

# 2024-25 Community Strengthening Grant Application

## Form Preview

### 2024/25 Community Strengthening 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 Community Strengthening Grants Program is informed by the Strathbogie Shire Council Plan 2021-25 .

- [Strathbogie Shire Council Plan 2021-25](#)

To complete the application you will need the following documents:

- Insurance Certificate of Currency • 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](mailto:info@strathbogie.vic.gov.au) to discuss your project.

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

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

At least 1 choice and no more than 1 choice may be selected.

#### Council Officer Name

#### Not Eligible

Your application is not eligible for submission. Please contact Jean McKinnon or Kate McKernan to discuss your project. Please call 1800 065 993 or e-mail [info@strathbogie.vic.gov.au](mailto:info@strathbogie.vic.gov.au)

#### Applicant Eligibility

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

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

At least 1 choice and no more than 1 choice may be selected.

### Not Eligible

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

**Will this project result in a Council asset? \***

- Yes  
 No

At least 1 choice and no more than 1 choice may be selected.

**Have you received approval from Council? \***

- Yes  
 No

At least 1 choice and no more than 1 choice may be selected.

### Not Eligible

Your application is not eligible for submission. Please contact Jean McKinnon or Kate McKernan to discuss your project. Please call 1800 065 993 or e-mail [info@strathbogie.vic.gov.au](mailto:info@strathbogie.vic.gov.au)

## Applicant Details

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\* indicates a required field

## Organisation Name \*

Organisation Name

## 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 - provide the organisation's ABN below

## 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.

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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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

## Auspice Information

\* indicates a required field

### **Auspice Organisation \***

Organisation Name

### **Auspice 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 Organisation Primary Address \***

Address

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

### **Attach a letter of verification from the Auspice Organisation \***

Attach a file:

### **Auspice Organisation 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 2024

#### **End Date \***

Must be a date.

#### **Short project description \***

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

### **Why does this work need to be done? \***

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

## Project Outcomes

### **What are the expected outcomes of the project? \***

Describe what you want the project to achieve in terms of benefits for participants aligning with the objectives of the Community Grants program - bringing people together to connect, collaborate, celebrate, upskill, share resources, and put ideas into action. (200 words recommended)

### **Describe how you will make your project as inclusive as possible. \***

Identify what aspects of inclusion you will address e.g. gender, age, accessibility, cost and format, and how you will do that. Click [here](#) for the Make Your Project More Inclusive Guide

### **Does your project contribute to the Strathbogie Shire Council Climate Change Action Plan 2022-27? \***

- Yes  
 No

At least 1 choice and no more than 1 choice may be selected.

You can find a copy of the Strathbogie Shire Council Climate Change Action Plan 2022-27 [here](#)

**Please detail what elements of the Strathbogie Shire Council Climate Change Action Plan 2022-27 this project aligns to and how this project contributes to improving sustainability practices within the Strathbogie Shire area e.g. reducing emissions and waste going to landfill by upcycling/repurposing of goods in the first instance or, if upcycling is not possible, recycled material is used whenever possible.**

## Project Delivery

### **What are the steps involved in delivering your project? \***

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

**If applicable, please list the landowner consent and permits you will require for your project:**

If your project is being delivered on Council owned/managed land or Department of Energy, Environment and Climate Action land, you will need to provide evidence of landowner consent and required permits prior to any grant funds being provided if your application is successful.

### Partnership

**Will this project be delivered in partnership 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.**

### Community Support

**Has your project come from a Community Plan? \***

- Yes  
 No

At least 1 choice and no more than 1 choice may be selected.

**Name of the Community Plan \***

### Evidence of Community Support

**Please attach evidence to confirm Community support eg. letters of support, survey results**

Attach a file:

Attach a file:

Attach a file:

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### Project impact on adjacent landowners and residents

**Low impact:** No temporary infrastructure required. No amplification. No change to traffic conditions and parking. No light pollution being the excessive or inappropriate use of outdoor artificial light. No impact to usual amenity of space.

**Moderate impact:** Temporary infrastructure required. Low-mid noise impact. Moderate additional vehicle traffic to the project area. No impact to usual amenity of space. Temporary light pollution being the excessive or inappropriate use of outdoor artificial light. Some impact to amenity of space.

**High impact:** Moderate to high noise impact. Substantial additional vehicle traffic to the area. Substantial impact to the usual amenity of space. Temporary light pollution being the excessive or inappropriate use of outdoor artificial light.

**How will this project impact adjacent landowners/residents? Please rate and describe the level of impact. \***

- High Impact
- Moderate Impact
- Low Impact

### Project Impact Notification

**I agree to notify adjacent residents of any impacts resulting from the project and provide project contact person details prior to commencement . \***

- Yes
- No

### 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. **This total must include the value of any in-kind contribution you are requesting from Council.**

**Total Amount of Grant Funding Requested \***

\$

### COUNCIL In-kind Contribution

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Council can also provide in-kind contributions to your project e.g. equipment hire, venue hire, rubbish removal. All requests for Council in-kind contributions must be approved prior to this application. The value of any Council in-kind contributions must be added to the amount of Council grant funds requested and the total amount must not exceed the maximum grant amount.

**Are you requesting Council in-kind contributions? \***

- Yes
- No

**What is the total Council in-kind contribution?**

\$

Must be a dollar amount.

**Please itemise and value each in-kind item: eg. venue hire, equipment hire etc.**

### 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

Applicants must provide a balanced budget

**INCOME**

Total Income Amount  
\$   
This number/amount is calculated.

**EXPENDITURE**

Total Expenditure Amount  
\$   
This number/amount is calculated.

**BALANCE**

Income - Expenditure  
\$   
This number/amount is calculated.

### APPLICANT In-kind Contribution

Applicants must provide a contribution to the project budget which can be cash or in-kind.

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**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 (e.g. electrician, graphic designer) \$40 per hour for general labour Goods/equipment/materials/hire costs at market value

Item	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

### In-Kind Totals

#### Total In-kind Amount

\$

This number/amount is calculated.

### GST

#### Are you registered for GST? \*

- Yes  
 No

#### 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


#### Does the project require on-going funding? \*

- Yes  
 No

#### How will you fund it in the future? \*

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### 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.**

**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:

#### AGM Minutes and Annual Statement

**Please attach a copy of your organisation or your auspice organisation's most recent AGM minutes.**

Attach a file:

**Please attach a copy of your organisation or your auspice organisation's most recent Annual Statement**

Attach a file:

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Annual Statements are provided annually by Incorporated Associations to Consumer Affairs Victoria

### Other information

**If you need to upload any other documentation that is relevant to your application, you may do so here.**

Attach a file:

### Authorisation

\* indicates a required field

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 confirm we will recognise Strathbogie Shire Council as stated above \***

Yes

- 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.

**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