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

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 <u>Australian Privacy Principles</u> (APPs) as established under the <u>Privacy Act 1988</u> and amended by the <u>Privacy Amendment</u> (Enhancing Privacy Protection) Act 2012. To view our privacy statement, follow the <u>link</u>.

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. *

○ lagree

○ I do not agree

If you do not agree, you 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;

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 ☐ I have an Actual Direct Conflict of Interest - I will applicable Nature of benefit from the outcome Conflict * ☐ 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 Perceived Direct Conflict of Interest - A reasonable person thinks I might benefit from the ☐ I have a Perceived Indirect Conflict of Interest - A reasonable person thinks someone I know might benefit from the outcome. Please select the My conflict is Remote - The conflict is so remote or applicable remoteness insignificant that it couldn't be reasonably regarded as or shared conflict * 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. O My conflict is held in common - My interest is held

interest is not remote or common.

in common with a substantial number of others in the municipality and does not exceed their interest.

O My conflict is neither remote nor held in common - My

Managing your conflict of interest. Please select any applicable methods.	 □ 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. □ 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.				
Applicant Email *					
	Must be an email address.				
Please provide proof of address *	Attach a file:				

If you are over 18,	Attach a file:
please provide proo age *	гот
Are you completing application on behala child? *	
Name of parent or g First Name	uardian applying for child * Last Name
Is someone helping	you to apply for this grant? *
Please provide the r ☐ I need assistance v ☐ I need assistance v ☐ I have a disability ☐ I don't have access ☐ Other:	vith technology
Contact details fo	r helper
Name *	
First Name	Last Name
Email *	
Must be an email address	> .
Phone Number *	
Must be an Australian ph	one number.
Does the applicar groups?	nt identify as a member of any of the following people
Please confirm. *	uistically Diverse People

SeniorsYou 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	g 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.	on?
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 toward ☐ Registration or Tuition Fees ☐ Uniform ☐ Materials or B ☐ Travel ☐ Please have your quotes ready to submit with your application	ion
Start Date *	
Must be a date.	
End Date *	
Must be a date.	

Other Funding

	project or event you are already receiving funding for. This elsewhere. You can use resources of other funded initiatives as
Project Information	
* indicates a required field	
Arts Culture	
Please provide information al activities *	oout your artistic practice and recent creative
Word count: Must be no more than 200 words. Recent is defined as being within the	e last 12 months.
Please upload your Artist CV Attach a file:	(resume) or creative portfolio if applicable *
Competitive Sports Recre	ation
State or National AssociationThe documentation must con International standard.	panied by a letter or other official documentation from the or governing body of the competition concerned. Infirm that the competition is of State, National or the sporting/recreational activity body it must confirm your
Has the applicant has been selected and registered to compete in a nominated competition outlined above? *	YesNo
Is the competitor 25 years old or younger? *	YesNoIf no you are not eligible for this grant
Which sport or recreation activity are you competing in? *	

Please confirm the level of competition *	StateNationalInternationalPlease specify 'Other'				
Name of Competition *					
State/ National Association Name *					
Association Contact Name *	First Name	Last Name			
Association Contact Position *					
State/ National Assocation Primary Address *	Address				
	Address Line 1, Suburb/T Country are required.	own, State/Province, Posto	code, and		
Association Contact's Phone Number *	Must be an Australian phone number.				
Association Contact's Email address *	Must be an email address	S.			
Evidence of competition entry or registration *	Attach a file:				
		ocumentation from the sp confirming your selection			
Please upload additional supporting documentation as required	Attach a file:				
Community Leadership					
Please provide information or area you have been involved Word count:		unity contributions f	rom the		
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
Must be no more than 500 words.
Must be no more than 500 words. Please provide clear objectives
Must be no more than 500 words. Please provide clear objectives
Must be no more than 500 words. Please provide clear objectives What impact do you hope your initiative will achieve? * Word count:
Must be no more than 500 words. Please provide clear objectives What impact do you hope your initiative will achieve? * Word count: Must be no more than 500 words.

Please tell us how you will spend the grant.

E	lia	ibl	le	items	are:
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- 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 Desciption	Cost of Budget Item
		Must be a dollar amount.
		\$
Quotes		
Please attach quotes for it Attach a file:	ems \$500 and over (ne	t GST) *
Additional Documenta	ation	
To ensure your applica	tion is fairly conside	red please attach
documentation to supp	ort your application	including financial needs;
Attach a file:		
Delevite will be advented and linear		and the same to the same to
Priority will be given to applicants	s demonstrating their need to	r support through this grant.
Checklist		
* indicates a required field		
•		
Application Checklist		
Before submitting your application as follows:	ation please double check	all requirements to support your
You have read the	○ Yes	○ No
City of Whittlesea Community Grants Guidelines *		
Have you checked the		
'What won't be funded' section of the grant	If no - please double che	ck.
guidelines and are		

you confident your application is within the guidelines? *			
Have you attached legitimate quotes for anything over \$500? *	O Yes Please refer t	to page 18 of the <u>Gu</u>	○ No uidelines
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 *			○ No If Individual Grants in the Cation form.
Document upload			
Please upload any letters of s Attach a file:	support or o	other relevant d	ocumentation
Declaration			
* indicates a required field			
This section must be completed I the applicant organisation (may I application form).			
I certify that to the best of m	y knowledg	e;	
1.The statements made wit 2.I understand that if the a will be required to accept conditions of grant, 3.This application is submit Whittlesea Community Gr 4.I understand the assessm noted in the Introduction	pplicant or the grant ted after re ants Guide ent criteria	ganisation is applass stated in the eading and under lines 2023-2024 and weighting	proved for this grant, we letter of approval and erstanding the City of according to each criteria
I understand that this application funding, or the full amount re		ot necessarily re	esult in approval of

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

Name of Authorised	Person *				
Contact Phone Num	ber*				
Email *					
Date *					
Must be a date. DD/MM/YYYY					
Feedback					
* indicates a required f	ield				
Please indicate how ○ Very easy	you found the ○ Easy		applica ○ Difficu		Ss: * O Very difficult
How many minutes i	n total did it	take you	to com	plete this a	application? *
Must be a number. Estimate in minutes i.e. 1	. hour = 60 minu	tes (includ	e number	rs only)	
Please provide impr form/process that Co				additions t	o the application
How did you hear at ☐ Grants and Training ☐ Local Area Network ☐ Other Council news hardcopy)	Opportunities email	email [□ Word □ Social	of mouth	
□ Poster/flyer		[□ Other:		