### Form Preview

### Welcome

\* indicates a required field

You are encouraged to read the <u>Quick Response Grant Guidelines</u> before starting an application to ensure your organisation and/or project are eligible.

Quick Response Grants open on the first day of each month (except June, or earlier if the funding pool is exhausted) and close on the last Friday of that month. Applications are assessed and successful applicants advised toward the middle of the following month. For example if you submit your application in October, you will be advised mid-November.

- You can apply for a maximum of \$2,000 per application. If your project requires more than \$2,000 please consider making application to the Community Grants Program.
- Organisations can only receive one successful Quick Response Grant each financial year.

For advice or assistance please contact Council's **Community Grants Officer** via email <a href="mailto:grantenquiry@basscoast.vic.gov.au">grantenquiry@basscoast.vic.gov.au</a>, or telephone 1300 BCOAST (226 278) or (03) 5671 2211.

2211.			
Does your group/organisation O Yes Council debts include unpaid rates, generated the department within Council. If unsure	<ul><li>No garbage charges, enfor</li></ul>	cement fines, unacquitted grants fro	om any
Have you spoken to a Council O Yes It is recommended that you discuss before commencing an application.	$\bigcirc$ No		eligible
If No, please insert N/A			
Applicant and Organisa * indicates a required field	tion Details		
Applicant organisation registered name *			
Applicant contact name *	First Name  We will contact this p application	Last Name erson for all communication about the	his

Position in the organisation *	Eg President, Secretary, Grants Officer
Email address (consider using your groups generic email address rather than a personal one) *	We will use this email address for all communication about your application
Telephone number *	Must be an Australian phone number.
Organisation's primary address *	Address
	Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
Please provide a brief description about your group - who you are and what do you do? *	Word count: Must be no more than 50 words.
How many members are in your organisation/	Must be no more than 50 words.
group? *	
How many of those members are Bass Coast residents? *	
	Bass Coast Shire Council adopted a Gender Equality Action Plan in 2021 to create gender equality for our workforce and community, and is committed to the gender equality principles in the Gender Equality Act 2020. As such, we are keen to gather this information from our community groups and committees.
How many of your members identify as women? *	Must be a number.
How many of your members identify as men? *	Must be a number.
Do any of your members identify as non-binary,	Must be a number.

trans or gender diverse?		
In which Bass Coast Shire Ward (electoral district) is the work of your group or organisation located? *	If unsure wh	☐ Western Port ☐ Bunurong ich ward you are in, view the ward map at <a href="https://bast.vic.gov.au/about-council/councillors-and-">https://bast.vic.gov.au/about-council/councillors-and-</a>
What is the legal structure of your group/ organisation?		
Are you a legally incorporated Not for Profit community group or organisation? *	○ Yes	○ No
Please provide incorporation	number *	
Are you being auspiced for the ○ Yes	ne purpose	s of this application? *  O No
Does your group / organisation  ○ Yes	on have an	ABN? *  O No
		I you are required to <b>submit a completed</b> form can be downloaded from the <u>Australian</u>
* The form must be completed in grant, <b>not</b> the individual comple		of the group / organisation applying for the lication form.
Completed Statement by Sup Attach a file:	plier *	
Please attach a current Publi Attach a file:	c Liability I	nsurance Certificate *
You are required to provide evidence	e of current in	surance cover to support your project
ABN *		

Form Preview

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.

### Please attach a current Public Liability Insurance Certificate \* Attach a file:

You are required to provide evidence of current insurance cover to support your project

### Auspicing Organisation and Applicant Organisation

Applications are only accepted from legally incorporated groups or organisations.

Groups that are not legally incorporated need to be auspiced by a group that is legally incorporated, to make an application.

### If your group is being auspiced fill out:

- **auspicing Organisation Details** about the incorporated group auspicing this grant application
- attach a completed Community Grants
   Auspicing Form. This form can be found on Council's Community Grants web page at <a href="http://www.basscoast.vic.gov.au/">http://www.basscoast.vic.gov.au/</a>
- Public Liability Insurance you will need to attach
  a copy of the auspicing organisation's insurance.
   Please ensure their insurance will cover your project.
   If your application is for an event, you may include the
  cost of public liability insurance for the event as part
  of your grant request.

### **Auspicing Organisation Details**

Auspice organisation registered name *	Organisation Name	2	
Auspice Primary Address *	Address		
	Address Line 1, Subu Country are required	rb/Town, State/Province, I	Postcode, and
Auspice contact name *	First Name	Last Name	
Position in the organisation *			
Auspice email *	Must be an email add	dress.	
Auspice website *	Must be a URL.		
Why have you sought auspicing from this organisation? *			
Auspice ABN *			
		will be used to look up to check orrectly.	
	Information from the	e Australian Business Regi	ster
	ABN		
	Entity name		
	ABN status		
	Entity type		
	Goods & Services Ta	ax (GST)	
	DGR Endorsed		
	ATO Charity Type	More info	<u>ormation</u>
	ACNC Registration		
	Tax Concessions		
	Main business locati	on	
	Must be an ABN.		

Form Preview

Please attach a
completed Auspice
<b>Agreement confirming</b>
this arrangement is
valid and current *

Attach a file:

Public Liability Insurance. You will need to obtain this from your auspicing organisation. \* Attach a file:

Please provide a copy of the auspicing organisation's public liability insurance and ensure it covers your project

### **Bank Details**

#### \*\* Bank Account Details for Payment of Grant Funds \*\*

**PLEASE NOTE:** If your group/organisation is set up as a supplier / creditor in Council's Finance system, **please use the bank account details you provided when completing the New Supplier form.** 

If your group/organisation has a number of different bank accounts and you supply different bank account details in this form to what is saved in our Finance system, it **will** result in significant delays paying the grant.

If your group/organisation has recently cancelled a bank account and opened a new one, please contact the Community Grants Officer ASAP.

### **Project Details**

\* indicates a required field

Project name *	Must be no more than 10 words.
Which community interest does this project aim to reach/benefit? *	Please select the area of community interest most aligned with your project
When will your project begin? *	The date of the event / activity or, if purchasing equipment, when do you plan to purchase it
When will your project end? *	When do you anticipate all funds being fully spent
What specifically would you like the grant funding to pay for? *	Must be no more than 50 words.

	Provide a short description of your proposing to do??	our project - what are you
Which of these statements best describes the purpose for your application? *	that poses a risk to the funct group / program / event Take advantage of an un there is a short timeframe ar community group and/or the	wider Bass Coast community of a new community group on the of operation red.
Why do you need this funding and how will it benefit your group?		
Please provide a concise explanation to support your response to the statement selected above. *	Word count: Must be between 10 and 100 we You need to show how the requabove purposes and explain wh	est meets one or more of the
Will your project benefit the wider community? If so, how? *		
	Word count: Must be between 10 and 50 work For example do other groups us collaborate with other groups, we project?	e your building, or do you
Have you considered if your project can reduce the mitigating		
risks caused by climate change? If so, how? *	old equipment; purchasing ener	ment how will you dispose of the gy efficient appliances; what s / programs; will your program /
Would your project be considered a Minor Capital Work *	○ Yes	○ No
	What is considered a Mine is considered a minor capital project requires permanent f conditioner, a park bench, Coneeds fixing to a wall, new fl	work if any part of the ixing to a surface ie an air- CTV cameras, shelving that

Naw Castian				
New Section				
Is your group a tenant in ○ Yes	a Council owne	d building?  O No	*	
If Yes, please attach constacility as evidence that the Attach a file:				
If you are unsure who this may	be, please contact t	the Communit	ry Grants Offic	cer
Project Budget				
* indicates a required field				
Income / Expenditure	Budget			
Where will the Tota money come from?	l \$ (inc GST)	Expenditur		Total \$ (inc GST)
Total grant funds \$ requested				\$
Other \$ contribution and \$				\$
who?				\$
\$				\$
Budget Totals. Note: 1	Total Income s	should equ	ual Total I	Expenditure
Total Income Amount	Total Expenditure Am	ount	Income - Exp	penditure
This number/amount is	\$ This number/am	\$ This number/amount is This number/amount is		
calculated.	calculated.		calculate	d.
Budget Summary				
How much are you	\$			
requesting in this grant application *	Must be a dol	Must be a dollar amount and no more than \$2,000		
•				
Please advise approximately how many volunteer hours your project / progam will incur *	Must be a nui	mber.		
In what way will volunteers be involved				
and what will they do? *	Please			

Form Preview

Please provide a current bank statement or latest financial report \*

Please provide quote/ s to support your application (more than one file can be uploaded) \*

### Attach a file:

More than one file can be uploaded

#### Attach a file:

\* Quotes must clearly show the service or company where the item is being purchased, what is being purchased and how much each item is. A screenshot is sufficient so long as all of the above is included.

To help share the benefits of grant funding, local suppliers are preferred.

Is there anything else you would like to tell us about your application \*

#### Word count:

Must be no more than 50 words.

Are there any other attachments you want to share in support of your application?

#### Attach a file:

Eg evidence of funding from other sources, photos that support your project. You can upload more than one file.

If your group needs assistance uploading documents, please contact Council's Community Grants Officer on 1300 BCOAST(226 278) or (03) 56712211 or email grantenguiry@basscoast.vic.gov.au

### Applicant's Declaration

\* indicates a required field

### Declaration

I certify that to the best of my knowledge the statements made in this application are true. I am authorised by my group/organisation to complete this application and I agree that:

- The statements made in this application are true
- All necessary permits/approvals will be obtained prior to the beginning of the project
- The project will be covered by appropriate insurance

Form Preview

- All relevant health and safety standards will be met
- Council does not accept any liability or responsibility for the project or any unintended outcomes of the project.

If successful, I, as the authorised applicant, will ensure that my group/organisation will abide by the following **General Conditions:** 

- **Grant funds can only be spent on the project outlined in the application.** If grant funds are spent on any other item, project or activity outside of the application approved by Council then Council must be reimbursed. Similarly, any unspent funds must be reimbursed to Council.
- **Any proposed variations** of project plans, milestones, budgets or timelines to that outlined in your application need to be discussed, and agreed to in writing, with the Grants Officer **before proceeding.**
- The group will enter into a funding agreement with Council for the grant amount awarded.
- The grant funds are for a specific period and cannot be construed as being a commitment by Council for recurrent funding.
- An acquittal report must be submitted to Council within one month of project completion. This report will include photos, copies of media and receipts for purchase of goods and services, as evidence of funds having been dispersed as agreed

### Limitations on available funding

I understand that the Quick Response Grants are limited by the amount of funds available and applications will be viewed within the context of Council's overall budget. I am aware that applicants are not guaranteed funding nor can any applicant be guaranteed full funding

#### Council acknowledgement terms

I understand that successful funding recipients are required to acknowledge and promote the financial contribution made by Council to their project.

### **Privacy Statement**

Council collects, holds and shares this Personal Information with Our Community (SmartyGrants) in accordance with the *Privacy and Data Protection Act 2014* (Vic). For further information refer to Bass Coast Shire Council Privacy and Our Community Privacy.

I have read the above Declaration and Privacy Statement and confirm my acceptance *	○ Yes	
Are the committee/ relevant personnel aware of the application and support the project? *	O Yes Please ensure the Executive Consupervisor fully support the properties application	
Do you give permission for your contact	○ Yes	○ No

details to be given to local media for grant promotion purposes *	Information to be shared will relate to name of group/ organisation, brief description of project and amount of funding allocated. No personal details will be shared.		
Would you like to receive information about Council's FREE Community Training Calendar or any other events that Council's Community Strengthening Team may offer? *	O Yes  Council's Community Strengthening Team is compiling a FREE calendar of training workshops for community groups and committees. If you select Yes you will be emailed advance information about the workshops and any other events that the Community Strengthening team offer. You may also be forwarded information about other grants relevant to your group / committee		
Person completing	First Name	Last Name	
application *			
Position in organisation *			
Date *			
Feedback	your application nattached. Please c	ton you will receive an email with umber and a copy of your application heck the copy of the application se us immediately if there are any	
recuback	application system funding stream. So	ate your feedback about this online n, and the Quick Response Grants uggestions about how we can improve reatly appreciated.	
How did you find our online application system *	○ Easy	<ul><li>○ Neither Easy nor ○ Difficult</li><li>Hard</li></ul>	
How did you find out about Quick Response Grants funding? *			
Please provide any other feedback you may have about the online			

application system or the Quick Response Grants funding