SECTION A: Information and Eligibility

* indicates a required field

Applicants - please note:

Before completing this application form, you should have read the - <u>Community</u> Flood Recovery & Resilience Grants - Guidelines

We encourage you to make contact with a Council Officer to discuss your project / event prior to applying.

For further tools and resources to support your application please click on the following link Community Directors.

Incomplete applications 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's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

For assistance with your application, to book a one on one session or if you have inadvertently submitted and need to add or edit information please contact Moira Shire Council, Community Team on (03) 58719 222.

Assessment Criteria

Grant applications will be assessed on the following criteria;

- How well the project/event aligns with the Community Flood Recovery & Resilience Grants program guidelines.
- How the proposed project/event meet the needs of the Moira shire community.
- Who will benefit from the proposed project/event.
- How the organisation will manage the project/event and considered risks.
- How well the budget and required quotes are demonstrated.

I understand that my application is to address all of the above criteria.

Yes

Confirmation of Eligibility

I confirm that our community organisation:

- Has read and understood the program guidelines.
- Is able to demonstrate alignment between our project and the aims of this program.
- Is a not-for-profit organisation with open membership to residents in Moira Shire.
- Is incorporated and have an Australian Business Number (ABN), or is auspiced by an incorporated organisation for the purposes of this application.
- Does not owe any reports or money to Moira Shire Council as a result of previous funding or grants.

- Has the appropriate type and level of insurance for the activities that are the subject of this grant.
- Does not have our own grant giving program or fundraising program that provides money to finance other organisation's community initiatives.
- Are compliant with all relevant local laws and Australian and Victorian legislation.
- Have appropriate management plans in place including risk, project, event and financial.

Please select below: * O Yes O No
SECTION B - Contact Details
* indicates a required field
Organisation Details
Organisation Name * Organisation Name
Organisation Email *
Must be an email address.
Organisation Postal Address * Address
Suburb State Postcode Must be an Australian postcode.
Please provide a brief description of your Community Organisation: *
Word count: Must be no more than 50 words.
Is your Community Organisation incorporated? * ○ Yes ○ No
Does your Community Organisation have an ABN? * ☐ Yes ☐ No

Community 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 Details

If you are not incorporated, you will require a registered/incorporated group to act as the Auspice.

Name of Auspice Body

Organisation Name

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.

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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 Contact Nan	ne *		
Auspice Primary Pho	one Number *		
Must be an Australian pho	one number.		
Community Organisa	ation GST Status *		
Legislation? * □ Accounting and aud □ Equal opportunity a □ Human rights laws □ Privacy, confidentia □ Registration or accounts	diting requirements and anti-discrimination ality and freedom of inf reditation of profession ssemination of annual r	laws Formation laws nal employees	Australian/Victorian
Applicant Position *			
Applicant Phone Nur	nber		
Must be an Australian pho	one number		
Applicant Mobile Pho			
Applicant Hobite File	JIIC HAIIIDEI		
Must be an Australian pho	one number.		
Applicant Email *			
Must be an email address	S.		

Are any of your Executive Committee memebers of other Community Organisations? ☐ Yes ☐ No				
In order for us to identify any conflicts of interest, please list any personal dealings or relationships you have with any Moira Shire Council staff members: \[\text{Yes} \] \[\text{No} \]				
Name of staff member				
Type of dealings or relationship				
SECTION C - Project Details				
* indicates a required field				
Project Information				
Project Title *				
Must be no more than 10 words.				
Please provide a short summary of your initiative (may be used for media purposes): *				
Word count:				
Must be no more than 150 words. 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 (i.e. outcomes).				
Anticipated Start Date *				
Must be a date.				
Anticipated End Date *				
Must be a date. All activities and expenditure must be completed by 29 February 2025.				
Total expected cost of project (including GST if applicable): *				

\$				
Must be a dollar am What is the total ex	nount. pected cost (dollars)	of your project? inc	l GST if applicable	
Total amount re	equested (includi	ng GST if applic	able): *	
\$	(
Must be a dollar am What is the total fin	nount. nancial support you a	re requesting in this	application?	
Project/Event ac Address	ddress (if applica	able)		
Suburb State	Postcode			
Type of venue (if applicable):			
For example - School	ol, hall, sporting field			
Project Plan				
Please tell us abo	ut your organisatio	on's capacity to de	liver the project	including:
- Project stage				
- Key Date				
- Expected Outco	mes			
- Tasks				
- Who will be resp	onsible?			
Project Stage:	Key Date (DD/ MM/YY):	Expected Outcomes:	Tasks:	Who will be responsible?
	Must be a date.			
	<u> </u>	<u> </u>		
		1		
	•	•	•	•
Insurance				
Is your Commur ☐ Yes ☐ No	nity Organisation	insured to man	age this proje	ct? *
No more than 1 cho	nice may be selected sure you have appro		erage to be eligible	le for grant funding.

Please provide a copy of your current Certificate of Currency: * Attach a file:
Land Owner Consent
Have you received written consent from the land owner (if applicable)? * ☐ Yes ☐ No No more than 1 choice may be selected. You will need to gain consent from the land owner in order to be awarded funding for this project.
Planning / Building Permit
Does your project / event require a Planning / Building Permit? * ☐ Yes ☐ No ☐ I am not sure (please contact Moira Shire Council Building / Planning Department for advice) No more than 1 choice may be selected.
Aim
The Community Flood Recovery & Resilience Grants Program aims to support communities of Moira Shire affected by the October 2022 flood event to achieve recovery, and plan for a more flood- resilient future. This will be done by:
 Ensuring community recovery needs are well understood so evidence-based recovery interventions can be targeted. Provide trauma-informed navigation of recovery services, information, and programs to support communities in recovery. Support self-determination principles in recovery with Aboriginal and Torres Strait Islander communities.
These activities may include:
 Providing on-site and outreach recovery services (including mental-health and wellbeing services). Community recovery capability-building initiatives (for example: training, events, education, programs). Running events and services to bring community together and enable social recovery by increasing social connection and social capital. Supporting Aboriginal communities affected by the Flood Event, ensuring Aboriginal culture is valued and respected.
Please clearly define how the project / event will meet the aims: *

no more than 200 words

For Example: Online playgroups, Arts packs for home, small social gatherings, upgrade of technology to allow for greater engagement.

Community Need
Please demonstrate why this project is needed. How will this project support the recovery from the 2022 Flood Event in your community? *
Beneficiaries
Who will benefit from the project and what benefits will they receive? *
Please provide copies of letters of support: Attach a file:
Child Safe Standards
Organisations that deliver services/programs and/or activities for/ or involving contact with children, must comply with the Victorian Child Wellbeing and Safety Act (2005 and 2021) including the Child Safe Standards.
Further information on the new Standards is available from the <u>Commission for Children and Young People (CCYP)</u>
Project activities will fall into three contact categories:
 Direct Contact: Activities/Projects that involve direct care, supervision or engagement with children (under the age of 18 years). It also includes storing information and data about children and/or their families.
• Incidental contact: Activities/ Projects that involve incidental level interaction with children (under the age of 18 years). Contact includes face-to-face, physical, written, verbal or electronic contact, whether supervised or not.
• No Contact: The grant funded project or service involves no contact with children (under the age of 18 years).
Does your project involve contact with children? * □ Direct Contact: □ Incidental Contact: □ Other:
Please note: If you are successful in your application, you may be required to provide further documentation to Council to demonstrate compliance with the Child Safe Standards as part of the funding agreement process.

Project Management

Who will deliver the project and demonstrates the expertise and capacity to success event; *		
Remember to include any project partners.		
Does your project / event promote opport ☐ Women and / or girls ☐ People with a disability ☐ People who may face a disadvantage (finand No) ☐ Other:		lingual)
Please describe how your project / event and/or equity:	promotes accessib	ility, inclusiveness
Risk Management		
What risk have you identified?	How will you remov	ve or reduce the risk?

SECTION D - Financial Details

Project Budget

Please include the following items under INCOME (if applicable):

- Grant amount requested
- Cash contribution from your group
- Cash contribution from other sources

^{*} indicates a required field

 Non-cash contribution (In-kind) from your gro 	- Non-cash	contribution	(In-kind)) from	vour	arou
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- Non-cash contribution (In-kind) from other sources

Please include the following items under EXPENSE (if applicable):

- All expenses relating to the project / event

Please ensure the total income matches total expenditure.

INCOME:	>	EXPENDITURE:	*
			Must be a dollar amoun
Budget Totals			
Total Income Amount *	Total Expenditure Amo	ount * Income (minus) Expenditure *
\$	\$	\$	
This number/amount is	This number/amo	· ·	umber/amount is
calculated.	calculated.	calcula	
carcaracear	carearacear		hould be 0
Grant Funding All	ocation		
Static Fariating 7 th	ocación		
Please indicate whice spent on: *	ch expenditure items	your requested gra	nt funding will be
_			
Financial Attachm	nents		
Please attach a copy Attach a file:	/ of quotes: *		
Please attach a copy Attach a file:	y of your organisatior	ns Annual Financial	Statement: *
financial year or an	y of either, a profit/lo organisational bank s st the last 12 months	statement including	

SECTION E - Application Checklist and Declaration

* indicates a required field

Please tick the box to indicate Yes

☐ SECTION A - Information and Eligibility

□ SECTION B - Contact Details
 □ SECTION C - Project Details
 □ SECTION D - Financial Details

Collection Statement:

To ensure your application meets eligibility requirements please check that you have completed the following information and included all documents.

□ SECTION E - Checklist and Declaration	
Declaration (to be completed by an authorganisation).	orised representative of your
I confirm that the information in this app the best of my knowledge, true and corr submitted with the full knowledge and a my Organisation/Group. I shall notify Mo information or circumstances that may a	ect and that the application has been greement of the Executive Committee of pira Shire Council of any changes to this
*	
$\ \square$ Tick the box to indicate Yes	
First Name *	
Last Name *	
Position in Community Organisation *	
How did you hear about the Community Moira Shire Council website Council Officer Local newspaper Other:	Strengthening Grants Program? *

Council is collecting personal information for your Community Flood Recovery & Resilience Grant application. The information collected will be used for the purpose of the Community Flood Recovery & Resilience Grants program and/or directly related purpose. Information may be disclosed in Council publications, website, social media and to local media outlets or

if authorised to do so by law. If you do not provide the information required, we may not be able to process your application. You can find out more about how we use and protect your information by viewing our Privacy Statement on our website - www.moira.vic.gov.au. If you require access to the information you have provided, please contact Council.

For more information or assistance please contact Moira Shire Council Community Wellbeing, Health and Culture Development Office on (03) 5871 9222.