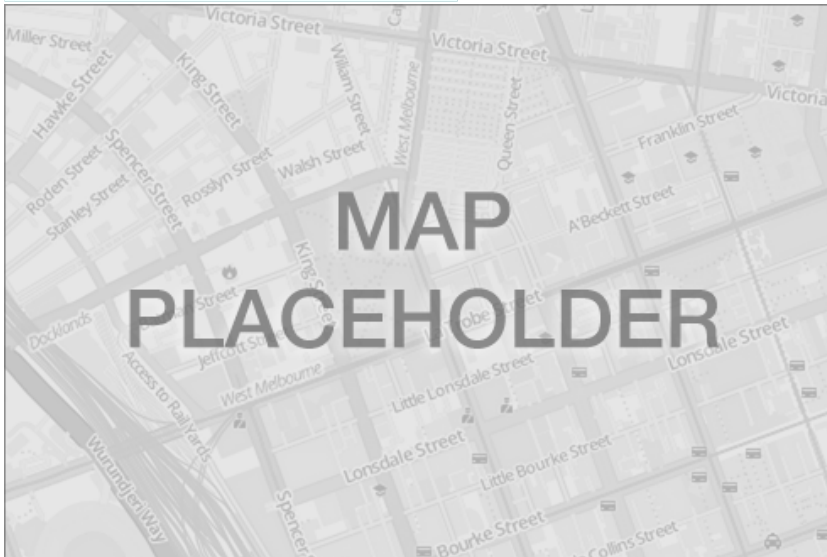
If unknown, provide your best guess.

## Project Location(s)

Please provide your project location. You may provide up to 3 locations.

### Project Address \*

Address

### Project Local Government Area

### Which Council Ward is your project located in? \*

East Ward

South Ward

Other:

West Ward

All Wards

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**Total Amount Requested**

\*

\$

Must be a dollar amount and no more than 3000.

**Total Project/Program**

**Cost \***

\$

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

## Criteria 1: Evidence of Need 30%

\* indicates a required field

**What is the need and how will you address it? \***

Word count:

Must be no more than 200 words.

Tell us why your initiative is needed, and why you believe the activities you propose will produce the outcomes you seek. Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu2> if you need some ideas about how to frame your response.

**Does this initiative have community support? \***

Yes

No

Don't Know

Evidence of community support is generally highly regarded as projects with community buy-in tend to be more successful.

**Will your project involve partnering with any other community groups? \***

Yes

No

**Please upload any other supporting documents here.**

Attach a file:

Please label all files accurately e.g. Group Name- Design plan.

## Community Support Evidence

**Please upload any letters of support here**

Attach a file:

If you have more than 2 support letters we recommend you scan them all into one document and upload as one file. Please ensure you label the file accurately, e.g. Group Name - Support Letters.

**Any other comments?**

Word count:

Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu7> if you need some ideas about how to frame your response.

### Community Partnerships - Detail

**Please provide a brief outline of the community partnerships involved in this project. \***

Word count:

Must be no more than 100 words.

This can be provided

### Criteria 2: Alignment to Council priorities 20%

\* indicates a required field

**Which of Council's strategic documents does your project align with?**

- |   |   |
|---|---|
| <input type="checkbox"/> Council Plan                               | <input type="checkbox"/> Municipal Early Years Plan                     |
| <input type="checkbox"/> Municipal Public Health and Wellbeing Plan | <input type="checkbox"/> Positive Ageing Plan                           |
| <input type="checkbox"/> Environment Strategy                       | <input type="checkbox"/> Reconciliation Action Plan                     |
| <input type="checkbox"/> Disability Action Plan                     | <input type="checkbox"/> Healthy Heart of Victoria Active Living Census |
| <input type="checkbox"/> Arts and Culture Strategy                  | <input type="checkbox"/> Gender Equality Action Plan                    |
| <input type="checkbox"/> Heritage Strategy                          | <input type="checkbox"/> Climate Emergency Plan                         |
| <input type="checkbox"/> Youth Strategy                             | <input type="checkbox"/> Other: <input type="text"/>                    |

please select all that apply.

**Please explain how your project aligns with the strategic document(s) identified above. \***

Word count:

Must be no more than 300 words.

Please refer to the program guidelines for information and links to Council's strategic plans and priorities.

**Please comment on any intended environmental benefits of your project and/or steps you have taken to minimise the impact of your project on the environment.**

This question aligns to Council's Zero Net Emissions Plan, Counting-Down-to-Zero and the Climate Emergency Plan.

### Criteria 3: Community Benefit 30%

\* indicates a required field

#### Participation and Beneficiaries

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

At least 1 choice must be selected.

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'

### How many people do you expect to help/volunteer/work on this project? \*

Must be a number.

Eg. How many people in your project team/sub-committee are needed to complete this project?

### How many people/community members do you expect to directly benefit from this project? \*

Must be a number.

Eg. How many people in the community will benefit from the outcome of this project?

### Please indicate the intended impact on community participation. Select all that apply.

- Increase current community participation
- Increase participation of a specific age group
- Increase participation of specific gender (women, men, non-binary)
- Other:
- Increase participation of people of all abilities

### Please provide a brief explanation for your impact on community participation choices above.

## Gender Equity, Accessibility & Inclusion

We want you to show how you have considered gender (e.g. women, non-binary, men) and the accessibility and inclusion of other groups (e.g. different ages, cultures, abilities and LGBTQIA+) in designing your project. For more information on gender diversity and identities click [here](#).

If you are targeting a specific audience e.g. 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>

### Please comment on how you have considered gender equity, accessibility and inclusion in the planning and design of this project? \*

Word count:

Must be no more than 200 words.

You may also comment here on any policies or activities your group has developed to address equity, diversity and inclusion.

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### Supporting documentation/additional information (if required)

Attach a file:

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.

## Criteria 4: Ability to deliver project 20%

\* indicates a required field

### Overview

This criterion is assessed according to 4 key areas, project planning, risk management, budget and supporting documentation (if required).

### Project Aim

**Project aims: Describe three things you want the project to achieve. \***

Word count:

Must be no more than 50 words.

### Project Plan

**Please provide a list of the tasks involved in the planning, delivery and acquittal of this project. Click [here](#) for a sample project plan. If you need further assistance, contact the grants team.**

Task	Start Date (if known)	Finish Date (if known)	Who is responsible?
e.g. planning; major activities; evaluation	Must be a date.	Must be a date.	

### Outcomes

What are the expected outcomes for this project?

Expected Outcomes	Timeframe	Indicator

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These are the changes that you expect to occur as a result of your project.	can be an approximate	What you will use to measure this outcome
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### Risk Management

**What potential risks could impact the successful delivery of this project? \***

Word count:

Must be no more than 50 words.

**Please outline what strategies you will undertake to mitigate these risks. \***

Word count:

Must be no more than 50 words.

**Will your project require any permits or permissions? \***

Yes

No

Don't Know

Permits may include: Place of Assembly permit, event or local laws permits.

### Permits & Permissions

As you have indicated that your project will require permits and permissions please provide details of these below.

**Please list permits required \***

Word count:

**Please upload any permits you have obtained for this project here**

Attach a file:

Please label each permit file with Group Name - permit type. If you have more than 2 permits, you may need to scan them together and upload as one document.

**Please upload evidence of any other permissions you have sought here**

Attach a file:

Please label each permission file with Group Name - Permission type

**If you haven't yet sought any permits or permissions, please briefly explain why and how you have factored this into your project timeline**

Word count:

Must be no more than 50 words.

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### Project Budget

\* indicates a required field

#### Budget (GST exclusive)

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.

**Have you obtained any quotes for this project? \***

Yes  No

**Please attach any quotes you have obtained here**

Attach a file:

Please ensure to label your file correctly e.g. Group Name - Printing quote.- Kyneton Printing Co.

#### Before you go...

\* indicates a required field

### 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

**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.