

# Quick Response Application

## Form Preview

### SECTION A: Information and Eligibility

\* indicates a required field

Applicants - please note:

Before completing this application form, you should have read the [Community Strengthening Grants Guidelines](#).

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

Not-for-profit organisations can obtain further tools and resources to assist them at the [Institute of Company Directors Australia website](#).

Incomplete applications will not be considered.

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 Wellbeing, Health and Culture Team on (03) 58719 222.

#### **IMPORTANT INFORMATION:**

**The Community Strengthening Grants Policy & Guidelines have had significant changes. Please ensure these are referred to and understood prior to commencing your application.**

**The application form has been updated to include a section on ensuring Council permission has been / is being gained for projects on Council land or facilities. Please do not submit your application unless this permission has been approved / requested.**

### Assessment Criteria

Grant applications will be assessed on the following criteria;

- How well the project/event aligns to the aims of the Community Strengthening Grants program.
- 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 - Community Strengthening Grants Manual.

# Quick Response Application

## Form Preview

- 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.
- have satisfactorily acquitted any previous grants from Council, or if these are pending have no concern regarding capacity to fully acquit.
- 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 Federal and State legislation.
- have appropriate management plans in place including risk, project, event and traffic.
- have not received funding under the same grant category in the same financial year.

**I confirm that i have read the policy and guidelines and meet the minimum eligibility criteria \***

- Yes  
 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.

# Quick Response Application

## Form Preview

**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	<a href="#">More information</a>
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.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	

# Quick Response Application

## Form Preview

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type [More information](#)

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

**Auspice Contact Name \***

**Auspice Primary Phone Number \***

Must be an Australian phone number.

**Community Organisation GST Status \***

**Does your Community Organisation comply with all relevant Australian/Victorian Legislation? \***

- Accounting and auditing requirements
- Equal opportunity and anti-discrimination laws
- Human rights laws
- Privacy, confidentiality and freedom of information laws
- Registration or accreditation of professional employees
- Preparation and dissemination of annual reports
- Child Safety
- Gender Equality
- Occupational Health and Safety
- Disability

Please tick all that apply.

## Applicant Details

**Applicant Name \***

First Name

Last Name

**Applicant Position \***

**Applicant Phone Number**

Must be an Australian phone number.

# Quick Response Application

## Form Preview

**Applicant Mobile Phone Number \***

Must be an Australian phone number.

**Applicant Email \***

Must be an email address.

**Are any of your Executive Committee members 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:**

- Yes
- No

**Name of staff member**

**Type of dealings or relationship**

### Previous Funding

**Has your Community Organisation received previous funding in same category in the same financial year from Moira Shire Council?**

- Yes
- No

Please provide details of grant funding provided by Moira Shire Council in the previous three years. Please note: If a grant has not been acquitted as per the Terms and Conditions you are ineligible to apply for further funding.

<b>Year (DD/MM/YY):</b>	<b>Project Title:</b>	<b>Amount:</b>	<b>Has the grant been acquitted?</b>
		\$	<input type="radio"/> Yes
		\$	<input type="radio"/> Yes
		\$	<input type="radio"/> Yes
		\$	<input type="radio"/> Yes
		\$	<input type="radio"/> Yes
Must be a date.		Must be a dollar amount.	

## SECTION C - Project Details

\* indicates a required field

# Quick Response Application

## Form Preview

### 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 31 July 2025

**Total cost of project (including GST if applicable): \***

Must be a dollar amount.

What is the total budgeted cost (dollars) of your project? incl GST if applicable

**Total amount requested (including GST if applicable): \***

Must be a dollar amount.

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

**Project/Event address (if applicable)**

Address

Suburb   State   Postcode

**Type of venue (if applicable):**

For example - School, hall, sporting field

# Quick Response Application

## Form Preview

### Project Plan

Please tell us about your organisation's capacity to deliver the project including:

- Project stage
- Key Date
- Expected Outcomes
- Tasks
- Who will be responsible?

Project Stage:	Key Date (DD/MM/YY):	Expected Outcomes:	Tasks:	Who will be responsible?
	Must be a date.			

### Insurance

**Is your Community Organisation insured to manage this project? \***

- Yes  
 No

No more than 1 choice may be selected.

You will need to ensure you have appropriate insurance coverage to be eligible 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.

# Quick Response Application

## Form Preview

### Application Forms

**Please upload any relevant application forms. If on Council land a park hire form will be required. For example - road closure or park hire forms:**

Attach a file:

### Aims

**Which of the Community Strengthening Grant aims does your project / event address: \***

- Support strategic objectives identified in the Moira Shire Council Plan and/or align with the Moira 2035 Community Vision,
- Support community organisations that provide diverse and inclusive local services, facilities, events and activities.
- Support delivery of community action plans resulting from the community planning process.
- Support delivery of Council's strategic plans and strategies.
- Maximise the benefit of Council's investment through community funding contributions and external funding to support major projects and events.

Tick all that apply.

**Please list any additional aims and clearly define how the project / event will meet the aims: \***

no more than 200 words

### Community Need

**Provide evidence on why the project is needed. What issues will this project address? \***

### Beneficiaries

**Who will benefit from the project and what benefits will they receive? \***

**What engagement has your Community Organisation undertaken in relation to the project / event: \***



# Quick Response Application

## Form Preview

**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 [Commission for Children and Young People \(CCYP\)](#)

*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 demonstrate that your Community Organisation has the expertise and capacity to successfully manage and evaluate the project / event: \***

### Risk Management

**What risk have you identified?**

**How will you remove or reduce the risk?**

What risk have you identified?	How will you remove or reduce the risk?

# Quick Response Application

## Form Preview


Do you have a detailed Event Management Plan:

**Do you have a detailed Event Management Plan: \***

- Yes
- No- if no, Council can provide you with the tools to guide you in developing this plan

**Please upload a copy of your Event management Plan:**

Attach a file:

### SECTION D - Financial Details

\* indicates a required field

#### Project Budget

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

- Grant amount requested
- Cash contribution from your group
- Cash contribution from other sources
- Non-cash contribution (In-kind) from your group
- 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.

<b>INCOME:</b>	<b>\$</b>	<b>EXPENDITURE:</b>	<b>\$</b>
			Must be a dollar amount.

#### Budget Totals

# Quick Response Application

## Form Preview

**Total Income Amount \***

\$

This number/amount is calculated.

**Total Expenditure Amount \***

\$

This number/amount is calculated.

**Income (minus) Expenditure \***

\$

This number/amount is calculated.

Total should be 0

## Grant Funding Allocation

**Please indicate which expenditure items your requested grant funding will be spent on: \***

## Financial Attachments

**Please attach a copy of quotes: \***

Attach a file:

## SECTION E - Application Checklist and Declaration

\* indicates a required field

**Declaration (to be completed by an authorised representative of your organisation).**

**I confirm that the information in this application and the attachments are to the best of my knowledge, true and correct and that the application has been submitted with the full knowledge and agreement of the Executive Committee of my Organisation/Group. I shall notify Moira Shire Council of any changes to this information or circumstances that may affect this application.**

\*

Tick the box to indicate Yes

**Organisation Name \***

**First Name \***

**Last Name \***

**Position in Community Organisation \***

# Quick Response Application

## Form Preview

### How did you hear about the Community Strengthening Grants Program? \*

- Moira Shire Council website
- Council Officer
- Local newspaper
- Other:

### Collection Statement:

*Council is collecting personal information for your Community Strengthening Grant application. The information collected will be used for the purpose of the Community Strengthening 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](http://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 on (03) 5871 9222.