

# Large Grant Application Form

## Form Preview

### Introduction

Thanks for your interest in City of Whittlesea grants

#### Before you complete your application:

- **Please note the maximum grant amount for this application is between \$20,000 up to \$40,000.**
- To apply for a lesser amount, please complete your application for either a;
  - Small Grant (up to \$3,000)
  - Medium Grant (\$3,000 up to \$20,000)
- Please read the Community Grant Guidelines 2023-2024. This provides details of what can be funded and what is excluded. [Please click here to access the Guidelines.](#)
- Please ensure that you submit your application with enough time.
- Grants are assessed each quarter as follows;
- - **July to September** applications **notified in November**
- - **October to December** applications **notified in February**
- - **January to March** applications **notified in May**
- - **April to June** applications **notified in July.**
- It will take **approximately 6 weeks** to be notified **after** the round has closed.
- To view the SmartyGrants Help Guide for Applicants, please click [here](#).
- When completing the form \* **indicates a required field.**

### Getting Help

If you have any **difficulties** logging in to Smarty Grants or viewing the application form, please contact **SmartyGrants** directly on **9320 6888**.

# Large Grant Application Form

## Form Preview

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 \***

If you Do Not Agree Your Application will not be considered.

### Conflict of Interest

All Grants are open to all residents within the City of Whittlesea including Council staff. To ensure fairness and transparency a Declaration of a Conflict of Interest must be completed by all applicants who are affiliated with Council with any of the following roles;

1. **1.Council Officer**
- 2.Volunteer**
- 3.Appointed to Committee or working group**
- 4.Contractor or Consultant**

Failure to disclose your affiliations and subsequent completion of the Conflict of Interest section in your application, will result in your individual or group, organisation or business application being deemed '**Unsuccessful**' due to not disclosing your Conflict of Interest'.

**Do you have a Conflict of Interest due to an affiliation with Council? \***

**Do you have a signed copy of your Conflict of Interest form signed by your Manager? \***

Signed hardcopy of Conflict of Interest

# Large Grant Application Form

## Form Preview

**If you have printed out and received a copy of your Manager's approval of your COI, please upload your Manager's approval of the Conflict of Interest form here.**

Attach a file:

Conflict of Interest - Please complete this section.

**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. Eg. I volunteer for the group applying.

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

**Do you have an Actual Conflict of Interest?**

- **There is a real conflict between your personal interests and your public interest duty.**
- **It'll be an actual direct conflict if you will benefit from the outcome and**
- **It'll be an actual indirect conflict if someone you know well will benefit from the outcome.**

**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 \***

# Large Grant Application Form

## Form Preview

☐ 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.

### **Managing your conflict of interest. Please select any applicable methods on how you would manage your conflict of interest. \***

- ☐ 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. \***

Example: I am going to restrict my influence by removing myself as an assessor or from the management approval panel

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

## Eligibility Declaration

\* indicates a required field

### Eligibility

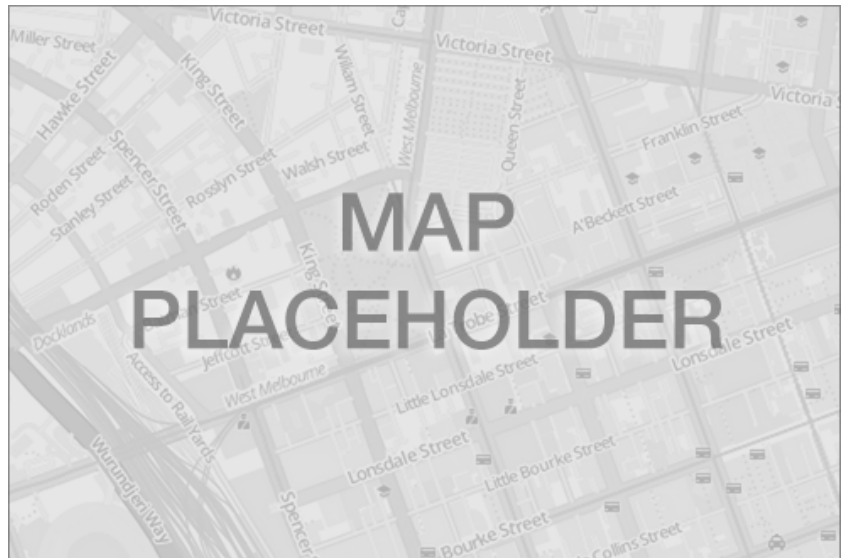
#### **Applicant Type \***

#### **Please confirm the address your project or event will take place. \***

Address

# Large Grant Application Form

## Form Preview



This must be an address in the City of Whittlesea

**Do you agree to provide legitimate quotes for items \$500 or more? \***

Please refer to page 18 of the [Guidelines](#) regarding requirement for quotes.

**Do you acknowledge your group or organisation currently does not have outstanding acquittals with Council? \***

This will be validated in the eligibility check stage.

**Do you hold current public liability insurance? \***

If you choose your application may not be approved.

Please upload your Public Liability Insurance covering from \$10 million to \$20 million.

**Please ensure your attachment includes dates of cover including the period you will deliver your project or your event in your uploaded Public Liability Insurance. \***

Attach a file:

## Co-Contribution

If your annual turnover is over \$300,000 per year, you will be required to match in-kind support with your application.

You can confirm your in-kind support in the budget section.

**Is your annual turnover over \$300,000 or more? \***

# Large Grant Application Form

## Form Preview

**Please provide a copy of your organisation's most recent financial statement. \***

Attach a file:

Without this Statement, you will be required to match co-contribution to the amount of the grant you applied for.

## Business Co-Contribution

It is a requirement that as a Business applying for a grant, you are required to match dollar for dollar the amount requested.

**Do you agree to match dollar for dollar of the amount requested? \***

If you select you are not eligible

## Applicant Details

\* indicates a required field

**Applicant Name \***

Organisation Name

Please enter the group or organisation name as it appears on official documents such as your incorporation certificate or bank account.

**Primary Address of Organisation/ Group \***

Address

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

**Please confirm your website address. \***

Must be a URL.

**Project Contact \***

Title

First Name

Last Name

**Project Contact Position \***

**Project Contact Phone Number \***

# Large Grant Application Form

## Form Preview

Must be an Australian phone number.

### Project Contact Email \*

Must be an email address.

### Admin Contact \*

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Admin Contact Position \*

### Admin Contact Phone Number \*

Must be an Australian phone number.

### Admin Contact Email \*

Must be an email address.

### Do you want to add additional contacts? \*

### Are you delivering this project or event in partnership with another organisation?

\*

### Additional Contact

#### Additional Contact Name \*

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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#### Position \*

#### Phone Number \*

Must be an Australian phone number.

#### Email \*

Must be an email address.

# Large Grant Application Form

## Form Preview

### Partnership Organisation

**Please list the organisations or groups you are partnering with to deliver this project (if applicable) \***

**Phone Number \***

Must be an Australian phone number.

**Email \***

Must be an email address.

**Please upload proof of partnership for this project or event \***

Attach a file:

This could be a confirmation letter or email including details of the partnership.

### Applicant Details continued

**\* indicates a required field**

#### Incorporation status

**Is your group, social enterprise or business incorporated? \***

- ☐ Yes - group is incorporated
- ☐ No - group is NOT incorporated
- ☐ N/A - group is a registered charity or educational institution
- ☐ N/A - sole trader with public liability insurance

#### Incorporation Number

**What is your incorporation number? \***

#### ABN Details

**Does your organisation have an ABN? \***

**ABN \***



# Large Grant Application Form

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

Must be an ABN.

**Is your group/club auspiced for the purpose of this grant? \***

Auspice Organisation

**Auspice Organisation \***

Organisation Name

**Auspice 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.

# Large Grant Application Form

## Form Preview

### Please upload your Auspice letter \*

Attach a file:

The letter must meet requirements found in Page 7 of the [Guidelines](#).

### Auspice Address \*

Address

### Auspice Phone Number \*

Must be an Australian phone number.

### Auspice Email \*

Must be an email address.

## Assessment Information

### Assessment Overview

Applications will be assessed with the following criteria and weighting per criteria.

- **Target Audience - 15%**
- **Not Previously Funded - 5%**
- **Areas of Lower SEIFA - 10%** Please click [SEIFA \(abs.gov.au\)](https://abs.gov.au) for further information regarding Socio-Economic Indexes for Areas (SEIFA)
- **2040 Goals - 50%**
- **Budget - 20%**

Further explanation of this assessment is provided in the following section.

### Assessment weighting explained

#### Target Audience (15%)

- **Aboriginal & or Torres Strait Islander**
- **Children & Youth**
- **Culturally & Linguistically Diverse**
- **LGBTIQA+**
- **People with Disability**
- **Place Based**
- **Seniors**

# Large Grant Application Form

## Form Preview

### **Not previously funded (5%)**

#### **Previous Application**

#### **Rating Score**

#### **Score Justification**

**5**

Has never been funded as an applicant or individual

**4**

Last received a grant 4 years ago

**3**

Last received a grant 3 years ago

**2**

Last received a grant 2 years ago

**1**

Last received a grant 1 year ago

**0**

Received a grant in the current year.

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### **Areas of lower Socio-Economic Indexes For Areas (SEIFA - 10%)**

#### **Location Need Rank**

#### **Suburbs**

**5**

Lalor, Thomastown

**4**

Donnybrook, Epping, Woodstock

**3**

Mill Park, Whittlesea

**2**

Beveridge, Bundoora, Doreen, Humevale, Kinglake West, Mernda, South Morang, Wollert, Yan Yean

**1**

Eden Park

---

### **2040 Goals (50 %)**

You will be required to report on these outcomes at the time of acquittal.

Your response will be scored the average across all the options you choose rated 1 to 5 as follows:

# Large Grant Application Form

## Form Preview

### Rating Score

#### Score Justification

**5**

Application meets criterion to a high level – there is clear understanding of the need and how the proposed aims will address the need/ option chosen. There is no further questions regarding the application

**4**

Application meets criterion well but lacks clear specific details.

**3**

Application meets the criterion, however there are still questions regarding the application.

**2**

Application largely fails to meet the criterion

**1**

Application completely fails to meet the criterion

---

### Budget (20%)

#### Rating Score

#### Score Justification

**5**

Budget meets all the following budget requirements;

- Proposed project or event clearly lists budget items
- Quotes submitted with the application form must include at a minimum;
  - o ABN details of the organisation or company providing the quote and
  - o An itemised break-down of what is included and costs.
- Co-contributions clearly identified including but not limited to;
  - o Volunteer or labour hours
  - o Venue or catering
  - o Equipment or materials

**4**

Application meets over half of the requirements above

**3**

Application meets half the requirements above

**2**

Application largely fails to meet the budget requirements

**1**

Application only meets one or two of the budget requirements

# Large Grant Application Form

## Form Preview

Do you need further support to understand this section?

Please contact Council on 9217 2170 and ask to speak to the Grants Team or email us at [Community.Grants@whittlesea.vic.gov.au](mailto:Community.Grants@whittlesea.vic.gov.au) for further support to understand this assessment criteria.

## Tell us about your Project or Event

\* indicates a required field

**What is your Project or Event Called \***

### Project or Event Overview

Tell us about your Project or Event

**What will you use the Grant for? \***

**Please provide a brief description of your proposed Project or Event \***

Word count:

Must be no more than 300 words.

**What do you hope to achieve through your Project or Event? \***

Please provide a minimum of three dot points

**Which group is your project or event primary target \***

- ☐ Aboriginal and or Torres Strait Islander People
- ☐ Children or Youth
- ☐ Culturally and Linguistically Diverse People
- ☐ LGBTIQ+
- ☐ Geographic Location
- ☐ People with Disability
- ☐ Seniors

You can only choose one Option. Please choose to specify another target group or a combination of two or more groups.

**What is the proposed start date of your project or event? \***

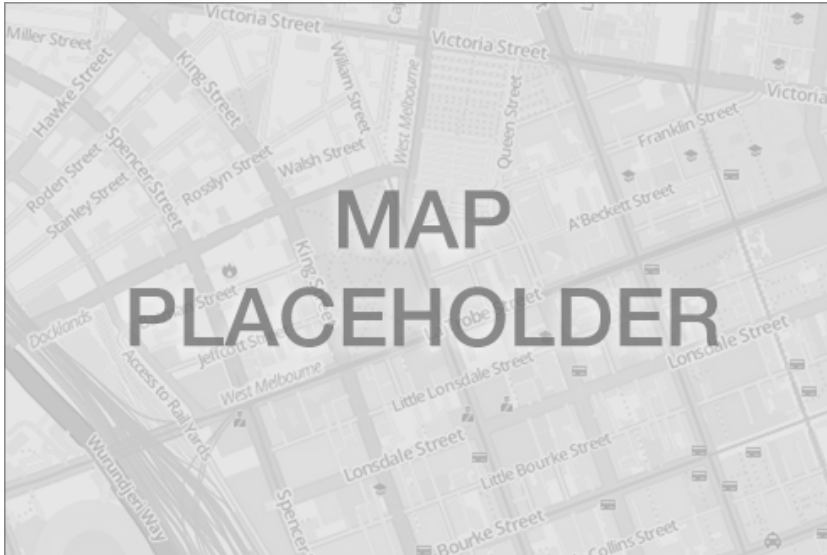
Must be a date.

**What is the address of your project or event? \***

# Large Grant Application Form

## Form Preview

Address

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

Please confirm

\*

- ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander

Children or Youth

**Please confirm the age group for your project or event \***

- ☐ 0-9  
☐ 10-17  
☐ 18-24  
☐ 75+

Culturally and Linguistically Diverse People

**Please confirm the main cultural group for this program or event. \***

People with Disability

**Please confirm the main group for this program or event. \***

For example, is it for the vision impaired etc

Geographic Location

# Large Grant Application Form

## Form Preview

### Which suburb will your project or event take place? \*

- |                                     |  |                                     |
|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Beveridge  | <input type="checkbox"/> Humevale      | <input type="checkbox"/> Thomastown |
| <input type="checkbox"/> Bundoora   | <input type="checkbox"/> Kinglake West | <input type="checkbox"/> Whittlesea |
| <input type="checkbox"/> Donnybrook | <input type="checkbox"/> Lalor         | <input type="checkbox"/> Wollert    |
| <input type="checkbox"/> Doreen     | <input type="checkbox"/> Mernda        | <input type="checkbox"/> Woodstock  |
| <input type="checkbox"/> Eden Park  | <input type="checkbox"/> Mill Park     | <input type="checkbox"/> Yan Yean   |
| <input type="checkbox"/> Epping     | <input type="checkbox"/> South Morang  |                                     |

### Please confirm other funding sources for this project or event . \*

- ☐ 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 support section of the budget.

### Further explanation regarding other funding

#### Please provide details below. \*

### Event Contact Details

#### Name \*

First Name

Last Name

#### Role within the Event \*

#### Phone Number \*

Must be an Australian phone number.

#### Alternative Event Contact Name (If needed)

First Name

Last Name

#### Alternative Event Contact Number

Must be an Australian phone number.

#### Role within the Event

# Large Grant Application Form

## Form Preview

### 2040 Goals (weighted 50%)

Please take time to consider how your project or event align to Council's [2040 Goals](#).

You will be required to report on these outcomes at the time of acquittal.

Your response will be scored the average across all the options you choose rated 1 to 5 as follows:

#### Rating Score

#### Score Justification

5

Application meets criterion to a high level – there is clear understanding of the need and how the proposed aims will address the need/ option chosen. There is no further questions regarding the application

4

Application meets criterion well but lacks clear specific details.

3

Application meets the criterion, however there are still questions regarding the application.

2

Application largely fails to meet the criterion

1

Application completely fails to address the criterion

Please select the 2040 Goals for your project or event

\*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Connected Community          | <input type="checkbox"/> Strong Local Economy    | <input type="checkbox"/> Liveable Neighbourhoods |
| <input type="checkbox"/> High Performing Organisation | <input type="checkbox"/> Sustainable Environment |  |

### Connected Community

**Please select the key direction for your project**

**Please advise how you will meet your selected aim**

### Strong Local Economy

**Please select key aim for your strong local economy project or event**

**Please explain how you will meet this aim for a strong local economy**



# Large Grant Application Form

## Form Preview

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### Sustainable Environment

**Please select key aims for sustainable event for your project or event**

**Please explain how you will meet this aim for a sustainable environment**

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### High Performing Organisation

**Please select key aim for how your project or event will meet a high performing organisation**

**Please explain how you will meet this aim for a high performing organisation**

--	--

### Liveable Neighbourhoods

**Please select key aims for Liveable Neighbourhoods your project or event will meet.**

**Please explain how you will meet the aim selected for 'Liveable Neighbourhoods'**

--	--

## Budget and In-kind Support

\* indicates a required field

Please fill out

There are pre-populated fields to select from or please choose 'Other' before filling out the 'Other' section.

You are able to 'Add More' items by clicking on the 'Add More' button.

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

**Total Amount Requested \***

\$

This number/amount is calculated.

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

# Large Grant Application Form

## Form Preview

**Are there any other sources of support (monetary or in-kind) for this project? \***

### In-kind Support

**Please define the in-kind support type**

**Please provide a description of this in-kind support item**

**Please confirm total amount**

For example, Organisation, Venue Hire, Staff Hours (not Volunteers - this is captured in the Volunteer hours below)		Must be a dollar amount.
		\$

**Total value of other contributions \***

\$

This number/amount is calculated.

### Volunteer Hours

**Total volunteer hours \***

Must be a number.

**Total value of volunteer hours**

\$

This number/amount is calculated.

Calculated at \$42.00 per hour

**Total value of in-kind support and Volunteer hours**

\$

This number/amount is calculated.

This is calculated by Other Contributions plus Volunteer Hours

**Total Project Cost**

\$

This number/amount is calculated.

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

### Quotes

Please provide quotes for everything over \$500 as identified in your budget.

Quotes submitted with the application form must include at a minimum: • ABN details of the organisation or company providing the quote

# Large Grant Application Form

## Form Preview

- An itemised break-down of what is included and costs.
- Screen shots of online quotes with the website address included in the screen shot and name of business

### Please provide quotes for budget items over \$500

Please add more quotes if required

## Details of Your Event

\* indicates a required field

### Event Details - Further Information

Please read the following requirements regarding the 'Level' of your event. You will be asked to confirm your event 'Level'.

---

#### Level three event

If your event is:

- a private/invite only event for up to 100 people
- does not require access to drive on to Council land
- does not include the installation of commercial marquees, amusements or attractions (eg. jumping castles, pony rides etc)

**Approval is not required** - you can proceed with holding your private event without advising Council or seeking permission.

---

#### Level two event

If your event:

- is a private/invite only event for under 100 people
- is outdoors, or utilises open space owned or managed by Council
- requires access to drive on to Council land
- requires access to power OR
- requires the installation of commercial marquees, amusements or attractions (eg. jumping castles, pony rides etc)

**Approval is required** - an event application must be submitted at least three weeks before your proposed event. Your submission must include evidence of your (or your contractor's) Public Liability Insurance and any supporting documents.

---

#### Level one event - moderate to major event

If your event:

- is open to the public or is a private/invite only event for over 100 people
- is outdoors, or utilises open space owned or managed by Council
- requires a road closure or changes to traffic conditions OR
- requires a [Place of Public Entertainment Permit \(POPE\)](#)

# Large Grant Application Form

## Form Preview

**Approval is required** - an event application must be submitted at least 12 weeks before your proposed event. Contact Council's Events team at [events@whittlesea.vic.gov.au](mailto:events@whittlesea.vic.gov.au) or by calling 9217 2122.

### Event Level

**Please confirm your Event 'Level' \***

If you select Level two or Level One event the Events Approval Form will be available here to complete in this application.

### Your application may not be eligible

Due to your selection of a 'Level three event' your event may not be approved due to being private and invite only.

Please review your event level. If this remains a 'Level three event' please continue with the remainder of the application.

## Events approval

\* indicates a required field

### Instructions

PRIVACY NOTIFICATION STATEMENT - Any personal information provided, is required for the purpose of processing your request and will be protected in accordance with the provisions of the Privacy and Data Protection Act 2014 and Councils Information Privacy Policy. You have a right to access your personal information collected by Council. The information will not be disclosed to anyone outside of Council and will be kept secure and destroyed in accordance with the Public Records Act. If you choose not to provide the information that is sought, we may be unable to process your request or to update you on the outcome. Please note: We are unable to communicate or update you on progress in relation to your request if you provide incorrect contact information. **Events Approvals - Holding an Event**

### Event Overview

Tell us about your Event

**What is your Event called? \***

**Please provide a brief description of your proposed Event \***

This question is read only.

# Large Grant Application Form

## Form Preview

**What is the proposed start date of your event? \***

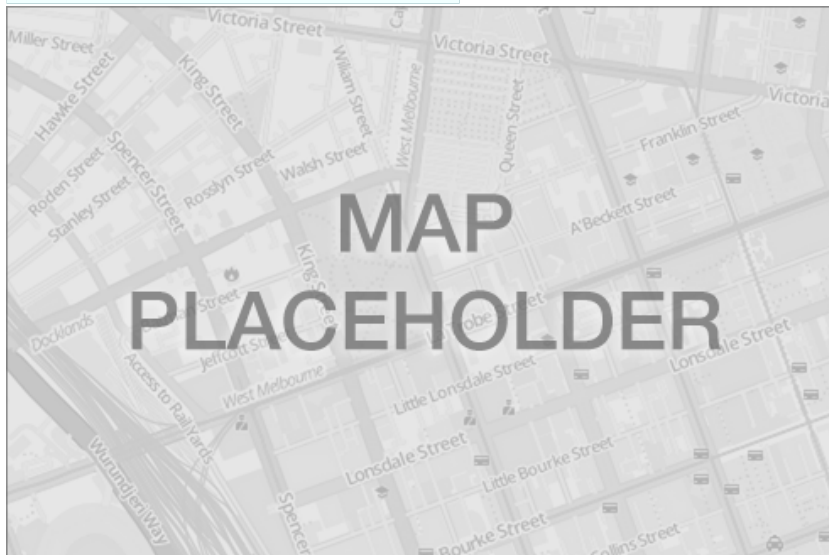
This question is read only.  
Must be a date.

**What is the start time of your event? \***

**What time will your event finish? \***

**What is the address of your event? \***

Address

This question is read only.

**What type of Event are you proposing to deliver?**

**Type of Event**

**Is your event indoors or outdoors?**

**Comment**

# Large Grant Application Form

## Form Preview

**Approximately how many people are you expecting to attend your event?**

Must be a number.

**Will your event include temporary structures OR prefabricated buildings exceeding 100m<sup>2</sup> (e.g marquees/ stages), be fenced in or seating stands for more than 20 persons?**

If Yes, you may require an Occupancy Permit for a Place of Public Entertainment (POPE)

**Are you charging an entry fee to your event?**

If Yes, you may require an occupancy permit for a Place of Public Entertainment (POPE)

**Will you be supplying additional toilets for your event?**

**If you are supplying additional toilets, how many will you supply?**

Must be a number.

**Will you require access to water for your event?**

**Will you require access to power for your event?**

**Will your event include music, entertainment, live performances or speeches and need an amplifier?**

If Yes you may need to obtain an Australian Performing Rights Association (APRA) License

**Will your event include stallholders? e.g market stalls, information stalls, promotional stalls?**

**If your event includes stallholders, how many stallholders will there be?**

Must be a number.

**Will your event include the sale of food?**

If Yes vendors must register via [Foodtrader](#). A list of vendors must be supplied 7 days prior to the event.

# Large Grant Application Form

## Form Preview

**Will your event include the provision or sale of alcohol?**

If Yes, your Council grant application may not be approved. Please call 1300 182 457 to obtain a liquor licence and attach it to this application

**Will your event include any amusement rides?**

**Are you conducting any fundraising during the event?**

If you may require a Fundraising permit through Councils Local Laws Dept. Please click [here](#) to read about this requirement with Councils Local Laws Department

**Will your event include fireworks or other pyrotechnics?**

If Yes, you will not be approved for fireworks on Council land and will need to upload your [Pyrotechnician licence from Worksafe Victoria](#)

**Does your event require the closure of any roads or alterations to traffic conditions (reduced speed limit, Variable Message Sign VMS)?**

If Yes, You must submit a Traffic Management Plan with this application

**Will your event affect public transport routes?**

If Yes, you must contact Public Transport Victoria. Notification is required 120 days before your event.

**Will your event include any trading along footpaths?**

If Yes, you will require a Footpath Trading Permit through Local Laws Department. Please click [here](#)

**Does your event site provide ample parking to accommodate your expected audience?**

**If 'No' please provide a detailed response on how you will manage the overflow of cars**

If you answered Yes please write N/A here

**Will First Aid be provided at your event?**

**If 'No' please provide details of why you believe this is not required**

If you answered Yes, please input N/A

# Large Grant Application Form

## Form Preview

**Do you have access to an adequate number of rubbish and recycling bins to service your event?**

**Will you be supplying additional waste management services at your event? e.g hire of additional bins, skips, cleaning staff to pick up litter, clean and restock toilets etc**

**Please provide details of how you will supply or manage additional waste management services at your event**

**Will your event include the installation of temporary signage (e.g promotional signs, real estate boards, etc)**

**Please confirm details regarding installation of temporary signage.**

## Liquor Licence

**Please upload your liquor licence**

Attach a file:

## Fireworks licence

**Please upload your Pyrotechnician Licence**

Attach a file:

## Events Checklist

To assist your group in keeping track of your Event, please click on the following link to download the 'Event Checklist'.

Please click here to download the [Events Checklist](#).



# Large Grant Application Form

## Form Preview

### Additional Events Documentation

**Please attach Site Map/ Event Layout including entry, exit and evacuation points, parking, marquees and structures, toilets, first aid post etc**

Attach a file:

**Please attach Risk Assessment**

Attach a file:

To assist you further, please feel free to download the [Risk Assessment template here](#)

**Please attach Emergency Management Plan**

Attach a file:

To assist you further, please feel free to download the [Emergency Management template here](#)

### Checklist - Before you submit your application please check the following

\* 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? \***

You can view the [guidelines here](#)

**You have checked and if needed, updated your answers regarding Eligibility - Page 3 of this application. \***

**Have you attached a copy of your current 'Public Liability' insurance covering the period for your event or project?**

If your application you can attach this below. If you dont provide a copy, your application may not be approved.

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

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

**Have you attached all relevant paperwork for your application including letters of support and auspice letter if applicable? \***

# Large Grant Application Form

## Form Preview

**Have you checked the 'What won't be funded' section of the grant guidelines and you are confident your project or event is not included in the 'What won't be funded' section? \***

If no - please double check [by clicking here](#)

### Public Liability

**Current public liability insurance (\$10-\$20 million depending on activities)**

**Please attach a copy of your Public Liability Insurance including the period covering your project or event.**

Attach a file:

### Letter of Support or Auspice letter

**Please upload your letter of support or auspice letter**

Attach a file:

### Events Checklist

Where applicable, please check that the following documents for your event are included before you submit your application for this grant.

**Do you have your 'Occupancy Permit' for Place of Public Entertainment (POPE)?**

**Please upload a copy of your Occupancy Permit**

Please ensure you upload the relevant 'Occupancy Permit' and additional forms as required.

Attach a file:

**Music, entertainment, live performances or speeches needing an amplifier**

**Do you have an Australian Performing Rights (APRA) License?**

# Large Grant Application Form

## Form Preview

Please attach a copy of your APRA license

Attach a file:

Vendor Registration for sale of food

**Will you provide a list of vendors registered via Foodtrader 7 days prior to your event.**

Fundraising during your event

**Have you contacted Council's Local Laws Department regarding your Fundraising Permit?**

Traffic Management Plan

**Do you have a Traffic Management Plan for this application?**

If you must submit a Traffic Management Plan with this application

**Please upload a copy of your Traffic Management Plan**

Attach a file:

Event affecting Public Transport

**Do you confirm you will notify Public Transport Victoria 120 days before your event?**

Footpath Trading Permit

**Do you have your Footpath Trading Permit?**

Please contact Local Laws [here](#) regarding the Footpath Trading Permit.

**Please upload your Footpath Trading Permit here.**

Attach a file:

# Large Grant Application Form

## Form Preview

### Declaration

\* indicates a required field

#### Declaration

- 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 grant as stated in the letter of approval and conditions of grant.

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 on behalf of my community group or organisation. \*

Name of Authorised Person \*

Position in Organisation \*

Contact Phone Number \*

Email \*

Date \*

Must be a date.  
DD/MM/YYYY

#### Declaration

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).

# Large Grant Application Form

## Form Preview

***I certify that our business has decided not to match the co-contribution as outlined in the City of Whittlesea Community Grant guidelines 2023-2024.***

**I have the authority to submit this application on behalf of my community group or organisation.**

**Name of Authorised Person**

**Position in Organisation**

**Contact Phone Number**

**Email**

**Date**

Must be a date.  
DD/MM/YYYY

**Applicant Feedback - Please complete this section before submitting your application form.**

**\* 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**

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

☐ Grants and Training Opportunities email      ☐ Word of mouth  
☐ Local Area Network email      ☐ Social media

# Large Grant Application Form

Form Preview

- ☐ Other Council newsletter (electronic or hardcopy)
- ☐ Council's website
- ☐ Poster/flyer
- ☐ Other: