

Application Form - Unincorporated Group Grant

Form Preview

Introduction

Before completing this application:

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

Documentation required:

- Group ABN (*if applicable*)
- List of group members including their residential suburbs
- Group's Rules of Association or Statement of Purpose or Mission Statement
- Quotes for items over \$500 (if applicable)

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 [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.

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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;

- 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.

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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 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.

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 Group Contact Details

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* indicates a required field

Group contact details

What is your group's name *

Organisation Name

Contact Person *

First Name

Last Name

Position in group *

e.g. Secretary, Treasurer, Committee Member

Phone number *

Must be an Australian phone number

Email *

Secondary Contact Person *

First Name

Last Name

Position in group *

e.g. Secretary, Treasurer, Committee Member

Phone number *

Must be an Australian phone number

Email *

Contact Phone Number *

Must be an Australian phone number

Primary Target Group

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

Please confirm *

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

Children or Youth

Please confirm the age group for your project or event *

- ☐ 75-79

Culturally and Linguistically Diverse People

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

People with Disability

Please confirm the specific group if applicable. *

Please write N/A if there is no specific disability group.

Geographic Location

Please confirm your group's primary location. *

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

Other funding

Please confirm if your group is receiving other funding for starting up. *

****You can not apply for funding if you are already receiving funding to achieve the same things you are applying for in this application. You can use resources of other funding as support section of the budget.**

Group details

Group postal address *

Address

Suburb State Postcode

Group website (if applicable)

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Can be a Facebook page

Is your group not-for-profit? *

☐ Yes ☐ No

Is your group incorporated? *

☐ Yes ☐ No

If your group is incorporated you are NOT ELIGIBLE for this grant.

Does your group have an ABN? *

☐ Yes ☐ No

Does your group have a bank account which is registered in the group's name? *

☐ Yes ☐ No

Payment can only be made to your group bank account.

ABN details

Group 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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Applicant Group Details

*** indicates a required field**

About your group

What does your group do? *

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Word count:

Must be no more than 150 words.

A brief overview focusing on the activities and/or programs you deliver, or plan to deliver.

How often does your group meet? *

e.g. weekly, fortnightly, monthly

How long has your group been meeting? *

How many members does your group have? *

Must be a number.

What is the address of the place your group meets or will meet? *

Address

Suburb State Postcode

Must be an Australian post code

How does your group benefit the Whittlesea community? *

Word count:

Must be no more than 150 words.

The specific issue or need your group wants to address.

Grant details

* indicates a required field

What are you applying for? *

- ☐ Incorporation fees
- ☐ Public liability insurance
- ☐ Materials and equipment to support organisation set-up
- ☐ Group promotion and member recruitment
- ☐ Costs for regular meeting venues (not Council owned)
- ☐ Costs to set up group webpage
- ☐ Facilitators to support development of strategic plans and governance systems
- ☐ Costs for activities associated with starting up a social/business enterprise

Select all that apply. Must be at least 1 choice selected.

Funding request

How much are you requesting from Council? (excluding GST)* *

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\$

Must be a dollar amount and no more than 1000.

Budget Section

Expenses must be itemised. Rather than requesting \$1,000 for equipment, you must state each piece of equipment you wish to purchase and the cost you have been quoted.

Costs should be realistic - if any single item is over \$500 (ex gst) please provide a quote (can be uploaded in the 'Document Checklist' section on the following page).

Please refer to the [City of Whittlesea Community Grants guidelines 2023-2024](#) for information on eligible items.

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

Budget Totals

Total Expenditure Amount

\$

This number/amount is calculated.

Why does your group need these items to become established? *

Word count:

Must be no more than 150 words.

Items must be for group set up, not for the programs and/or activities you plan to run

Documentation Check List

* 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 *

Please click [here to access the City of Whittlesea 2023-2024 Grant Guidelines](#).

Have you double checked your answers regarding Eligibility? *

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Have you checked the 'What won't be funded' section of the grant guidelines and you are confident your group has not applied for anything in this section? *

If no - please double check.

Please attach all supporting documentation as listed and tick each document attached. *

- ☐ List of members including their residential suburbs
- ☐ Group Rules of Association or Statement of Purpose or Mission Statement
- ☐ Quote for items over \$500(ex gst) if applicable
- ☐ Quote for Public Liability Insurance (if applicable)

Members list *

Attach a file:

Group's Rules of Association or Statement of Purpose or Mission Statement *

Attach a file:

Quote for items over \$500 (ex gst) - if applicable

Attach a file:

Quote for Public Liability Insurance - if applicable

Attach a file:

Any other support material

Attach a file:

E.g. support letters, photos

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).

I certify that to the best of my knowledge;

- 1.The statements made within this application are true and correct,**

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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](#).

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 of Declaration *

Must be a date.
DD/MM/YYYY

Feedback

* indicates a required field

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

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.

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Eg. 1 hour 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.