Your Details

* indicates a required field

You are required to provide information about your organisation and your project. The contact information provided within this section will form part of your funding agreement and all future correspondence for this funding round if you are successful.

Applicant

Applicant Organisation Name *

Organisation Name

Applicant Organisation Postal Address * Address

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

What is your organisations legal structure?

□ Unincorporated □ Incorporated □ Cooperative □ Company limited by guarantee □ Trust □ Sole trader

Application Contact

Application Contact * Title First Name Last Name

Application Contact Position *

Application Contact Mobile Phone Number *

Must be an Australian phone number.

Application Contact Primary Email *

Must be an email address.

AUTHORISED SIGNEE

Is the application contact an Authorised Signee

O Yes O No An Authorised Signee is someone who is authorised to sign funding documents on behalf of the organisation.

Authorised Signee 1

Authorised Signee *

Title First Name Last Name

Authorised Signee 1 Position *

Authorised signee must be either a President, CEO, Director, Secretary, Treasurer or a Senior Role within the applicant organisation.

Authorised Signee Mobile 1 Phone Number *

Must be an Australian phone number.

Authorised Signee 1 Primary Email *

Must be an email address.

Authorised Signee 2

Contact details are required for two authorised signees from the applicant organisation.

Authorised Signee 2 *

Title First Name

Authorised Signee 2 Position *

Authorised Signee 2 Mobile Phone Number *

Must be an Australian phone number.

Authorised Signee 2 Primary Email (must be different to that provided for Authorised Signee 1) *

Must be an email address.

Remember! Save your application before moving to the next page.

Last Name

Auspice Details

* indicates a required field

Groups that are not incorporated are still eligible to apply for funding but must do so by identifying an incorporated association to auspice their project.

ls your p auspiced	project being ? *	⊖ Yes		⊖ No
Auspice	e Organisation			
	Organisation * tion Name			
Auspice Address	Postal Address			
Auspice	e Authorised S	ignee		
Auspice Title	Authorised Sign First Name	ee * Last Name		
Auspice	Authorised Sign	ee Position *		
Auspice	Authorised Sign	ee Primary Pho	ne Number *	
Must be ar	n Australian phone ni	umber.		
Auspice	Authorised Sign	ee Primary Ema	il *	
Must be ar	email address.			
mast be al	i cinali addi c55.			
Rememb	er! Save your app	lication before m	oving to the next p	bage.

Incorporation and Insurance

* indicates a required field

Incorporation, ABN and Insurance

Incorporation Number

This question is required - for all applicants (with exemption of Sole Traders)

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 <u>More information</u>
ACNC Registration
Tax Concessions
Main business location

Attach Public Liability Insurance Certificate (minimum \$10million) Attach a file:

Incorporation, ABN and Insurance (Auspicing Organisation)

Being Auspiced? If you have nominated an auspice organisation, enter their details in this section.

Incorporation Number *

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	

Attach Public Liability Insurance Certificate (minimum \$10million) *

Attach a file:

Remember! Save your application before moving to the next page.

Community Grant Program - Quick Response Program

* indicates a required field

The Community Grant Program aims to:

- Facilitate and support initiatives that strengthen the community through opportunities for participation, development, arts, inclusion, the environment and sustainability.
- Support a range of interest areas, including health and wellbeing, community support, community spirit, arts, history and culture, the environment, and access and equity.
 Assist council to deliver identified objectives, priorities and strategies and align with the
- Council Plan.

Assessment

Applications must address the following mandatory criteria. If the application does not address the mandatory criteria, it will not be eligible for assessment:

- Provide details of all monetary and in-kind contributions.
- Provide a plan for consultation/engagement.
- Identify where the project aligns with the MRCC Council Plan 2021-2025.

Mildura Rural City Council - Council Plan

Please identify where your project aligns with the Council Plan 2021 - 2025

Which of the following Council Plan community vision themes does your project best align with? *

□ Enviornment

□ Place

□ Community

□ Economy

Leadership

Tick all that apply

Project Summary (30%)

Project Title *

What is the name?

Brief description of your project or proposed activity *

Please tick which Program Priority(s) your project addressees. One or more program priorities can be selected. *

Promote health and wellbeing, increase volunteer participation and help people feel safe in our community.

- □ Support people from different cultures to participate fully in community life.
- □ Support children and young people to reach their full potential.
- □ Support older people and people with a disability to have access to quality services.

□ Increase community education and awareness of environmental issues including climate change.

- □ Support revegetation projects or manage pest plants and animals.
- □ Reduce energy and water use or use renewable energy or recycled water.
- $\hfill\square$ Reduce waste production or increase recycling.
- □ Increase access to a diverse range of arts and cultural experiences.

□ Values and embraces our diverse cultural heritage and recognises the significance of our region's Indigenous culture.

- $\hfill\square$ Support the establishment of new arts groups, education, workshops or mentoring opportunities.
- Encourage community festivities/spirit including community decorations.
- □ Support community relief and recovery projects.

Clearly describe how your project will addresses the Program Prioritie(s) selected above. *

Applications that address more than one priority area are encouraged.

Evidence (20%)

Remember! Save your application before moving to the next page.

3. Provide a clear explanation of the need

for your project within the community?

Attach any evidence of the need for the project within the community Attach a file:

community consultation conducted This could include: Consultation/engagement with group members about the project, advertising on social media, radio, or print media

Evidence

Attach a file:

Outcome measures (15%)

Clearly state the outcome/s your project will achieve *

Outline the measures that will be used to show if your project has been successful in achieving the stated outcome/s *

Inclusiveness and accessibility

Being 'inclusive' and 'accessible' means welcoming everyone - regardless of age, gender, race and ability and that all people involved have an equal opportunity to participate at a level they choose.

7. How does your project demonstrates consideration for inclusiveness and accessibility? *

Social and environmental sustainability

Includes supporting local businesses, employment of indigenous people or people with disabilities, promotion of environmentally friendly practices, purchase/use of products that consume minimal energy, water or other resources.

8. How does your project demonstrate consideration for social and environmental sustainability? *

Delivery Plan (15%)

In the table below, please list all the **Key Actions and Activities** as a timeline for the delivery of your project including e.g

- Develop a plan
- Purchase items
- Commence program
- Submit end of project acquittal report

Please also detail,

- Potential risk/s associated with each task
- How you propose to minimise risk
- The skills and or resources required for each action.
- Estimated start and completion date of each action.

Please remember to also include any community engagement activities you have planned in relation to your project.

This question is weighted at 15% of the overall assessment process.

Key Actions/ Activities	Risk Identified	Risk Mitigation	Skills / Resources required	Start Date	Completion Date
		1			
				1	
				Must be a date	Must be a date

Project Budget

Instructions

Your budget is an important part of your grant application and forms part of the mandatory criteria to be assessed.

Quick Response Grants are funded up to \$2,000

To assist you to complete your budget correctly we have developed **Budget Instructions** for you, including:

• What is your project or event expenditure and income?

\$

- How to complete your budget
- Budget examples
- what is and how do I calculate in-kind contribution?

Grant Amount	
Requested	

Must be a dollar amount.

Project Costs - Income and Expenditure

ALL BUDGET FIGURES should be listed as (GST exclusive)

Please provide a breakdown of

All known sources of Income and;

All anticipated expense items in the expenditure tables below.

Your income and expenditure figures should match.

Provide clear descriptions for each item in the 'Income and Expenditure' columns, examples - trivia night fundraiser, company x sponsorship etc

Examples of expenses could include, rent, power, wages etc.

Include all possible expenses including items not covered by grant terms, this will help you plan for a successful project delivery.

• 2 quotes are required for each single item costing \$1,000.00 or more.

• If two quotes cannot be obtained, please contact the grant owner to discuss your option

Income	\$	Expenditure	\$
MRCC GRANT	\$		\$
Participant Contribution	\$		\$
In-kind	\$		\$
	\$		\$
	\$		\$
	Must be a dollar amount.		Must be a dollar amount.

Which specific budget items listed above will the grant funding cover?

Item	\$	Quotes Evidence
	\$	
	\$	
	\$	
	\$	
	\$	
	Must be a dollar amount.	

Remember! Save your application before moving to the next page.

Applicant Declaration

* indicates a required field

Further Information

Additional information and / or documentation in support of your project (eg. site plans / drawings, photos, letters of support etc) can be uploaded below.

Attach a file:

Our Privacy Statement

Mildura Rural City Council collects Personal and/or Health Information for municipal purposes as specified in the Local Government Act 1989. The information collected in this form is used only for the purposes specified (primary purpose) and is not passed on to third parties. Council may disclose this information but only if authorised or required by law. Council may not be able to process your request unless sufficient information is given. Should you need to change or access your personal details, or you require further information regarding Council's Privacy Policy please contact Council's Privacy Officer.

Acceptance of Privacy ⊖ Yes Statement *

Applicant Declaration

I, the undersigned, certify that I have been authorised by my Organisation and Auspice Organisation (if applicable) to submit this application.

I have read, understood and agree to the terms and conditions of this grant.

I have completed all sections of the application and to the best of my knowledge all the information I have given is true and correct.

I agree that Mildura Rural City Council, for the purpose of assessing this application, may check any of my statements.

I understand that this is an application and may not necessarily result in funding approval.

Acceptance of Declaration *

∩ Yes

Full Name *	
Position *	
Date *	
Must be a date	

I would like to receive information about future grant rounds * ∩ No

∩ Yes