

Small Project Grant Application Form 26/27

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Information for applicants

* indicates a required field

Before you start

Before completing this application form, please read the Small Project Grant Guidelines and scoring matrix on [Council's website](#).

Small Project Grants support eligible not-for-profit community groups to deliver projects that:

- respond to a demonstrated community need
- are unlikely to be funded through another Council program
- benefit the Macedon Ranges community
- align with Council priorities

Applications are assessed against the weighted assessment criteria in this form. Eligibility does not guarantee funding.

Applicants are encouraged to speak with the Community Projects Officer before applying. This gives you an opportunity to discuss eligibility, receive feedback and strengthen your application before assessment.

If you have any questions, please call **0417 568 122** or email **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 organisation:

- has read and understands the Small Project Grant Guidelines
- has discussed the project with the Community Projects Officer before submitting
- is a not-for-profit community group, school, kindergarten or church
- is based in, or operates within, the Macedon Ranges Shire
- is incorporated, or is auspiced by an incorporated not-for-profit organisation
- has submitted no more than one Small Project Grant application this financial year

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- does not owe any overdue acquittals or money to Macedon Ranges Shire Council
- has appropriate public liability insurance, or is auspiced by an organisation with appropriate insurance
- can demonstrate compliance with the Victorian Child Safe Standards
- is not an individual, political organisation, for-profit/commercial organisation or government agency
- is not seeking funding for a project that has already started, is recurrent, or has been completed
- is not seeking funding for core business or operational costs such as salaries for ongoing positions, rent, insurance, utilities, debts or an annual general meeting
- is not seeking funding for capital works, infrastructure works, facility maintenance or capital expenditure
- is not seeking funding for activities that promote, involve or are directly associated with gambling

Please select below: *

Yes, I confirm that all statements above are true and correct.

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.

Primary address

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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

* indicates a required field

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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	More information
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:

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

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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.

Auspice email address *

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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
Goods & Services Tax (GST)
DGR Endorsed

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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](#).

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](#).

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](#).

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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.

Short project summary *

Word count:

Must be no more than 50 words.

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Detailed project description *

Word count:

Must be no more than 500 words.

Example: what you will do, why the project is needed, who will be involved, who will benefit, where and when it will happen, what the project is expected to achieve.

Anticipated start date *

Must be a date and between 30/6/2026 and 30/6/2027.

If unknown, provide your best guess.

Anticipated end date *

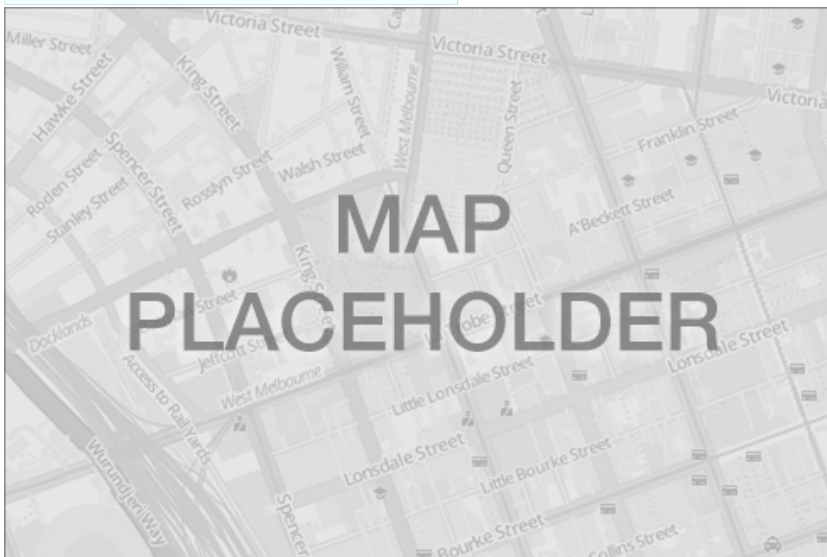
If unknown, provide your best guess.

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:

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West Ward

All Wards

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 community need does your project respond to, and how do you know this need exists? *

Word count:

Must be no more than 300 words.

Please explain: The issue, gap or opportunity your project responds to, who is affected, how you know the project is needed, whether you have considered other solutions. Strong applications will include evidence such as letters of support, community feedback, survey results, participation data or examples of community demand.

Does this project have community support? *

Yes

No

Don't Know

Community support may include letters of support, emails, survey responses, testimonials, meeting minutes, partnership confirmation or other evidence that the project is wanted or supported by the community. Projects that demonstrate broad community support are generally stronger.

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

Yes

No

Please tell us if any other community groups, organisations or local partners will be involved in planning, delivering or supporting your project. This could include formal project partners, informal collaborators, groups helping with promotion, volunteers, local service providers or groups that will use or benefit from the project.

If yes, briefly summarise what partners will be involved?

Word count:

Must be no more than 150 words.

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.

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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.

Criteria 2: Alignment to Council priorities 20%

Please select the main Council priority or strategic document your project supports.

Applicants are encouraged to refer to the following linked strategic documents to answer this section:

- [The Council Plan, Shaping the Ranges 2025-2035](#)
- [Disability Action Plan](#)
- [Reconciliation Action Plan](#)
- [Municipal Public Health and Wellbeing Plan](#)

Or another relevant Council strategy or plan.

Which Council priority, strategy or plan does your project align with?

- Council Plan Reconciliation Action Plan
 Municipal Public Health and Wellbeing Plan Other:
 Disability Action Plan

Please explain how your project aligns with the priority or strategic document selected above.

Word count:

Must be no more than 350 words.

Where possible, refer to a specific goal, priority or action. You do not need to align with multiple strategies. A clear link to one relevant Council priority is stronger than a broad or general response.

Environmental considerations

Word count:

Must be no more than 250 words.

Please tell us whether your project has any environmental benefits, or what steps you will take to reduce environmental impact. For example, you may wish to comment on waste reduction, reusable materials, local suppliers, energy use, transport, biodiversity, climate resilience or sustainable purchasing. If this is not relevant to your project, please write "Not applicable".

Criteria 3: Community Benefit 30%

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* indicates a required field

Participation and Beneficiaries

Who will benefit from this project? *

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 will help deliver the project? *

Must be a number.

This may include volunteers, committee members, staff, partner organisations or community members involved in planning and delivery.

How many people are expected to directly benefit from the project? *

Must be a number.

This should include the people who will participate in, use or directly benefit from the project outcome.

What difference will the project make for the community?

Word count:

Must be no more than 250 words.

Please explain the expected community benefit. This may include increased participation, improved access, stronger social connection, better use of community spaces, improved wellbeing, skill development, cultural participation or other local benefits.

Gender Equity, Accessibility & Inclusion

Please explain how you have considered gender equity, accessibility and inclusion in the planning and design of your project.

You may wish to comment on:

- how people of different genders, ages, cultures, abilities and backgrounds can participate
- whether the project removes barriers to participation
- how the project supports LGBTQIA+, First Nations or other diverse community members
- why a specific group is being targeted, if relevant
- any accessibility, inclusion or equity policies your organisation uses

If your project advances reconciliation or celebrates First Nations Peoples, please include this here.

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

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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.

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 section helps assessors understand whether your project is well planned and achievable.

Assessors will consider:

- your project plan your budget
- risk management
- permits and/or permissions
- supporting documents (where required)

Project Aim

Please list up to three things your project aims to achieve. *

Word count:

Must be no more than 50 words.

Project Plan

Please list the key steps required to plan, deliver and acquit your project. Include approximate dates and who will be responsible for each task. Click [here](#) for a sample project plan.

Task	Start Date	Finish Date	Who is responsible?
Please use the table provided - you can copy and paste from a	Must be a date.	Must be a date.	

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document, but it must be entered here.

Outcomes

Please describe the changes or benefits you expect to occur as a result of the project, how you will measure them and when you expect them to happen.

Expected Outcomes	Timeframe	Measure
These are the changes that you expect to occur as a result of your project.	Timeframe can be an approximate	What you will use to measure this outcome

Risk Management

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

Word count:

Must be no more than 50 words.

What strategies will you 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

Applicants are responsible for identifying and obtaining any permits, approvals, permissions, authorisations or insurance required to deliver the project.

This may include landowner permission, Council approval, event permits, local laws permits, Place of Assembly permits, heritage approvals or Aboriginal cultural heritage requirements.

Please list permits required *

Word count:

Please upload any permits you have obtained for this project here

Attach a file:

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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.

Project Budget

* indicates a required field

Budget (GST exclusive)

Please include all income and expenditure related to your project.

Your budget must balance. This means:

Total income = Total expenditure

All amounts should be listed GST exclusive.

If your organisation is registered for GST, GST will be added to the approved grant amount.

If your organisation is not registered for GST, the grant will be paid exclusive of GST.

Please include:

- the amount requested from Council
- cash contributions from your organisation
- other confirmed or unconfirmed funding
- in-kind contributions, if relevant
- all expected project costs
- quotes or cost estimates, where available

Income Type Confirmed Funding? Income Amount (\$) Notes:

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

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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

Before you review your application, please take a few moments to provide feedback so we can continue to improve this process.

Please indicate how you found the online application process: *

Easy

Neutral

Difficult

Please provide feedback on the application process