

# Individual Grant Application Form

## Form Preview

### Introduction

Before completing this application:

- Ensure you read the [City of Whittlesea Community Grant Guidelines 2023-2024](#)
- Please see also the SmartyGrants Help Guide for Applicants which can be found [here](#).

#### **Key Dates to Note:**

- Applications will be open from 14th of current month to the 14th of the next month.
- Applications must be submitted by the 14th of each month.
- Applications for Individual community pathways **must be made** at least two month before the date of the individual event/ conference etc.

#### **Documentation required:**

- Only parents or guardians can apply on behalf of children
- Birth certificate, passport or driver's license will be required in proof of age.
- Letters of offer must accompany the application form
- Evidence of financial need for support (this may include healthcare card, Centrelink report)
- Quotes for expenses to be supported

#### **Assessment**

Applicants will be reviewed and approved upon demonstration of need and the merit of their application as follows;

##### **Assessment Criteria Weight**

Explanation of Opportunity - how the grant will help the applicant and wider community (if applicable)50%

Evidence of Financial Need40%

Budget10%

### How to print your application or save as PDF

1. Go to the navigation menu on the left side of the screen
2. Click on 'Review & Submit' at the bottom of the list
3. Click on the '**Download PDF**' button at the top of the screen
4. You may now save to email or print.

### Getting help

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If you have any **technical difficulties** viewing the application form or accessing your account, please contact **SmartyGrants** directly on **9320 6888**.

If you have **funding related questions** or need assistance to understand the application, please contact **Council on 9217 2170** and ask to speak to the **Community Grants Team** or email us at **community.grants@whittlesea.vic.gov.au**.

## Privacy Statement and Conflict of Interest

\* indicates a required field

### Privacy Statement

The City of Whittlesea pledges 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, follow the [link](#).

The personal information collected in this application is being collected ONLY for the purpose of assessing, processing and allocating grant funding. Council may contact a third party to confirm details of your application.

**I am over 18 years of age and I am Authorised to complete this application and have read and understood the privacy statement. \***

- I agree  
 I do not agree

If you do not agree, your application will not be considered.

### Conflict of Interest

**Please note you must declare your conflict of interest if you are one of the following:**

- Council Officer
- Council Volunteer
- Appointed to a Council Committee or Working Group
- Council Contractor or Consultant

**Do you or if applicable, your helper have a conflict of interest? \***

## Conflict of Interest

\* indicates a required field

### Conflict of Interest

You must declare your Conflict of Interest if you are any of the following;

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- Council Officer
- Volunteer
- Appointed to a Committee or Working Group
- Contractor or Consultant

**Full Name \***

**What is your role or connection to Council \***

**Which Department or Area are you connected to? \***

**Please confirm the personal interest \***

**Please provide details of the personal interest \***

Example: Explain who, why and how. I volunteer for the group applying.

**Please choose the correct type of Conflict of Interest \***

**Please choose the applicable Nature of Conflict \***

- I have an Actual Direct Conflict of Interest - I will benefit from the outcome
- I have an Actual Indirect Conflict of Interest - Someone I know will benefit from the outcome.
- I have a Potential Direct Conflict of Interest - In time, I will benefit from the outcome.
- I have a Potential Indirect Conflict of Interest - In time, someone I know will benefit from the outcome.
- I have a Perceived Direct Conflict of Interest - A reasonable person thinks I might benefit from the outcome.
- I have a Perceived Indirect Conflict of Interest - A reasonable person thinks someone I know might benefit from the outcome.

**Please select the applicable remoteness or shared conflict \***

- My conflict is Remote - The conflict is so remote or insignificant that it couldn't be reasonably regarded as capable of influencing my actions or decisions. This might be because I was given a book, or previously given a coffee from a vendor and I'm now raising a purchase order from them.
- My conflict is held in common - My interest is held in common with a substantial number of others in the municipality and does not exceed their interest.
- My conflict is neither remote nor held in common - My interest is not remote or common.

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**Managing your conflict of interest. Please select any applicable methods.**

\*

- Restrict my influence by placing some restrictions on my involvement in the matter (either entirely or partially).
- Recruit others and introduce an independent 3rd party to oversee all or part of the process to ensure my private interest doesn't influence the outcome.
- Remove myself from the matter to restrict my influence on the outcome. This will be required if you've got a material-actual conflict.
- Relinquish my private interest so that there's no long a conflict (eg: selling shares, resigning directorship etc).
- Resign from my role or position because I cannot relinquish my private interest or manage the conflict in another way.

**Please provide further details on how you will manage your conflict of interest.**

\*

**Please confirm the name of Your Manager to seek approval of this Conflict of Interest**

\*

## Applicant Details

\* indicates a required field

### Contact details

**Please confirm the name of the applicant**

\*

First Name

Last Name

**Does the applicant reside in the City of Whittlesea?**

\*

If the applicant is not a resident of the City of Whittlesea, then you will not be eligible.

**Applicant Address**

\*

Address

  

**Applicant Phone Number**

\*

Must be an Australian phone number.

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**Applicant Email \***

Must be an email address.

**Please provide proof of address \***

Attach a file:

**If you are over 18, please provide proof of age \***

Attach a file:

**Are you completing this application on behalf of a child? \***

**Name of parent or guardian applying for child \***

First Name

Last Name

**Is someone helping you to apply for this grant? \***

**Please provide the reason you need help with your application \***

- I need assistance with English
- I need assistance with technology
- I have a disability
- I don't have access to technology
- Other:

Contact details for helper

**Name \***

First Name

Last Name

**Email \***

Must be an email address.

**Phone Number \***

Must be an Australian phone number.

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Does the applicant identify as a member of any of the following people groups?

**Please confirm. \***

- Aboriginal and or Torres Strait Islander People
- Culturally and Linguistically Diverse People
- LGBTIQ+
- People with Disability
- Seniors

You can only choose one Option

**Please provide further details on the people group \***

eg. Aboriginal, Italian, Chinese, hearing impaired etc

## Tell us about your Activity

\* indicates a required field

### Individual Grant Type

**Please select the Individual Grant Type you are applying for \***

**Please confirm the total amount you are applying for. \***

\$

Must be a dollar amount and no more than 1000.

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

**What is the name of your activity \***

**How will this grant support your activity. \***

Provide a short description (300 words recommended) of your project - what are you out to do?

**Please indicate what you intend to use the funds towards \***

- |   |   |
|---|---|
| <input type="checkbox"/> Registration or Tuition Fees | <input type="checkbox"/> Accommodation          |
| <input type="checkbox"/> Uniform                      | <input type="checkbox"/> Materials or Equipment |
| <input type="checkbox"/> Travel                       |   |

Please have your quotes ready to submit with your application

**Start Date \***

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Must be a date.

### End Date \*

Must be a date.

## Other Funding

### Are you receiving other funding for this initiative? \*

- City of Whittlesea - another area
- Other Local Government
- State
- Federal
- Not funded elsewhere

\*\*You can not apply for funding for a project or event you are already receiving funding for. This project or event must not be funded elsewhere. You can use resources of other funded initiatives as 'in-kind' support section of the budget.

## Project Information

\* indicates a required field

### Arts Culture

#### Please provide information about your artistic practice and recent creative activities \*

Word count:

Must be no more than 200 words.

Recent is defined as being within the last 12 months.

#### Please upload your Artist CV (resume) or creative portfolio if applicable \*

Attach a file:

### Competitive Sports Recreation

- Applications must be accompanied by a letter or other official documentation from the State or National Association or governing body of the competition concerned.
- The documentation must confirm that the competition is of State, National or International standard.
- In the correspondence from the sporting/recreational activity body it must confirm your entry into the competition.

**Has the applicant has been selected and registered to compete in**

- Yes
- No

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**a nominated competition outlined above? \***

**Is the competitor 25 years old or younger? \***

- Yes  
 No

If no you are not eligible for this grant

**Which sport or recreation activity are you competing in? \***

**Please confirm the level of competition \***

- State  
 National  
 International  
Please specify 'Other'

**Name of Competition \***

**State/ National Association Name \***

**Association Contact Name \***

First Name

Last Name

**Association Contact Position \***

**State/ National Association Primary Address \***

Address

  

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

**Association Contact's Phone Number \***

Must be an Australian phone number.

**Association Contact's Email address \***

Must be an email address.

**Evidence of competition entry or registration \***

Attach a file:

A letter or other official documentation from the sporting/recreational activity body confirming your selection/entry into the competition.

**Please upload additional supporting**

Attach a file:



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### documentation as required

#### Community Leadership

**Please provide information outlining recent community contributions from the area you have been involved in \***

Word count:

Must be no more than 500 words.

Recent is defined as being within the last 12 months.

**Please upload evidence of volunteer participation or civic engagement \***

Attach a file:

You may also choose to attach additional documentation to further support your application

**Please upload other supporting documents**

Attach a file:

#### Sustainable Environmental Initiatives

**Do you have a project plan to upload? \***

#### Project Plan

**Please upload a project plan \***

Attach a file:

#### Tell us about your project

**Tell us what you hope to achieve through your project \***

Word count:

Must be no more than 500 words.

Please provide clear objectives

**What impact do you hope your initiative will achieve? \***

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**Word count:**  
Must be no more than 500 words.

## Budget

\* indicates a required field

### Budget

Please tell us how you will spend the grant.

Eligible items are;

- Registration fees
- Course fees delivered by a Registered Training Organisation (RTO)
- Travel and accommodation (up to \$500) per application
- Clothing or uniforms
- Materials and equipment.

Budget Category	Budget Line Item Description	Cost of Budget Item
		Must be a dollar amount.
		\$

## Quotes

**Please attach quotes for items \$500 and over (net GST) \***

Attach a file:

## Additional Documentation

To ensure your application is fairly considered please attach documentation to support your application including financial needs;

Attach a file:

Priority will be given to applicants demonstrating their need for support through this grant.

## Checklist

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\* indicates a required field

### Application Checklist

Before submitting your application please double check all requirements to support your application as follows:

**You have read the City of Whittlesea Community Grants Guidelines \***

Yes

No

**Have you checked the 'What won't be funded' section of the grant guidelines and are you confident your application is within the guidelines? \***

If no - please double check.

**Have you attached legitimate quotes for anything over \$500? \***

Yes

No

Please refer to page 18 of the [Guidelines](#)

**Have you attached all relevant paperwork for your application including letters of support and proof of address? \***

Yes

No

**You have checked and understood how your application will be assessed \***

Yes

No

Please refer to the Assessment of Individual Grants in the Introduction section of this application form.

### Document upload

**Please upload any letters of support or other relevant documentation**

Attach a file:

### Declaration

\* indicates a required field

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).

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**I certify that to the best of my knowledge;**

- 1.The statements made within this application are true and correct,**
- 2.I understand that if the applicant organisation is approved for this grant, we will be required to accept the grant as stated in the letter of approval and conditions of grant,**
- 3.This application is submitted after reading and understanding the City of Whittlesea Community Grants Guidelines 2023-2024.**
- 4.I understand the assessment criteria and weighting according to each criteria noted in the Introduction page of this application form.**

**I understand that this application may not necessarily result in approval of funding, or the full amount requested. \***

**I have the authority to submit this application for myself or the applicant \***

**Name of Authorised Person \***

**Contact Phone Number \***

**Email \***

**Date \***

Must be a date.  
DD/MM/YYYY

## Feedback

**\* indicates a required field**

**Please indicate how you found the online application process: \***

- Very easy       Easy       Difficult       Very difficult

**How many minutes in total did it take you to complete this application? \***

Must be a number.  
Estimate in minutes i.e. 1 hour = 60 minutes (include numbers only)

**Please provide improvement suggestions and/or additions to the application form/process that Council should consider**

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**How did you hear about this grant opportunity? \***

- |   |   |
|---|---|
| <input type="checkbox"/> Grants and Training Opportunities email              | <input type="checkbox"/> Word of mouth  |
| <input type="checkbox"/> Local Area Network email                             | <input type="checkbox"/> Social media   |
| <input type="checkbox"/> Other Council newsletter (electronic or<br>hardcopy) | <input type="checkbox"/> Council's website  |
| <input type="checkbox"/> Poster/flyer   | <input type="checkbox"/> Other: <input style="width: 80px; height: 15px;" type="text"/> |