Introduction

Before completing this application:

- Ensure you read the City of Whittlesea Community Grant Guidelines 2024-2025
- 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.

Form Preview

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 complete the application, please contact the **Grants Team** on **9217 2397.**

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. *

○ I agree

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 you are not eligible to apply
- 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

Form Preview

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 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. *	 □ Restrict my influence by placing partial or full restrictions on my involvement in the matter. □ 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 material-actual conflict or if you are recruiting a candidate who is a Family Member or Close Friend. □ Relinquish my private interest so that there's no longer a conflict (e.g 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 reyou will not be eligible.	esident of the City of Whittlesea, then	
Applicant Address *	Address		
Applicant Phone Number *	Must be an Australian ph	one number.	
Applicant Email *	Must be an email address	5.	

Form Preview

Please provide proo	f of	Attach a file:
address *		
If you are over 18,		Attach a file:
please provide proo age *	t ot	
Are you completing		
application on beha a child? *	lf of	
Name of parent or g		
rirst Name	Last	t Name
Is someone helping	you to ap	ply for this grant? *
Please provide the I ☐ I need assistance I ☐ I have a disability ☐ I don't have access ☐ Other:	vith English vith techno	ology
Contact details fo	r helper	
Name *		
First Name	Last Name	e
Email *		
Must be an email addres	S.	
Phone Number *		
Must be an Australian ph	one number	

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

People Groups * Aboriginal and or Torres Strait Islander People Culturally and Linguistically Diverse People LGBTIQA+ 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 Pathways
Please confirm the total amount you are applying for. * \$ Must be a dollar amount. What is the total financial support you are requesting in this application? (no more than \$1000) What is the name of your activity * How will this grant support your activity. *
Provide a short description (100 words recommended) of your project - what are you out to do?
Please indicate what you intend to use the funds towards * Registration or Tuition Fees Accommodation Uniform Materials or Equipment Travel Please have your quotes ready to submit with your application
Start Date *
Must be a date.
End Date *

Must be a date.			
Other Funding			
Are you receiving o City of Whittlesea Other Local Gover State Federal Not funded elsewhere The project or event must not in-kind' support section	- another area nment nere funding for a pr ot be funded els	a roject or ev sewhere. Yo	ent you
Project Information	tion		
* indicates a required	field		
Arts Culture			
Please provide info activities * Word count: Must be no more than 20 Recent is defined as being the please upload your Attach a file:	00 words. ng within the la	ast 12 mont	hs.
Applications must be State or National Asso documentation must of the correspondence from the competition.	accompanied ociation or gov confirm that tl	by a lette verning bo he compe	dy of th tition is
Has the applicant h been selected and registered to compo a nominated compo outlined above? *	ete in		
Is the competitor 2 years old or younge	er? *	Yes No no you are	e not

Form Preview

Which sport or recreation activity are you competing in? *				
you competing in:				
Please confirm the level of competition *	StateNationalInternationalPlease specify 'Other'			
Name of Competition *				
State/ National Association Name *				
Association Contact	First Name	Last Name		
Name *	riist Name	Last Name		
Association Contact Position *				
State/ National Assocation Primary Address *	Address			
	Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.			
Association Contact's Phone Number *	Must be an Australian ph	one number.		
Association Contact's				
Email address *	Must be an email address.			
Evidence of competition	Attach a file:			
entry or registration *				
	A letter or other official documentation from the sporting/ recreational activity body confirming your selection/entry into the competition.			
Please upload	Attach a file:			
additional supporting documentation as				
required				

Community Leadership

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

Form Preview

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

Budget

Form Preview

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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 uniformsMaterials and equipment				
Budget Category	Budget Line Iter Desciption	n Cost of Budget Item		
	_	Must be a dollar amount.		
		\$		
Quotes				
Please attach quotes for it Attach a file:	tems \$500 and ov	er (net GST) *		
Additional Document	ation			
To ensure your application is fairly considered please attach as much documentation as follows;				
Attach a file:				
Delasita will be alway to applicable				
Priority will be given to applicant	s demonstrating their	need for support through this grant.		
Checklist				
* 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	○ Yes	○ No		

Form Preview

Contact Phone Number *

Community Grants Guidelines *				
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? *	O Yes Please refer to page 18 of the	○ No Guidelines		
Have you attached all relevant paperwork for your application including letters of support and proof of address? *	○ Yes	○ No		
Declaration				
* indicates a required field				
This section must be completed the applicant organisation (may application form).				
I certify that to the best of m	y 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 2024-2025. 				
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 *				

Email *		
Date *		
Must be a date. DD/MM/YYYY		
Feedback		
* indicates a required field		
Please indicate how you found the online O Very easy O Easy	e application proces	s: * O Very difficult
How many minutes in total did it take yo	ou to complete this a	application? *
Must be a number. Estimate in minutes i.e. 1 hour = 60 minutes (inclu	ude numbers only)	
Please provide improvement suggestion form/process that Council should consider		o the application
How did you hear about this grant opportunities and Training Opportunities email ☐ Local Area Network email ☐ Other Council newsletter (electronic or hardcopy) ☐ Poster/flyer	☐ Word of mouth☐ Social media	