

## Access and Social Inclusion Support Grant

\* indicates a required field

### Purpose

To provide funding to support individuals experiencing financial hardship to participate in community life and improve personal outcomes through sustainable change.

### Important Information

**Before completing this application, applicants are required to read the [2023/24 Grant Program Guidelines](#).**

- Funding is available for eligible beneficiaries up to \$500 per year.

### Closing Date

- 4 June 2024 unless funds are exhausted earlier.

### Eligibility

- Individual applicants with evidence of at least one of the following:
  - Health Care Card
  - Pension Concession Card
  - Support letter which demonstrates the need for financial assistance, from:
    - Family Support Service
    - Government agency
    - School
- A community service organisation, school welfare support, healthcare professional or approved equivalent is eligible to apply for a grant on behalf of individuals experiencing financial hardship (with evidence of above). All applications will be assessed on merit and will be determined in accordance with the assessment criteria.
- Grant funds will only be paid directly to the nominated service provider.

### Prior Shire Funding

All previous financial year grant funding must be acquitted prior to applying for another grant.

**Has the individual beneficiary previously received Shire grant funding? \***

- ☐ Yes
- ☐ No
- ☐ Unsure

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## Contact and Applicant Details

\* indicates a required field

### Form Completion

#### Are you completing this form on behalf of an individual? \*

- ☐ No - I am completing this form for myself
- ☐ Yes - I am a community service representative
- ☐ Yes - I am parent/guardian/carer of the beneficiary

### Grant Beneficiary Details

Complete this section for the intended beneficiary (individual) of the funds.

#### Individual's Name \*

First Name

Last Name

#### Individual's Home Address \*

Address

Primary residence must be within Mornington Peninsula Shire Local Government Area

#### Individual's Phone Number \*

Must be an Australian phone number.

#### Email Address \*

Must be an email address.

Correspondence will be sent to this address

#### Individual's date of birth \*

The program focus is to provide funding support to people experiencing financial hardship, to participate in activities that will benefit their development and enhance their health and wellbeing.

Applicants (youth or parent/carer) need to provide evidence of at least one of the following:

- Health Care Card
- Pension Concession Card
- Support letter which demonstrates the need for financial assistance, from:
  - Family Support Service
  - Government agency

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- School

## Upload - evidence Health Care card, Pensioner Concession card or equivalent \*

Attach a file:

Equivalent example: support letter from Govt agencies, school or family support services

## Upload - evidence of residence within Mornington Peninsula Shire (rates notice, utility bill) \*

Attach a file:

## Parent/guardian/carer name

First Name

Last Name

## Relationship to grant beneficiary \*

## Organisation Details

Please complete if you are a community services representative completing this form on behalf of an individual.

## Community Service Organisation \*

Organisation Name

## Contact Name \*

## Organisation Position Title \*

## Organisation Postal Address \*

Address

  

## Organisation Primary Phone Number \*

Must be an Australian phone number.

## Organisation Primary Email \*

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Must be an email address.

## Organisation 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	

Must be an ABN.

**If applicable, where an application involves working with children or young people, a copy of the organisation's Child Safety Policy must be attached to the application.**

**If there is no formal Child Safety Policy there must be an outline of how it is intended to comply with the Child Safety and Working with Children legislation.**

## Upload - Child Safety Policy/Plan

Attach a file:

## Activity

\* indicates a required field

## Assessment Criteria

The following criteria will be assessed a scale of 1-5:

- 1 = not meeting the criterion
- 5 = meeting each criterion at a high level

## CRITERION: Access and Social Inclusion Priorities

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## Council and Wellbeing Plan Theme 3: A flourishing, healthy and connected community

### How does the activity align with the Council and Wellbeing Plan Theme 3 and the Access and Social Inclusion Grant priorities? \*

- ☐ Foster social inclusion and connections
- ☐ Improve health and wellbeing
- ☐ Participation in civic activities
- ☐ Participation in sport and recreation

### Provide an outline of the proposed activity and how the grant funds will contribute to the beneficiary's participation \*

Word count:

Must be no more than 100 words.

These grants support individuals in participating in community life and improving their personal outcomes through sustainable change

### Give a brief description of the expected benefits including how it will contribute to the beneficiary's development, health and wellbeing. \*

Word count:

Must be no more than 150 words.

## CRITERION: Community Partnerships

To be completed if you are an organisation applying on behalf of a beneficiary.

- Governance structures, administrative systems, communication, support and reporting mechanisms are well established.
- Operational capacity to support individuals applying for an Access and Social Inclusion Support grant.

### Please provide evidence that your organisation has the capacity and relevant skills and experience to successfully support the beneficiary.

Word count:

Must be no more than 150 words.

### Upload - supporting evidence

Attach a file:

## CRITERION: Budget / Funding Request

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## Total amount requested \*

\$

Must be a dollar amount.

What is the total financial support you are requesting in this application? Maximum is \$500

## If there is a variance between the grant and estimated costs, how will this be funded?

i.e. co-contribution, State or Federal Govt funding, other funding sources/grants

## Supplier Details

**If this application is successful, funding will be paid directly to the nominated service provider. A Recipient Created Tax Invoice will be issued for tax and audit purposes.**

**Please note - grant funding will not be paid retrospectively (for costs already incurred).**

## Upload - quotes or evidence for costs from a registered organisation, business, association or club \*

Attach a file:

Please ensure quotes include the business name, ABN and bank account details.

## Supplier Details \*

Organisation Name

## Supplier Details Primary Address \*

Address

## Supplier Details Primary Email \*

Must be an email address.

## Supplier Details Bank Account \*

Account Name

BSB Number

Account Number

Account name must be service provider or ABN name. It is not the Bank Institution name.

## Volunteer (in-kind) Contribution

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Volunteer hours are calculated at \$46.87 per hour.

Number of Volunteers	Estimate hours per volunteer	Total volunteer hours	Total in-kind volunteer contribution
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Must be a number.	Must be a number.	This number/amount is calculated.	This number/amount is calculated.

## Declaration and Agreement

\* indicates a required field

**I declare that the information and attachments in this application are, to the best of my knowledge, accurate and complete. \***

☐ I agree and declare the above to be true and correct

**I declare the applicant or applicant parents/guardians are not employees or a Councillor of Mornington Peninsula Shire \***

☐ Yes

**I understand that if this application is successful, I will be required to sign a MPS Funding Agreement prior to funds being released \***

☐ Yes

**I approve for Shire Officers to talk to other funding bodies / organisations for the purposes of seeking funding to support your project. \***

☐ Yes

☐ No

Must be applicant or parent/guardian name

## Privacy

The collection and handling of personal information is conducted in accordance with The Shire's Privacy Policy which is displayed on Council's website and available at Council's customer service centres. Please refer to the Privacy Policy for further information about your rights and Council's obligations.