Flexi Grant 2024/25

* indicates a required field

Purpose

To provide a quick response to a community need and initiatives within the Mornington Peninsula 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 $2,000

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.
- If you are applying for a defibrillator or AED, it needs to be publicly accessible and Registered with Ambulance Victoria.

Cultural Protocols

- For projects that include an Acknowledgement of Country or Welcome to Country, please refer to the Shire's guide to Cultural Protocols

Prior Shire Funding

Has your organisation previously received Shire funding? *
○ Yes
○ No
○ 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? *

○ Yes
○ No
○ 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 Grant Program Guidelines eligibility.

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

If you are unsure, please email the Grants team

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.

Organisation Primary Website

Must be a URL.

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/Territory 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 Number

[ ] [ ]

Must be a valid Australian bank account format.

Uploads

Upload - Statement by a Supplier Form (if you do not have an ABN)
Attach a file:

[ ]

Applicants without an ABN must submit a [Statement by a Supplier](#) form

Upload - 12 month financial statement or P&L and Balance Sheet *
Attach a file:

[ ]

Upload - Insurance Certificate of Currency *
Attach a file:

[ ]

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:

[ ]

Unincorporated organisations must have an [Auspice Agreement](#) with an incorporated Mornington Peninsula community group/organisation.

Do you require an Auspice Agreement for this application? *

○ Yes   ○ No

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 Street Address *

Address

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

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 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.

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:

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 50 words.
Describe "what you are going to do?"

Where will the project take place? *

Street address and/or venue name

Have you discussed your project with a Shire Officer? If so, who?

Word count:
Must be no more then 10 words

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: Flexi Grant Priorities

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

How does the project contribute to one or more of the Flexi Grant priorities? *
☐ Lifesaving, as well as health and safety equipment includes defibrillators (AED)
☐ Supports vulnerable members of the community.
☐ Enhances community groups to socially connect and reduce isolation
☐ Essential and/or unforeseen purchase of equipment to support activities
☐ Volunteers support

Is the request to purchase a defibrillator and/or an AED? *
○ Yes   ○ No

Location of defibrillator must be publicly accessible and applicants must register the AED with Ambulance Victoria after purchase.

What is the address where will the defibrillator be primarily located? *
Address

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

Will the defibrillator be located in a Council owned/managed facility or building? *

○ Yes   ○ No   ○ Unsure

If Yes, installation must be coordinated by the Shire's Building Maintenance unit

Will the defibrillator be located inside or outside? *

Will the defibrillator be publicly accessible outside your group's/organisation's operational hours? *

i.e is it behind a locked gate?

2) CRITERION: Community Partnerships

Does your community group/organisation support a number of partnerships within the community? (If not answer no)

Word count:
Must be no more than 50 words.

Does your project/activity involve partnering with other community groups? If so, who are your partners?

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

3) CRITERION: Community Benefit

Who will benefit from this 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

4) 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 *

$

Must be a dollar amount. Maximum is $2,000

Co-contribution

$

This number/amount is calculated.

Total Income Amount

$

This number/amount is calculated.
This figure is the total of grant funding request and co-contribution.

Total Project Expenditure & Quotes

Total Expenditure Amount

$

This number/amount is calculated.

Please attach quotes for expenditure items to be funded by the grant (must be to the value of the funding request)
Attach a file:

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, then select Community Cohesion and finally select Improved continuity of Community-Led Programs	How does your Project link to our outcomes?
Which of our outcomes will your project contribute to? If multiple apply pick the most relevant. No more than 1 choice may be selected.	Please explain how your project will help your Community-Led Program

Our metrics

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.

Metric - Please select Browse, then Select Improved continuity of Community-Led Programs and then Choose which Metric	Total	Progress	Collection method

best suits your project.

Which of our metrics (if any) will you track? You may be required to report on your progress. Add more rows if you want to list additional metrics. No more than 1 choice may be selected.	What is your estimated total for your project? Must be a number.	What is your current result for this metric? 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

* 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

If this application is successful, I/we (our organisation) agree to sign a Mornington Penisula Shire 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 the activity. *
○ Yes   ○ No

If this application is successful, is the organisation willing to feature in Council's promotion of our Grant Program? *
○ Yes   ○ 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