#### Local Area Community Capital Grant

\* indicates a required field

#### **Purpose**

To provide funding for projects that improve the built and natural environments within the Mornington Peninsula Shire.

#### Important Information

Before completing this application, applicants are required to read the <u>Grant Program Guidelines.</u>

#### **Funding**

• Funding is available for eligible applicants up to \$50,000 per application.

#### **Closing Date**

• This program remains open for the financial year closing 4 June 2024 or when funds have been exhausted.

#### **Eligibility**

- Please refer to Grant Program Guidelines.
- •

#### **Prior Shire Funding**

All previous grant funding must be acquitted prior to applying for a grant.

| Ha   | s the organisation previously received Shire grant funding? * |
|------|---|
| 0    | Yes   |
| 0    | No  |
| 0    | Unsure  |
| i.e. | grant, sponsorship, subsidy                                   |

#### Has the Acquittal report for previous funding been submitted? \*

- YesNo
- Acquittal report has not reached the due date
- Unsure

If you are unsure, please contact the **Grants team** 

You have indicated prior grant funding has not been acquitted.

Please refer to the Program Guidelines:

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

Please do not proceed with this application until you have acquitted previous funding.

If you are unsure, please email the Grants team or call 59501425

#### **Applicant Details**

\* indicates a required field

| Applicant Organisation *   |
|--|
| Organisation Name  |
|  |
| Please use your organisation's full 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.  |
| Contact Person for Grant * First Name Last Name  |
| This is the primary contact for correspondence   |
| Position in Organisation *   |
| Doubling Bhang Number *  |
| Daytime 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 Primary Website  |
| Must be a URL.   |

| <b>Upload - current 12 month fin</b> Attach a file:  | ancial statement or P&L/Balance Sho  | eet *                |
|--|--|----------------------|
|  |  |                      |
| Max File Size: 25MB.   |  |                      |
| have 'Association', 'Incorporated'  Not for-profit proprietary com Corporations Act 2001  Organisations established thro | corporated under State/Territory legislati<br>or 'Inc' in their legal name)<br>panies or public companies, incorporated<br>ough a specific piece of Commonwealth of<br>blic benevolent institutions and churches | d under the          |
| ○ Yes  | reement for this application? *  O No  Ig for a grant must be auspiced by an incorpo  Innot apply for this grant.  | orated organisation. |
| Applicant ABN  |  |                      |
| The ABN provided will be used to check that you have entered the   | look up the following information. Click L<br>ABN correctly.   | ookup above to       |
| Information from the Australian Busi   | ness 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.  |  |                      |
| <b>Upload Statement by a Suppli</b> Attach a file:   | er form (if you do not have an ABN)  |                      |

Please provide the Registration/Incorporation number of your organisation \*

Applicants without an ABN must submit a <u>Statement by a Supplier</u> form

| <b>Applicant Org</b><br>Account Name | anisation Primary Bank Account |
|--------------------------------------|--------------------------------|
|                                      |                                |
| BSB Number                           | Account Number                 |
|                                      |                                |
| Account name is                      | applicant organisation.        |

#### **Auspice Organisation**

\* indicates a required field

Funding is paid directly to the Auspice organisation, who are responsible for the following obligations:

- Receipt, bank, and administer all monies related to the grant
- Monitor the project and ensure timely completion
- Complete the financial acquittal and ensure funding is acquitted on time
- Ensure that the group has public liability insurance where appropriate.

| Auspice Organisation * Organisation Name |  |
|--|--|
|  |  |

#### Auspice 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.

| <b>Auspice Organi</b>  | sation Email *   |                      |                     |
|--|--|----------------------|---------------------|
|  |  |                      |                     |
| Must be an email a   | ddress.  |                      |                     |
| <b>Auspice Organi</b><br>Account Name  | sation Bank Account *  |                      |                     |
|  |  |                      |                     |
| BSB Number   | Account Number   |                      |                     |
|  | stralian bank account format.<br>where funds will be deposited.                              |                      |                     |
| Signed Auspice<br>Attach a file:   | Agreement Form *   |                      |                     |
| Auspice Agreemen   | available on Shire website   |                      |                     |
| Your Project   |  |                      |                     |
| * indicates a requ   | uired field  |                      |                     |
|  |  |                      |                     |
| Project Title *  |  |                      |                     |
| Mush have a second th  | an 12 wards  |                      |                     |
| Must be no more the Provide a name for   | your project. This should be sh  | ort but descriptive. |                     |
| Is this an existi  | ng project? *  |                      |                     |
| ○ Yes  | ○ No   | ⊖ Un                 | sure                |
| Brief Project De   | escription *   |                      |                     |
|  | •  |                      |                     |
|  |  |                      |                     |
| Word count: Must be no more the Provide a clear and  |  | ou are doing.        |                     |
| Must be no more the Provide a clear and  | nan 100 words.   | ou are doing.        |                     |
| Must be no more the Provide a clear and Where is the provide and the provide where is the provide where it is the provide where the provide where it is the provide where the provide where the provide where the provide w | nan 100 words.<br>succinct description of what y   | ou are doing.        |                     |
| Must be no more the Provide a clear and  Where is the provide address or look  | nan 100 words. succinct description of what y roject taking place? *                         |                      | ategy? If so, which |
| Must be no more the Provide a clear and  Where is the present the  | nan 100 words. succinct description of what y roject taking place? * ocation of the project. |                      | ategy? If so, which |

| Must be no more than 20 words.  |
|---|
| Which Council Ward is your project going to be delivered in? *  ○ Briars ○ Cerberus ○ Nepean ○ Red Hill ○ Seawinds ○ Watson ○ Unsure Refer to Ward map  |
| Have you discussed your project with a Shire Officer? If so, who? *   |
|   |
| Word count:<br>Must be no more than 30 words.   |
| Assessment Criteria   |
| The following criteria will be assessed and scored on a scale of 1-5:  • 5 = meeting each criterion at a high level  • 1 = not meeting the criterion.   |
| 1) CRITERION: Local Area Community Capital Grant Priorities   |
| Council and Wellbeing Plan Theme 3: A flourishing, healthy and connected community  |
| How does the application align to the Council and Wellbeing Plan Theme 3 and achieve one or more of the Local Area Community Capital priorities? *  □ Existing funded project that is unable to be completed due to increased building material |
| costs  ☐ Upgrades to community facilities ☐ Projects that improve the natural environment ☐ New community capital infrastructure projects   |
| Describe how your project supports the priorities? *  |
|   |
| Word count:<br>Must be no more than 100 words.  |
| Contact and Stages  |
| There are currently over 200 Community Capital projects within the system. Mornington Peninsula Shire, through this grant stream, is prioritising projects that are:  |
| 1. Existing projects that have previously been awarded funding. and/or  |

2. The project is currently within the Shire's Community Capital process.

| Have you received previous Council funding detail. *  | g for this project? Please provide     |  |  |
|---|--|--|--|
| Word count:   |  |  |  |
| Must be no more than 50 words.<br>i.e Council decision, grant funding, capital works  |  |  |  |
| What is the Community Capital ID (if known  | n)                                     |  |  |
| What is the current stage of the project? *  Stage 1 - Planning  Stage 2 - Concept design  Stage 3 - Pre delivery  Stage 4 - Delivery |  |  |  |
| Is your project for minor works for infrastrubase? *  | icture associated with Council's asset |  |  |
| O Yes   | No                                     |  |  |
| Type of Facility  Community House / Centre  Kindergarten  Men's Shed  Community garden  Cultural space  Reserve/open space  Other:    |  |  |  |
| Reserve/Open Space location *   |  |  |  |
|   |  |  |  |
| 2) CRITERION: Community Partnerships  |  |  |  |
| Does your community group/organisation support a number of partnerships within the community? *                                       |  |  |  |
|   |  |  |  |
| Word count:   |  |  |  |

Have you consulted or collaborated with other community groups for this project?

| 0             | Yes O No  |
|---------------|---|
|               | ho have you engaged with and/or are you partnering with (community groups) r your project? *  |
|               | ord count:<br>st be no more than 30 words.  |
|               | pload - evidence of engagement or partnership * cach a file:  |
| i.e.          | support letter, correspondence with partner organisation  |
| 0000          | ho will benefit from your project? * Individual or unidentified level of access Limited to exclusive group membership Broad community access within limited geographic area Broad community access throughout Mornington Peninsula Shire  CRITERION: Feasibility of the Project |
| Fe            | asibility of the project *  We have completed the Community Capital Infrastructure Proposal Form (if applicable) We have completed the Public Art Proposal Form (if applicable)   |
|               | Ill 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   |
| 00000         | ho is the governing authority? *  Mornington Peninsula Shire Parks Victoria VicRoads Committee of Management Department of Environment, Water, Land and Planning (DELWP) Unsure   |
| □ □ □ □ □ Pre | Yes No Pending Eliminary approval is required as a minimum for this application. If successful, funding will not be evided until evidence of full approval is granted. For Shire owned community facilities, please emails a Property department for Shire landowner permission |

| <b>Upload - Copy of proposal/ap</b> Attach a file:   | pproval/land owner         | consent. *                   |              |
|--|----------------------------|------------------------------|--------------|
| i.e correspondence from Communit<br>Property dept    | ty Capital Infrastructure, | Arts and Culture Panel, land | owner, Shire |
| 4) CRITERION: Capacity                               | of the Applicant           |                              |              |
| What experience does your                            | organisation have to       | o deliver the project? *     |              |
|  |                            |                              |              |
| Word count:<br>Must be no more than 50 words.        |                            |                              |              |
| Who will deliver the project?  ☐ Staff               | ? *                        |                              |              |
| <ul><li>☐ Contractors</li><li>☐ Volunteers</li></ul> |                            |                              |              |
| Provide details of the contra                        | actor *                    |                              |              |
|  |                            |                              |              |
| Word count:<br>Must be no more than 50 words.        |                            |                              |              |
| Additional Information                               |                            |                              |              |
| Provide any additional infor                         | mation we should k         | now about the project.       |              |
| <b>Upload additional document</b> Attach a file:     | s to support your a        | pplication                   |              |
| A maximum of 5 files may be attacl                   | hed.                       |                              |              |
| E.g. Photos of the site, draft plans,                |                            | sultation                    |              |
| Proposed Budget                                      |                            |                              |              |
| * indicates a required field                         |                            |                              |              |
| 5) CRITERION: Budget                                 |                            |                              |              |
| \$ Must be a dollar amount.                          | Fotal Income Amount        | Total Expenditure Amount \$  | 1            |

Maximum is \$50,000

This number/amount is calculated.
Includes cash income and grant

This number/amount is calculated.

funding requested

#### Budget - Income

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 above)
- 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.

Total income and expenditure should be the same. All amounts should be GST exclusive.

| Income Source | Income Amount | Income Status |
|---------------|---------------|---------------|
|               | \$            |               |
|               | \$            |               |
|               | \$            |               |

#### Budget - 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 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 | Expenditure Amount | How will the item be funded? |
|-------------------|--------------------|------------------------------|
|                   | \$                 |                              |
|                   | \$                 |                              |
|                   | \$                 |                              |

| Please attach quotes/invoices for expen<br>request *<br>Attach a file: | diture items to the value of the grant |
|--|--|
|  |  |

Online pricing is acceptable i.e Bunnings

Volunteer (in-kind) Contribution

Volunteer hours are calculated at \$46.87 per hour per volunteer.

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

#### Declaration and Acceptance

\* indicates a required field

|   | s application is successful, I/we are required to or to funds being released * | sign a        |
|---|--|---------------|
| ○ Yes   | ○ No   |               |
| purposes of seeking fu                          | cers to talk to other funding bodies / organisating to support the activity.   | ions for the  |
| ○ Yes   | ○ No   |               |
| I declare that the inform of my knowledge, accu | mation and attachments in this application are, rate and complete *            | , to the best |
| ○ Yes   | ○ No   |               |
| Local Government P                              | enorting   |               |

#### Local Government Reporting

A list of grants made by the 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 may be published 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