

Access and Inclusion Grant 2024/25 - application

Form Preview

Access and Inclusion 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 [Grant Program Guidelines](#).

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

Closing Date

- 4 June 2025 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 not be paid to an individual and will only be paid directly to the nominated service provider/club.
- Applications submitted by an Organisation on behalf of an individual, may submit two applications only.

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 parent/guardian/carer of the beneficiary
- ☐ Yes - I am a community service representative

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

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- Government agency
- 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 *

i.e parent/guardian/self

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 Primary Address *

Address

Address Line 1, Suburb/Town, and Postcode are required.

Organisation Primary Phone Number *

Must be an Australian phone number.

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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	More information
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

Applicants project must meet a minimum score of 55%

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1) CRITERION: Access and 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 Inclusion Grant priorities? *

- ☐ Foster social inclusion and connections
- ☐ Improve health and wellbeing
- ☐ Participation in civic activities
- ☐ Participation in sport and recreation
- ☐ Participation in education/training
- ☐ National or international representation of the Mornington Peninsula

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.

2) 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:

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3) 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/Club Details

If this application is successful, Grants Administration will contact the Supplier/Club directly to request an invoice. Funding will be paid directly to the nominated supplier/club and a Remittance/Recipient Created Tax Invoice will be issued for tax and audit purposes.

Grant funding will not be paid retrospectively (for costs already incurred) or directly to the applicant.

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

Attach a file:

Please ensure quotes include the business name, ABN and shows ex GST amount

Supplier/Club Name *

Organisation Name

Supplier/Club Primary Address *

Address

Supplier/Club Primary Email *

Must be an email address.

Supplier/Club ABN *

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The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

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DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Volunteer (in-kind) Contribution

Volunteer hours are calculated at \$46.92 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

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.