### Community Support Grant 2024/25

\* indicates a required field

#### **Purpose**

To support community groups and organisations to deliver key initiatives, programs and activities within the Shire.

### Important Information

Before completing this application, applicants are required to read the **Grant Program Guidelines** 

#### **Funding**

• Funding is available for eligible organisations up to \$5,000

#### **Closing Date**

• 4 June 2025 unless funds are exhausted earlier

#### **Eligibility**

- Applicants must be an organisation based in the Mornington Peninsula Shire's Local Government Area and deliver funded projects, programs and activities within the Shire
- For further information, please refer to Grant Program Guidelines under General Eligibility
- Fundraising events and public community events are ineligible for funding under this stream, refer funding for Community Events Grants Program
- Lifesaving and safety equipment is available for volunteer community groups/ organisations, not for private clubs

#### **Cultural Protocols**

• For projects that include an Acknowledgement of Country or Welcome to Country, please refer to the Shire's guide for <u>Cultural Protocols</u>

### **Prior Shire Funding**

Ha	s the organisation previously received Shire funding?
0	Yes
$\circ$	No
0	Unsure
i.e.	grant, sponsorship, subsidy

Applicants must have acquitted and/or have an approved acquittal extension to ensure compliance with all funding previously awarded.

Has the Acquittal report for previous funding been submitted? *  O Yes
O No
<ul><li>Acquittal report has not reached the due date</li><li>Unsure</li></ul>
If you are unsure, please contact the <u>Grants team</u>
You have indicated prior grant funding has not been acquitted.
Please refer to the Grant Program Guidelines eligibility.
Please do not proceed with this application until you have acquitted previous funding.
If you are unsure, please email the <u>Grants team</u>
Details of Applicant
* indicates a required field
Organisation Name *
Organisation Name
Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO
Organisation Primary Address * Address
Address Line 1, Suburb/Town, and Postcode are required.
Applicant Primary Website
Must be a URL.
Contact Details
Contact Details
Contact Person for Grant * First Name Last Name
This is the primary contact for correspondence
Position in Organisation *

i.e President, treasurer, committee member

Contact Phone Number *
Must be an Australian phone number.
Contact Email Address *
Must be an email address.
All emailed correspondence will be sent to this address
Applicant - Required Information
What is the legal status of your organisation? *  Incorporated Associations - incorporated under State/Territory legislation (commonly have 'Association', 'Incorporated' or 'Inc' in their legal name)  Not for-profit proprietary companies or public companies, incorporated under the Corporations Act 2001  Organisations established through a specific piece of Commonwealth or State/Territo legislation (for example, many public benevolent institutions and churches)  Unincorporated organisation (requires Auspice)  State Government Entity  Public Benevolent Fund  School or kindergarten  Commercial (for profit) business  Registered Sole Trader
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		
Must be an ABN.		

**Applicant Organisation Primary Bank Account \*** Account Name

BSB Number	Account Nur	mber		
Must be a valid Aus	stralian bank a	count format		
Must be a valid Aus	strallari Darik a	ccount format.		
Uploads				
Upload - Statement by a you do not have an ABN) Attach a file:	Supplier Form (if	Upload - 12 month f and Balance Sheet * Attach a file:		.Upload - Insurance Certificate of Currency * Attach a file:
Applicants without submit a <u>Statemen</u> form				
				th children or young must be attached to the
				an outline of how it is with Children legislation.
<b>Upload - Child S</b> Attach a file:	Safety Polic	y/Plan		
Unincorporated of Mornington Penir				ent with an incorporated
<b>Do you require</b> ○ Yes	an Auspice	Agreement f	or this applicati No	ion? *
Auspice Org	anisation			
* indicates a requ				
marcates a requ	anca nela			
Funding is paid d obligations:	irectly to the	Auspice organ	isation, who are r	responsible for the following
<ul><li>Monitor the</li><li>Complete th</li></ul>	project and ene financial a	ensure timely o equittal and en	es related to the gonpletion sure funding is acy insurance wher	cquitted on time
Auspice Organi Organisation Nar				

Auspice Organisation Street Address * Address	
Address Line 1, Suburb/Town, and Postcode are required.	
Augnice Organisation Empil *	
Auspice Organisation Email *	
Must be an email address.	
Auspice Organisation ABN *	
The ABN provided will be used to look up the following information. Click Lookup above check that you have entered the ABN correctly.	e to
Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type <u>More information</u>	
ACNC Registration	
Tax Concessions	
Main business location	
Must be an ABN.	
Auspice Organisation Bank Account * Account Name	
BSB Number Account Number	
Must be a valid Australian bank account format. If sucessful, this is where funds will be deposited.	
Upload - Signed Auspice Agreement * Attach a file:	
Augnica Agraement available on Chira website	
Auspice Agreement available on Shire website	

## Your Project

\* indicates a required field

Project Title *
Must be no more than 12 words. Please provide a succinct title for your project.
Brief Project Description *
Word count:  Must be no more than 150 words.  Describe "what you are going to do?"
Where will the project take place? *
Street address and/or venue name
Assessment Criteria
The following criteria will be assessed on a scale of 1-5:  • 5 = meeting each criterion at a high level  • 1 = not meeting the criterion.
Applicants project must meet a minimum score of 55%
1) CRITERION: Community Support Grant Priorities
Council and Wellbeing Plan Theme 3: A flourishing, healthy and connected community
How does the application achieve or or more of the Community Support Grant Priorities? *  Lifesaving and safety equipment Strengthens the capacity of volunteering on the Mornington Peninsula through training and/or learning new skills Initiatives that contribute to the sustainability of community groups Increases social inclusion and connections as well as community cohesion Programs, activities and initiatives with broad community benefit Supports environmental priorities Seed funding for new projects Refer to Single Use Plastics Guidelines  How will your project support the priorities above? *
Word count: Must be no more than 50 words.

Write short a short description how the project will support the priorities.

2) CRITERION: Community Partnerships
If you organisation supports other groups list a few, if not write no.
Does your community group/organisation support a number of partnerships within the community? *
Word count: Must be no more than 10 words.
Does your project/activity involve partnering with other community groups? If so, who are your partners? If not just write no. *
Word count: Must be no more than 50 words.
Upload - evidence of engagement/partnership Attach a file:
i.e. support letter, correspondence with partner organisation
<ul> <li>Who will benefit from this project? *</li> <li>Individual or unidentified level of access</li> <li>Limited to exclusive group membership</li> <li>Broad community access within limited geographic area</li> <li>Broad community access throughout Mornington Peninsula Shire</li> </ul>
3) CRITERION: Feasibility of the Project
Will the project be carried out on public or private land/facility? *  □ Public land - community use □ Public land - limited community access □ Privately owned land □ Publicly used private land □ Unsure
Have you obtained land owner permission? *  Yes  No Pending Not Applicable i.e Parks Victoria, VicRoads, State Government etc. Preliminary approval is required as a minimum for this application. If successful, funding will not be provided until evidence of full approval is granted. For Shire owned community facilities, please email the Property department for landowner permission

What experience does your organisation have to deliver the project? \*

4) CRITERION: Capacity of the Applicant

Word count: Must be no more than 50 words.		
Who will deliver the project? * □ Staff □ Contractors □ Volunteers		
Have you discussed your project with a Shire Officer? If so, who? *		
If you haven't just write no		

### 5) CRITERION: Budget

\* indicates a required field

Budget - Project Income (Co-contribution)

Please show all sources of cash income (**excluding this grant**) in the table below that contributes to the project. Include the name of other funding sources that you have applied for, whether it has been confirmed or not.

- **Do not** include the amount sought from the Shire (see separate question below)
- **Do not** add in-kind volunteer hours here (see separate table below).
- **Do not** use commas or \$ signs in figures. You may add additional rows if needed.

Co-contribution Source	Co-contribution Amount \$	Co-Contribution Status
	\$	
	\$	
	\$	

### **Budget - Project Expenditure**

Please describe the main items of expenditure for the project so that it is clearly understood what the income will be used for.

- Nominate a funding source for each item.
- Refer to the grant guidelines to see what is ineligible to be funded.
- **Do not** add in-kind volunteer hours here (see separate table below).
- **Do not** use commas or \$ signs in figures. You may add additional rows if needed.

Expenditure Items Description	Expenditure Amount	Expenditure funding source
	\$	

	\$
	\$

### Total Project Income

Grant funding request *	Co-contribution	Total Income Amount	
\$	\$	\$	
Must be a dollar amount. Maximum is \$5,000	This number/amount is calculated.	This number/amount is calculated. This figure is the total of grant funding request and cocontribution.	

### Total Project Expenditure & Quotes

Total Expenditure Amount	Please attach quotes for expenditure items to be funded by the	
\$	grant (must be to the value of the funding request) Attach a file:	
This number/amount is calculated.		
	Online pricing is acceptable	

### Volunteer (in-kind) Contribution

Volunteer hours are calculated at \$46.92 per hour per volunteer.

Number of Volunteers	Estimate hours per volunteer	Total volunteer hours	Total in-kind volunteer contribution
Must be a number.	Must be a number.	This number/amount is calculated.	\$ This number/amount is calculated

#### **Outcomes and Metrics**

#### **Outcomes**

Please tell us about the outcomes you expect to result from your project. Generally, outcomes can be framed as an increase or decrease in one or more of the options we have listed below:

Select Outcome - Please Select Browse, How does your Project link to our

then select Community Cohesion and finally select Increased Community Participation.	outcomes?
No more than 1 choice may be selected.	Please explain how your project will help increase community participation in groups and volunteering.

#### Our metrics

**Metric - Please** 

A metric is a measurement designed to indicate whether or not progress towards an outcome is anticipated to happen and/or has occurred at the end of your project. An 'Activity Metric' tells us how much of something you're doing or producing. See below some metrics you may use for your project.

Progress

**Collection method** 

select Browse, then Select Increased Community Participation and then Choose which Metric best suits your project.		- 1 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Please select Browse, Increased Community Participation and then select which Metric best suits your project. No more than 1 choice may be selected.	What is your estimated total for your project? Must be a number.	currently? ´ Must be a number.	How will you collect and verify the data? E.g. survey, interviews/case studies, focus groups, administrative data (e.g. case management data), observation/estimation, government or public dataset (e.g. Census), other datasets.

## **Declaration and Acceptance**

**Total** 

\* indicates a required field

I declare that the information and attac of my knowledge, accurate and complet I agree and declare the above to be true		
If this application is successful, I/we (ou Mornington Peninsula Shire Funding Ag ○ Yes	r organisation) agree to sign a reement prior to funds being released. *	
I approve for Shire Officers to talk to other funding bodies / organisations for the purposes of seeking funding to support the activity. *  O Yes  O No		
If this application is successful, is the opposition of our Grant Program? ★ ○ Yes	rganisation willing to feature in Council's  O No	
Local Government Reporting		

A list of grants made by Council in the previous 12 months, including the names of applicants who, or bodies which, have received a grant and the amount of each grant will be published on Council's website and in Council's Annual Report.

### 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.

https://www.mornpen.vic.gov.au/System-pages/Privacy-Statement