#### 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.

| Applica   | nt   |                              |                                  |
|---|--|------------------------------|----------------------------------|
| <b>Applican</b> Organisat                                     | <b>t Organisation I</b><br>ion Name                  | Name *                       |                                  |
|   |  |                              |                                  |
| <b>Applican</b><br>Address                                    | t Organisation l                                     | Postal Address *             |                                  |
| Address Lir   | ne 1, Suburb/Town,                                   | State/Province, Post         | ccode, and Country are required. |
| <ul><li>☐ Unincorp</li><li>☐ Incorp</li><li>☐ Coope</li></ul> | orporated<br>Porated<br>Prative<br>any limited by gu | ons legal structu<br>arantee | re?                              |
| Applica   | tion Contact   |                              |                                  |
| <b>Applicati</b><br>Title                                     | on Contact *<br>First Name                           | Last Name                    |                                  |
| Applicati   | on Contact Pos                                       | ition *                      |                                  |
| Applicati   | on Contact Mok                                       | oile Phone Numb              | er*                              |
|   |  |                              |                                  |
| Must be an  | Australian phone r                                   | number.                      |                                  |
| Applicati   | on Contact Prin                                      | nary Email *                 |                                  |
|   |  |                              |                                  |

Must be an email address. **AUTHORISED SIGNEE** Is the application contact an Authorised Signee 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 Full Name \* Title First Name Last Name Position \* Authorised signee must be either a President, CEO, Director, Secretary, Treasurer or a Senior Role within the applicant organisation. **Mobile Phone Number \*** Must be an Australian phone number. 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 Last Name **Authorised Signee 2 Position \*** 

Authorised Signee 2 Mobile Phone Number \*

Must be an Australian phone number.

Authorised Signee 2 Primary Email \*

Must be an email address.

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

### **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.

| Is your p<br>auspiced     | roject being<br> ? *       |                 |             |
|---------------------------|----------------------------|-----------------|-------------|
| Auspice                   | Organisation               | n               |             |
|                           | Organisation *<br>ion Name |                 |             |
| <b>Auspice</b><br>Address | Postal Address             |                 |             |
| ·                         | e Authorised S             |                 |             |
| Title                     | First Name                 | Last Name       |             |
| Auspice /                 | Authorised Sign            | nee Position *  |             |
| Auspice                   | Authorised Sign            | nee Primary Pho | ne Number * |
|                           | Australian phone r         |                 |             |
| Auspice                   | Authorised Sign            | nee Primary Ema | iil *       |
| Must be an                | email address.             |                 |             |

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

|   | n | CO | rn | or | atior | า ar | nd  | Insi | ırar   | ice |
|---|---|----|----|----|-------|------|-----|------|--------|-----|
| L |   |    |    |    | acioi | ıuı  | I G |      | 41 G I |     |

\* indicates a required field

| Incorporation, ABN and                                   | d Insurance                    |  |
|--|--------------------------------|--|
| Incorporation Number                                     |                                |  |
| This question is required - for al                       | l applicants (with exemption o | of Sole Traders)                         |
| ABN  |                                |  |
| The ABN provided will be use check that you have entered |                                | information. Click Lookup above to       |
| 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 Ins<br>Attach a file:            | urance Certificate (mini       | imum \$10million)                        |
|  |                                |  |
| Incorporation, ABN an                                    | d Insurance (Auspicir          | ng Organisation)                         |
| <b>Being Auspiced?</b> If you have section.              | ve nominated an auspice or     | rganisation, enter their details in this |
| 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

ACNC Registration

Tax Concessions

Main business location

| Attach Public Liability Insurance Ce | rtificate (minimum \$10million) * |
|--------------------------------------|-----------------------------------|
| Attach a file:                       |                                   |
|                                      |                                   |
|                                      |                                   |

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

### Community Grant 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 (this must be in line with the requirements of the funding level, i.e. Large Grants 1:2).
- Provide a plan for consultation/engagement.
- Identify where the project aligns with the Council Plan 2021- 2025 Themes
  - **Environment:** :We will sustain our natural environment and resources for current and future generations

- Community: We will be a healthy, respectful and connected community
- **Place**: We will be a place to live, belong and visit with infrastructure and development that enhances our lifestyle
- **Economy:** We will have a thriving economy that harnesses our strengths and capitalises on opportunity
- **Leadership**:We will have responsible, collaborative leadership that puts community wellbeing at the heart of decision-making

### **Grant Funding Levels**

The Community Grant Program has different funding levels to facilitate the various eligible projects and programs.

| Which grant funding level are you applying for *  □ Large \$6,001 to \$10,000  □ Small up to \$6,000   |
|--|
| Please remember the large grants have a 1:2 funding ratio  |
| Community Vision and Mildura Rural City Council - Council Plan   |
| Please identify where your project aligns with the Community Vision 2040 and Council Plan 2021-2025  |
| Link: Mildura Rural City Council Council Plan 2021-2025  |
| Which theme does your project align to? *  □ Environment □ Community □ Place □ Economy □ Leadership You can choose more then one theme This question forms part of the mandatory criteria  |
| Project Summary  Project Title *   |
| Troject file   |
| <ol> <li>Please tick which Program Prioritie(s) your project addressees. One or more program priorities can be selected.</li> <li>Promote health and wellbeing</li> <li>Support people from different cultures to participate fully in community life.</li> <li>Support children and young people to reach their full potential.</li> <li>Support older people and people with a disability to have access to quality services.</li> </ol> |
| $\hfill \square$ 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.  ☐ 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.   |
|---|
| ☐ 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.  ☐ Increase volunteer participation.  ☐ Help People feel safe in our community  ☐ Promote Gender Equality  ☐ Work to prevent family violence  ☐ Other: |
| Questions 1 & 2 combined are weighted at 30% of the overall assessment process  |
| 2. Clearly describe your project and how it will address the Program Prioritie(s) selected above. Applications that address more than one priority area are encouraged. *   |
|   |
| Questions 1 & 2 are weighted at 30% of the overall assessment process   |
| 3. Provide clear evidence for the need for your project within the community? For example, limited access to workshops programs or activities. Programs mitigating climate change or reducing emissions. Programs or activities that improve accessibility to a community facility. *               |
|   |
| This question is weighted at 20% of the overall assessment process  |
| 4. Clearly state what outcome/s your project will achieve *   |
|   |
| Questions 4 & 5 combined are weighted at 15% of the overall assessment process  |
| 5. Outline the measures that will be used to show if your project has been successful in achieving the stated outcome/s ${\color{gray}\star}$   |
|   |
| Questions 4 & 5 combined are weighted at 15% of the overall assessment process  |
|   |

include: Consultation/engagement about the project, a meeting agenda or minutes, advertising, social media posts, radio, or print media \*

| This question forms part o   | f the mandato                          | ry criteria                         |                |                         |
|--|--|-------------------------------------|----------------|-------------------------|
| Inclusiveness and  | accessibil                             | ity                                 |                |                         |
| Being 'inclusive' and 'ad race and ability and tha level they choose.  |  |                                     |                |                         |
| 7. How does your pro<br>accessibility? *   | ject demon                             | strate considerat                   | tion for inclu | siveness and            |
|  |  |                                     |                |                         |
| Questions 7 is weighted at   | : 10% of the ov                        | erall assessment pro                | ocess          |                         |
| Social and environ   | mental su                              | stainability                        |                |                         |
| Includes supporting local disabilities, promotion of consume minimal energy  | of environmer                          | ntally friendly pract               |                |                         |
| 8. How does your pro   | ject demon                             | strate considerat                   | tion for socia | al and environmental    |
| sustainability? *  |  |                                     |                |                         |
| Questions 8 is weighted at   | : 10% of the ov                        | erall assessment pro                | ocess          |                         |
| 9. Project Timeline  | 2                                      |                                     |                |                         |
| <ul> <li>In the table below, please</li> <li>The action/activity</li> <li>The skills/resources</li> <li>Estimated start and</li> <li>Consideration of ris</li> </ul> | planned.<br>required for<br>completion | each action.<br>date of each actior |                | project including:      |
| Please remember to als relation to your project.   | o include any                          | community engag                     | gement activit | ies you have planned in |
| This question is weighte   | ed at 15%                              |                                     |                |                         |
| Action / Activity Skill<br>Reso<br>requ  | urces                                  | Risk<br>management                  | Start Date     | Completion<br>Date      |

|  | Must be a date | Must be a date |
|--|----------------|----------------|

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

### **Budget**

\* indicates a required field

#### Instructions

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

The Community Grant Program has two funding levels to facilitate the various eligible projects and programs.

Large Grants - \$6,001- \$10,000 (Funding ratio 1:2)

Small Grants - Up to \$6,000 (No contribution)

**To assist you to complete your budget** correctly we have developed a **Budget Instructions** (click on Budget Instructions for more information) for you, including:

- What are project or event expenditure and income?
- How to complete your budget
- Budget example

#### Project Costs (Expenditure)

• List **all costs** associated with your project.

| Item | \$ |
|------|----|
|      | \$ |
|      | \$ |
|      | \$ |
|      | \$ |
|      | \$ |

| What specific project items would be paid for using the grant funds? (List below) |  |
|---|--|
|   |  |
|   |  |
|   |  |

#### Quotes

Remember!

- Two quotes are provided for any single expenditure items of \$1,000.
- Quotes must be less than 3 months old.

| Item | Quote |
|------|-------|
|      |       |
|      |       |

### Project Income

Please ensure your Expenditure and Income TOTALS are the same.

### Please ensure your Expenditure and \$ Income Totals are the same

| Mildura Rural City Council Grant   | \$                       |
|--|--------------------------|
| Organisation Cash Contribution (if applying for the large grant 2:1 funding ratio) | \$                       |
| In-Kind Contribution   | \$                       |
|  | Must be a dollar amount. |

#### **Budget**

| Income | \$ |
|--------|----|
|        | \$ |
|        | \$ |
|        | \$ |
|        | \$ |
|        | \$ |
|        | \$ |
|        | \$ |
|        | \$ |

#### **Grant Amount Requested**

\$

(What is the total financial support you are requesting in this application?)

**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 <i>Local Government Act 1989</i> . 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 O 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 *  ○ Yes ○ No  |