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 <u>2023/24</u> <u>Grant Program Guidelines.</u>

• 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 g	grant f	unding?	*
Yes							

- O les
- No
- Unsure

Contact and Applicant Details

* indicates a required field

Form Completion

No - I am completingYes - I am a common	this form on behalf of an individual? * ng this form for myself unity service representative uardian/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 A Address	ddress *
-	pe within Mornington Peninsula Shire Local Government Area
Individual's Phone N	lumber *
Must be an Australian ph	one number.
Email Address *	
Must be an email address Correspondence will be s	
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

• School

Upload - evidence Health C Attach a file:	are card, Per	isioner Conce	ession card o	or equivalent *
Equivalent example: support lette	r from Govt age	ncies, school or	family support	services
Upload - evidence of reside utility bill) * Attach a file:	nce within M	ornington Pe	eninsula Shir	e (rates notice,
Parent/guardian/carer name First Name Last Na				
Relationship to grant benef	ficiary *			
Organisation Details				
Please complete if you are a cobehalf of an individual.	ommunity serv	ices represent	ative complet	ing this form on
Community Service Organis Organisation Name	sation *			
Contact Name *				
Organisation Position Title	*			
Organisation Postal Addres	s *			
Organisation Primary Phon				
Must be an Australian phone num Organisation Primary Email				

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

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

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

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

Volunteer hours are calculated at \$46.87 per hour.

Number of Volunteers	Estimate hours per volunteer	Total volunteer hours	Total in-kind volunteer contribution
Marablana	Marablas a grand la se	The language of the second by the	\$
Must be a number.	Must be a number.	This number/amount is calculated.	This number/amount is calculated.

Declaration and Agreement

2 coldination and rigidoment
* 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 * O Yes
I approve for Shire Officers to talk to other funding bodies / organisations for the purposes of seeking funding to support your project. * O Yes No
Must be applicant or parent/guardian name
Privacy

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.