

Community Grants 2024 - 2025

Form Preview

Community Grants 2024 - 2025

* indicates a required field

Program

This field is read only.

Applicants: please note

The Rural City of Wangaratta Community Grants Program is a competitive program that provides grants up to \$10,000 to support projects that improve accessibility and equality, provide inclusive experiences, increase community resilience, or encourage healthy behaviours.

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

- Before completing this application form, please read Rural City of Wangaratta's Community Grants Guide [Community Grants Rural City of Wangaratta](#)
- Closing date for applications: Tuesday 2 July at 3pm
- Incomplete applications and applications received after the closing date will not be accepted.
- Further information or help with your Grant application, contact:

**Rural City of Wangaratta, Community & Recreation team |
Communitygrants@wangaratta.vic.gov.au | Phone 03 5722 0888**

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

Application Number

This field is read only.

Confirmation of Eligibility

I confirm that the applicant ...

- has read and understands the program guidelines
- is a not-for-profit organisation (includes educational institutions such as schools and kindergartens)
- is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- is located in (and/or supplies services to) **The Rural City of Wangaratta**
- is able to demonstrate financial viability
- does not have overdue reports or money to **The Rural City of Wangaratta** as a result of previous grants or funding

Community Grants 2024 - 2025

Form Preview

- has the appropriate type and level of insurance for the activities that are the subject of this grant
- is not applying for a project that has previously been funded by the **Community Grants Program** or the **Rural City of Wangaratta program**

Please select below: *

Yes No

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

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 Rural City of Wangaratta](#)

Applicant Details

Organisation Name *

Organisation Name

For organisations: 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.

Primary contact name *

Position Held *

Organisation address

Address

Postal address if different from above

Address

Primary phone number *

Community Grants 2024 - 2025

Form Preview

Must be an Australian phone number.

Primary email address *

Must be an email address.

Website

Must be a URL.

Alternative Contact Details

Contact details *

Title First Name Last Name

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

Position held in organisation *

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

Phone number *

Must be an Australian phone number.

Email address *

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

Organisation Details

* indicates a required field

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

Community Grants 2024 - 2025

Form Preview

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

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 organisation. If you do not have an auspice you should not apply for this grant.

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.

What is your auspice organisations ABN? *

Auspice primary address

Address

Auspice postal address if different from above

Address

Auspice office phone number *

Must be an Australian phone number.

Community Grants 2024 - 2025

Form Preview

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 phone number *

Must be an Australian phone number.

Auspice 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.

Project Details

* indicates a required field

Project

Project Name: *

Provide a name for your project/program/initiative. Your title should be short but descriptive

Community Impact and Engagement 30% score

Describe your Community Group or Organisation *

Community Grants 2024 - 2025

Form Preview

Word count:

Must be no more than 100 words.

What is your purpose? What are your activities/ events? How many members do you have, what area do you cover?

Please describe your project. *

Word count:

Must be no more than 100 words.

If we were promoting your project online, what would we say to sell it?

How does this project fill a community need? *

How will you measure the success of this project?

Consider both quantitative measures (number of attendees) and qualitative measures (surveys, feedback)

Does this initiative have community support? What evidence do you have to prove the community support this project/program?

Consider attaching letters of support, emails or minutes of meetings

Please upload letters of support (if available/relevant)

Attach a file:

A maximum of 5 files can be attached

Objectives 40% score

Alignment - Does your initiative help achieve council objectives? Community Grants fund projects that align with the Council plan 2021 - 2025. Please indicate which objectives your projects will help to achieve. *

- Encouraging arts, cultural and heritage experiences in our community
- Accessible and inclusive services, spaces and programs
- Encouraging healthy behaviours and lifestyles
- Supporting a resilient community, including mental health and wellness
- Improved engagement in the community

Please consult the program guidelines.

How does your project meet the above objective (200 max word) *

Community Grants 2024 - 2025

Form Preview

Word count:

How does your project help achieve equity and inclusion in the community? *

Consider how your project could impact people of different genders or backgrounds. What would those impacts look like? How could you address those impacts? *

Consider applying a 'gender lens' as described in this video <https://www.youtube.com/watch?v=Rm4umgvEjTE>

Delivery and Sustainability 30% score

How will your project be delivered? Do you have a project plan? Do you have capacity within your organisation or will you engage external resources? *

Explain how your project will be sustainable. Sustainability has three main pillars: economic, environmental and social. *

Longer term will this project provide savings for your organisation, increase the capacity of your group, or provide a long term environmental change?

Time Frame

Anticipated start date

Anticipated end date

If unknown, provide your best guess or leave blank If unknown, provide your best guess or leave blank

Budget

* indicates a required field

How much funding are you applying for?

The Community Grants Program is a competitive program providing funding up to \$10,000 to not-for-profit community organisations.

Total Amount Requested

*

\$

Community Grants 2024 - 2025

Form Preview

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

Total Project/Program Cost *

\$

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

Budget (GST exclusive)

Please outline your project budget in the tables below, include details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST exclusive.

Provide clear descriptions for each budget item:

- Examples of income could include - council funding, club contribution, company sponsorship.
- Examples of expenses could include - power/water for 6 months, office supplies, volunteer labour \$25 per hr, skilled labour \$50 per hr.

Use the 'Notes' column for any additional information.

***Please provide quotes for expense items over \$200 in the upload section**

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

Income Description	Income Type	Confirmed Funding	Income Amount (\$)	Notes
			\$	
			\$	
			\$	
			\$	

Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Notes
		\$	
		\$	
		\$	
		\$	

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.

Supporting Documents

Community Grants 2024 - 2025

Form Preview

Please attach a copy of the following documents. Please upload in Word or PDF.

Quotes for items over \$200

Attach a file:

Letters of Support

Attach a file:

Other supporting documents

Attach a file:

Are you using local suppliers for this project? If not explain why? *

If your project were funded for a smaller amount, would you still be able to deliver this project? *

Yes No

What changes would you make to achieve your project? *

Certification

* 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

No

Name of authorised person *

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Community Grants 2024 - 2025

Form Preview

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

This question will not impact your grant application score, but will help us understand our community groups better.

Does your organisation receive sponsorship, funding or other support from? *

Venues/organisations with electronic gambling machines Other gaming/gambling venues Fast food restaurants None