Community Equipment Grant Application Form, Round 4, 26/27
Form Preview

Eligibility

* indicates a required field

Program

This field is read only.

Applicants: please note

Before completing this application form, you should have read the program guidelines: Community equipment grants Campaspe Shire Council.

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is important that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you haven't already done so, you should contact the Community Grants Officer in relation to your application on 5481 2200 or email communitygrants@campaspe.vic.gov.au . If you have further queries in regard to this application form or eligibility criteria, please make contact with the Community Grants Officer.

If you do contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.

Confirmation of Eligibility

Before proceeding, please confirm the following:

- you have read and understood the program guidelines
- you are able to demonstrate alignment between your project and the aims of this program
- your organisation is a not-for-profit incorporated association (includes educational institutions such as schools and kindergartens) or is auspiced by an incorporated association organisation for the purposes of this application
- your organisation is located in and services Campaspe Shire Council, or you can demonstrate that your project benefits residents and community groups that reside in Campaspe Shire Council
- your organisation is able to demonstrate financial viability
- your organisation does not have any outstanding acquittals or any outstanding debts owed to Council
- your organisation has the appropriate type and level of insurance for the activities that are the subject of this grant

You must confirm that all statements above are true and correct. *
☐ Yes

Contact Details

* indicates a required field

Privacy Notice

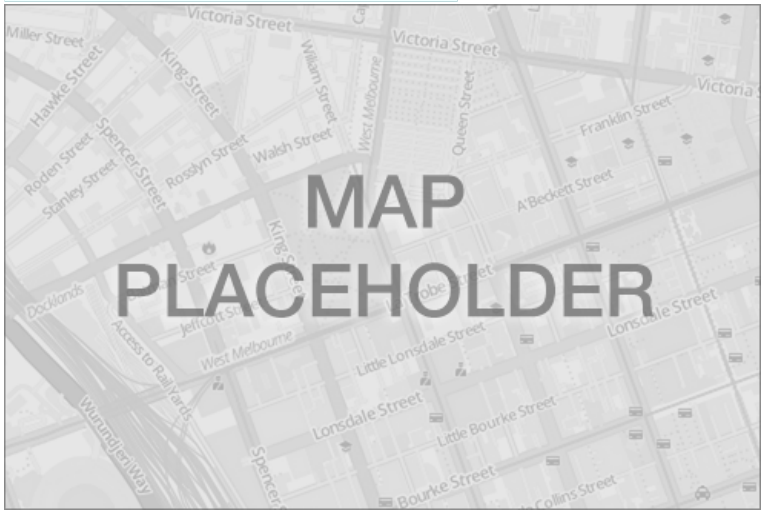
We pledge to respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012.* To view our privacy statement, go to Privacy statement Campaspe Shire Council

Applicant Details

Organisation Name *
Organisation Name

Make sure you provide the same name that is listed in official documentation.

Organisation primary address
Address



Organisation postal address
Address

Organisation primary phone number *

Must be an Australian phone number.

Organisation email address *

Must be an email address.

Organisation website

Must be a URL.

Primary Contact Details

Primary contact *

First Name Last Name

This is the person we will correspond with about this grant.

Position held in organisation *

e.g., Manager, Director or Fundraising Coordinator.

Primary contact primary phone number *

Must be an Australian phone number.

Primary contact office phone number

Must be an Australian phone number.

Primary contact email address *

This is the address we will use to correspond with you about this grant.

Organisation Details

* indicates a required field

What is your organisation's purpose or mission? *

What type of not-for-profit organisation are you? *

○ Community group

○ Sporting Club
○ Recreation Reserve Committee of Management
○ Crown Land Committee of Management
○ Educational institution (includes pre-schools, schools, universities & higher education providers)
○ Religious or faith-based institution
○ Peak body
○ Healthcare not-for-profit
○ General not-for-profit (i.e. none of the sub-types listed above)

Please choose the option that best applies to your organisation.

What is your organisation's legal structure? *

○ Unincorporated association
○ Incorporated association
○ Indigenous corporation, association or cooperative
○ Cooperative
○ Unknown
○ Other:

If your organisation is not an incorporated association, it must have an incorporated association auspice organisation.

Organisation Incorporation Number

Does your organisation have an ABN? *

○ Yes ○ No

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	

Please indicate the number of members/participants within your organisation

Must be a number.

Please indicate the number of members/participants within your organisation that will benefit from this equipment.

Must be a number.

Auspice Information

* indicates a required field

Is your organisation auspiced by another organisation for the purpose of this grant? *

○ Yes ○ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated association organisation. If you do not have an auspice you should not apply for this grant.

Auspice Incorporation Number (required if you are using an auspice body)

Auspice Organisation Details

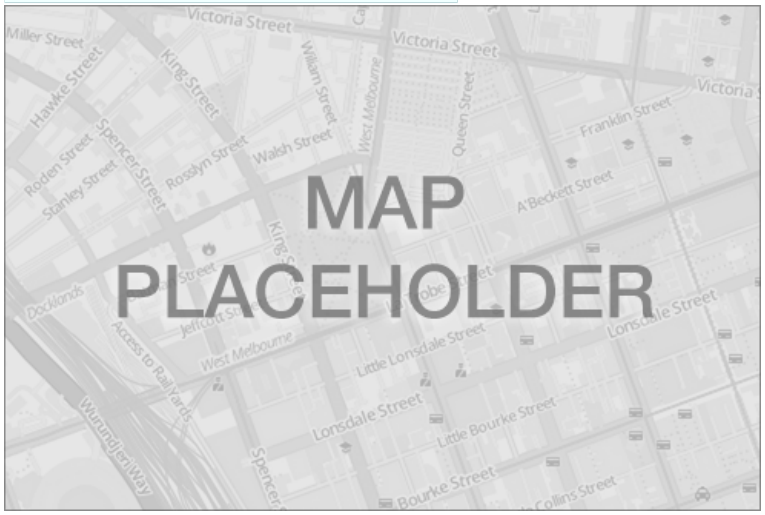
Auspice organisation name *

Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Auspice primary address

Address



Auspice postal address

Address

Auspice primary phone number *

Must be an Australian phone number.

Auspice email address *

Must be an email address.

Auspice website

Must be a URL.

Primary contact person at auspice organisation *

Title First Name Last Name

We may contact this person to verify that the auspice arrangement is valid and current.

Position held in organisation *

e.g., Manager, Board Member or Fundraising Coordinator.

Auspice primary contact primary phone number *

Must be an Australian phone number.

Auspice primary contact office phone number

Must be an Australian phone number.

Auspice primary contact email address *

Must be an email address

Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. *

Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

Does the auspice organisation have an ABN? *

○ Yes ○ No

Auspice 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.

Project Details

* indicates a required field

Project title *

Word count:
Must be no more than 25 words.
Provide a name for your project/program/initiative. Your title should be short but descriptive

Anticipated start date *

Anticipated end date *

Please detail the equipment that you are looking to purchase *

Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes). Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

How will the equipment be used to benefit members/participants of your organisation?

Will other community groups/residents benefit from the purchase of the equipment? If so, how?

Rationale / Theory of Change: What is the need and how will you address it? *

Tell us why your initiative is needed, and why you believe the activities you propose will produce the outcomes you seek. Provide statistics/evidence (where available) of both the need and the link between the work you will do and the outcomes you seek. Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

Alignment - How will your initiative help Campaspe Shire Council support our Council and Wellbeing Plan or Strategies? *

Please consult the program guidelines for more information about our program and organisational goals - see https://www.campaspe.vic.gov.au/Our-council/Documents/Strategies-plans . Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

Community Support

Does this initiative have community support? (e.g. residents or other community groups) *

○ Yes ○ No ○ Don't know

Evidence of community support is generally highly regarded as projects with community buy-in tend to be more successful.

What evidence do you have that the purchase of this equipment has community support? *

Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

List the partners that you will work with to deliver your activity/project

Please upload letters of support (if available/relevant)

Attach a file:

A maximum of 5 files can be attached

Project Outcomes

* indicates a required field

Who are the expected primary beneficiaries of this equipment? *

Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, 'Universal – no particularly targeted beneficiaries'

Will this equipment benefit one or more of Council's Communities of Priority? If so, please indicate those that will benefit *

- ☐ Aboriginal and Torres Strait Islander peoples
- ☐ Culturally diverse communities
- ☐ LGBTIQA+
- ☐ Older People
- ☐ People with a disability
- ☐ People with a mental illness
- ☐ People with social disadvantage
- ☐ Women
- ☐ Young People

Find out more about Councils Communities of Priority in Councils Access and Inclusion Plan here: https://www.campaspe.vic.gov.au/Our-council/Documents/Strategies-plans

Please explain how each of the Communities of Priority selected will benefit from the equipment. *

How will you address the needs of people of different genders in the design and management of your initiative? *

We want you to show us how you have considered gender differences in designing your project/ program so that you are reaching people equitably. If you are running a gender-specific initiative, please tell us why only one gender is being targeted. For more information on applying a gender lens to your work, visit http://www.fundingcentre.com.au/help/gender-lens.

Project Outcomes

Please tell us about the outcomes you expect to result from your project. Outcomes are the changes you expect to occur for the beneficiaries (direct, indirect and/or intermediaries) of

your project. Generally, outcomes can be framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation (these are generally immediate or short-term outcomes)
- Actions, behaviour, change in policy (these are generally intermediate or medium-term outcomes)
- Social, financial, environmental, physical conditions (these are generally long-term outcomes)

Immediate outcomes occur directly following an activity (e.g. within 1 month); medium-term outcomes are those that fall between the short and long-term outcomes (e.g. between 1 month and 2 years); and long-term outcomes are those we expect to see years later (e.g. 2, 5, 10 or 50 years after the activity).

Your outcomes	**Timeframe**	**Explanatory notes**
What changes do you expect will occur as a result of your project (e.g. Enhanced physical fitness)? Please be brief. One per row.	When do you expect this outcome to emerge?	Add notes if you need to provide more context.

Please list any indirect beneficiaries you anticipate will or may be affected by your equipment purchase.

Indirect beneficiaries

One per row. You may add extra rows if required. Indirect beneficiaries are those who may not be targeted by your initiative but are nonetheless expected to be affected by it. For example, a country sports program might be expected to improve the health of the participants (‘rural children and youth'), but also to contribute to strengthened community cohesion and capacity building through greater involvement in sports clubs (‘rural adults’).

Project Budget

* indicates a required field

Total Amount Requested *

Must be a dollar amount and no more than 2000. What is the total financial support you are requesting in this application from the Campaspe Shire Council?

Total Project/Program Cost *

What is the total budgeted cost (dollars) of your project?

Project Budget (Income)

Please outline your project income in the budget table below, including details of other income or funding that you have applied for, whether it has been confirmed or not.

Your budget MUST balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT)

Income description	Income type	Is this funding confirmed?	Income amount (budgeted)	Notes
Shire Equipment Grant	Earned Income Government Grants Philanthropic Grants Donations Sponsorship Pro Bono/In-kind Other:	Confirmed Unconfirmed		This Community Equipment Grant
	Other:			
Provide a clear description for each budget item. Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'.	Please select the type of income		Enter the total amount expected to be received. Must be a dollar amount.	Add notes if you need to provide more context

Project Budget (Expenditure)

Please outline your project expenses in the expenditure table below.

Your budget MUST balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT)

****Please note which items you want to spend Council funds on in the 'Notes' column on the right.**

****All expenditure items $500 or more must have a current quote supplied (no more than 3 months old)**

Expenditure description	Expenditure type	Expenditure amount (budgeted)	Notes
Provide clear descriptions for each budget item. Examples of expenses could include safety equipment, kitchen equipment, IT	Please select the type of expenditure.	Enter the total amount to be expended on this budget item. Must be a dollar amount.	Add notes if you need to provide more context.

equipment, marquees etc.			

Budget Totals

Total Income Amount

This number/amount is calculated.

Total Expenditure Amount

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.

Please attach quotes for those expenditure (cost) items $500 or more.
Attach a file:

All cost items $500 or more must have a quote attached

What other inputs will you need in order to successfully carry out this project?

Input	Confirmed?
Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, and other types of support.	

Applicant Capacity

* indicates a required field

Now that we know about the equipment you are looking to purchase, we need to ensure that your organisation has the capacity to purchase and implement the equipment and ensure it gets used. Please provide some information about your organisation that will give us confidence that the equipment can be put to the use described in this application. *

Include in this section information about your strategies for providing the inputs (money, staff/ volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, etc.) and how you will complete this project/program within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work. Provide links to further explanatory material if available/relevant. Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

Please upload a copy of your organisations or auspice current Public Liability Insurance *
Attach a file:

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree * ☐ Yes

Name of authorised person *
First Name Last Name
Must be a senior staff member, trustee or appropriately authorised volunteer

Position held in Organisation *
Position held in applicant organisation (e.g. Secretary, Treasurer)

Phone number *
Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Email *
Must be an email address.

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process.
○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

How many minutes in total did it take you to complete this application?

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.