

2026-27 Sustainability Grant Application Form

Form Preview

2026-27 Sustainability Grant Application

* indicates a required field

Before you begin

Please read the Community Grant Guidelines before completing this application form. Click [here](#) to access the guidelines and the Frequently Asked Questions document.

The Sustainability Grants Program is informed by the [Climate Change Action Plan 2022-2027](#)

To complete the application, you will need the following documents:

- Public Liability Insurance Certificate of Currency
- Incorporated Association's ABN
- Quotes

When using the supplied templates in this application you must save the file to your own device and then upload it using the 'choose files' option.

NEED HELP?

To access help in completing this application go to the [SmartyGrants Guide for Applicants](#)

Before completing the application

Before submitting your application, you must contact a member of the Strathbogie Shire Council Community Team on 1800 065 993 or by e-mail info@strathbogie.vic.gov.au to discuss your project.

Which Council Officer have you spoken to about your application? *

- Jean McKinnon
- Grace Davis
- Other Council Officer
- Have not spoken to a Council Officer

Council Officer Name

Not Eligible

Your application is not eligible for submission. Please contact Jean McKinnon to discuss your project. Please call 1800 065 993 or e-mail info@strathbogie.vic.gov.au

Applicant Eligibility

This section of the application form is designed to help you, and us, understand if you are eligible for this grant.

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The applicant has read the Guidelines, meets the eligibility criteria as stated in the Guidelines, and is incorporated or auspiced by an incorporated association with:

- an ABN
- a bank account
- \$20million Public Liability insurance

The project for this grant application meets the eligibility criteria for funding as stated in the Guidelines.

I confirm that all statements above are true and correct. *

- Yes
 No

Not Eligible

Your application is not eligible for submission. Please contact Jean McKinnon to discuss your project. Please call 1800 065 993 or e-mail info@strathbogje.vic.gov.au

Project Outcome - Council Asset

A council asset is any fixture on Council owned or managed land where the ongoing maintenance, upgrades, safety and any other requirements during the lifecycle of that fixture will be the responsibility of Council e.g. solar panels, wall mounted air conditioners.

Will this project result in a Council asset? *

- Yes
 No

Have you received approval from Council? *

- Yes
 No

Not Eligible

Your application is not eligible for submission. Please contact Jean McKinnon to discuss your project. Please call 1800 065 993 or e-mail info@strathbogje.vic.gov.au

Applicant Details

* indicates a required field

Organisation Name *

Organisation Name

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Organisation Primary Address

Address

Any, but at least one field is required.

What is your organisation's legal status? *

- Incorporated Association
 Unincorporated Association
 Other:

Primary Contact

This person will be the point of contact with Council.

Contact Person *

First Name

Last Name

Position in Organisation

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Is this application being auspiced by another organisation? *

- Yes - complete auspice information
 No - complete ABN details

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

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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 Information

* indicates a required field

Auspice Organisation *

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
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type More information
ACNC Registration
Tax Concessions
Main business location

Must be an ABN.

Auspice Primary Address *

Address

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

Attach a letter of verification from the Auspice Organisation *

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Attach a file:

Auspice Contact *

First Name

Last Name

Position in Organisation

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Project Information

* indicates a required field

Project Description

Project Title *

Start Date *

Must be a date.

Must be after June 30th 2025

End Date *

Must be a date.

Short project description *

Provide a short description (100 words recommended) of your project - what are you going to do?

Why is this project needed? *

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Describe the specific issue or need you want to address (200 words recommended)

If reducing electricity costs is a project outcome, who is responsible for the payment of this facility's electricity bills?

- Strathbogie Shire Council
- Committee of Management
- Other

Please list who is responsible for paying this facility's electricity bill. *

National Meter Identifier

Please provide the meter NMI number *

This is a 10 or 11 digit number found on the front of the meter.

Project Outcomes

How will your project reduce energy emissions? e.g. reducing electricity use, reducing waste going to landfill *

Discuss how to measure the impact of your project with Council's Climate Change Action officer. Consider using this calculator to assist with electrical appliances <https://calculator.energyrating.gov.au/>

If the project is reducing waste going to landfill, will it reduce waste going to Council bins or a Council transfer station?

- Yes
- No

Where would the waste have been disposed of if this project wasn't available? *

Project Delivery

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What are the steps involved in delivering your project? *

Briefly list the specific steps that will take place to deliver the project and the estimated time frame (200 words recommended)

How do you plan to measure the outcomes of your project? e.g. volume of waste not going to landfill *

If your project involves a Council owned facility, you confirm the project has been approved by the Committee of Management. *

- Yes
- No
- Not Applicable

Please select 'not applicable' if the facility doesn't have a Committee of Management

Do you require Council permission or a Council permit for works involved in this project?

- Yes
- No

New Section

Please list permissions or permits required *

New Section

Is your project the installation of solar panels or a battery? *

- Yes
- No

Please provide the name and business name of your installer *

Solar panels and batteries must be installed by a Clean Energy Council certified installer <https://www.cleanenergycouncil.org.au/consumers/find-an-installer>

Partnership

* indicates a required field

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Will this project be delivered in partnership and/or receive funding from another group/organisation? *

- Yes
- No

Please list the groups you are partnering with to deliver the project including any other organisations you are receiving funding or donations from. *

Project Budget

* indicates a required field

You will need to provide a balanced budget for your project which includes all income and expenditure items. Clear budgets help Council to understand what you will be spending money on. Budgets should match the proposal that you have outlined in your grant application.

For support in writing your budget click [HERE](#)

Please provide the total amount of grant funding you are requesting from Council.

Total Amount of Grant Funding Requested *

\$

Budget

Income - list confirmed income e.g. cash, donations, other funding, and the amount of Council grant funds requested.

Expenditure - list all items of expenditure.

Income	\$	Expenditure	\$	
				Must be a dollar amount.
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

Budget Totals

INCOME

Total Income Amount

\$

EXPENDITURE

Total Expenditure Amount

\$

BALANCE

Income - Expenditure

\$

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This number/amount is calculated.

This number/amount is calculated.

This number/amount is calculated.

Applicant Contribution

Applicants must provide a contribution to the project budget which can be **cash** or **in-kind**. Please provide the total of any cash contributions below including other grants and donations.

Applicant Cash Contribution Total

\$

Must be a dollar amount.

Please enter the total cash contribution you are providing towards the costs of the project including other grants funds and donations

Applicant In-kind Contributions - are contributions by volunteers and suppliers in terms of time, goods, or professional services donated to the project or event.

In-kind contributions can be calculated at: \$80 per hour for skilled labour (electrician, graphic designer) \$40 per hour for general labour Goods/equipment/materials/hire costs at market value

Please list all **in-kind** contributions and their value in the table below.

Applicant In-kind Contribution

\$

Applicant In-kind Contribution	\$

Applicant In-kind Contribution Total

\$

This number/amount is calculated.

Total Applicant Contribution

\$

This number/amount is calculated.

GST

Are you registered for GST? *

- Yes
 No

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What is the total amount of GST paid that you will be eligible to claim? *

\$

Must be a dollar amount.

Quotes

You must provide quotes for the expenses listed in your budget table.

If you require additional uploads, please click on the "Add More" button.

Upload quotes

Upload quotes

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Does the project require on-going funding? *

- Yes
 No

How will you fund it in the future? *

Capacity

* indicates a required field

Applicant Capacity

Now that we know about your project/program, we want to find out more about your organisation's ability to undertake the work you propose. Please provide some information about your organisation that will give us confidence that you can complete the work you've described in this application. *

Include in this section information about your strategies for providing the inputs (volunteers time/ expertise, equipment, facilities, in-kind contributions, 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.

Insurance

Please ensure your group or auspice organisation has current Public Liability insurance of at least \$20mil for your project.

Failure to do so will render your application ineligible.

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Date of expiry of Public Liability insurance *

When does your Insurance expire?

Attach a copy of your Certificate of Currency for Public Liability Insurance *

Attach a file:

Other information

If you need to upload any other documentation that is relevant to your application including letters of support for your project, you may do so here.

Attach a file:

Authorisation

* indicates a required field

I certify that to the best of my knowledge the statements made in this application are true.

I understand that if the Council approves a grant, I will be required to accept the conditions of the grant in accordance with the Council audit requirements.

I consent to the information contained within this application being disclosed to or by the Council for the purpose of assessing, administering and monitoring my current and any future Council grant applications.

I understand that if the Council approves a grant, I will be bound by the contents of my application to carry out my project as I have described, and my application will form part of my contractual agreement with the Council.

Strathbogie Shire Council expects all successful applicants to formally recognise Council if funding is provided in line with Strathbogie Shire Council's 'Acknowledgement and Publicity Guidelines'. Click [here](#) to view the guidelines.

I agree to the above conditions *

Yes

Please fill in details of your Chair or President of your organisation or your auspice organisation below as a sign they endorse this application.

Name *

First Name

Last Name

Position *

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Date *

Must be a date