

# 2024-2025 Emergency Grant Application form

## Form Preview

### Introduction

We are mindful that due to unforeseen circumstances you are seeking support through the City of Whittlesea Emergency Grants.

#### Before you complete your application:

- Please read the Community Grant Guidelines 2024-2025. This provides details of what can be funded and what is excluded. [Please click here to access the 2024-2025 Community Grant Guidelines.](#)
- Please ensure that you submit your application with all required documentation due to the requirements of this grant.
- We will consider your application and try and meet the urgent requirements which is dependent on you submitting all your documentation to support your application.
- 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**.

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.

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### 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 your 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

**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 \***

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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 - a Family Member or Close Friend will benefit.
- ☐ 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, a Family Member or Close Friend might benefit.
- ☐ 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 would think a Family Member or Close Friend might benefit.

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

- |  |   |   |
|--|---|---|
| <input type="radio"/> 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. | <input type="radio"/> 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. | <input type="radio"/> 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 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. \*

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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

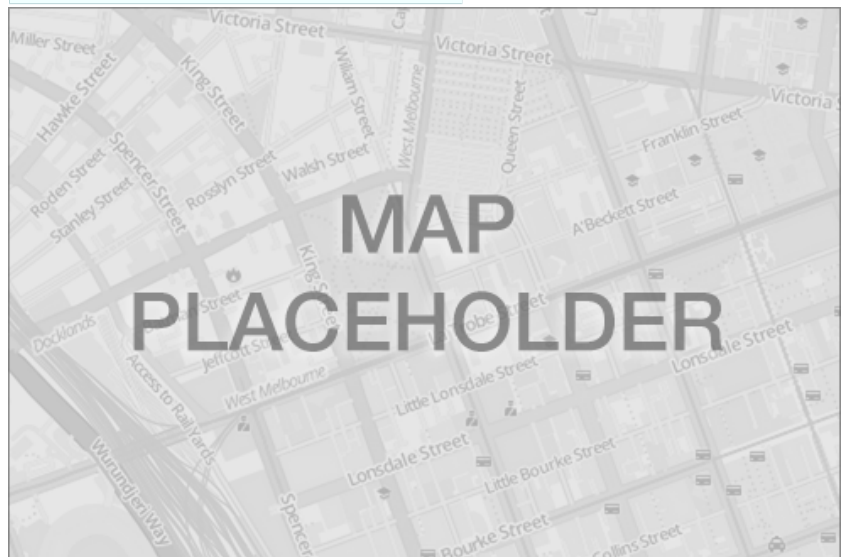
\* indicates a required field

Eligibility

**Applicant Type \***

**Please confirm the address requiring quick response. \***

Address



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**

This will be validated in the eligibility check stage.

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**outstanding acquittals  
with Council? \***

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

If you choose your application may not be approved.

**Do you acknowledge  
your application for this  
Emergency Grant is to  
reduce the financial  
impact of an emergency  
due to unforeseen  
events?**

☐ Yes

☐ No

☐ Other:

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:

## 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.

**Primary Contact \***

Title

First Name

Last Name

**Position \***

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**Phone Number \***

Must be an Australian phone number.

**Email \***

Must be an email address.

**Admin Contact \***

Title

First Name

Last Name

**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? \***

**Additional Contact**

**Additional Contact Name \***

Title

First Name

Last Name

**Position \***

**Phone Number \***

Must be an Australian phone number.

**Email \***

Must be an email address.

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### 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 \***

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.

#### Services to Children and Youth

Victorian organisations that provide services or facilities to children, such as City of Whittlesea, are legally required to implement Child Safe Standards to protect children from harm and ensure safety in all settings.

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The standards were established by the Child Wellbeing and Safety Act 2005. They address sexual, physical, emotional and psychological abuse, as well as serious neglect of children under the age of 18 years.

The [Child Safe Standards](#) set out 11 standards that aim to create and maintain child safe environments. We are required to implement and comply with these standards.

The Child Safe Standards aim to:

- promote the safety of children
- prevent child abuse
- ensure organisations and businesses have effective processes in place to respond to and report all allegations of child abuse.

**Does your organisation provide services to Children and Youth? \***

☐ Yes ☐ No

**Does your organisation meet the Victorian Child Safe Standards? \***

☐ Yes ☐ No ☐ Other:

**Please provide further information how your organisation meets or does not meet the Victorian Child Safe Standards \***

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

☐ 0-4 ☐ 10-14 ☐ 20-24  
☐ 5-9 ☐ 15-19 ☐ Other:

## Assessment Information

### Assessment Overview

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

- **Not Previously Funded - 10%**
- **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)
- **Impact on normal operations - 20%**
- **Financial hardship or risk the fee will create for applicants - 20%**
- **Community Impact - 40%**

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

### Assessment weighting explained



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### **Not previously funded (10%)**

#### **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.

---

### **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

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### **Impact on normal operations (20%)**

You will be required to show evidence of how the event occurred and its detrimental affect on normal operations.

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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 how the event occurred. The applicant included evidence to support their application. There is no further questions regarding the urgent request for this Emergency Grant.

**4**

Application included some key information 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

---

### **Financial hardship or risk the fee will create for applicants (20%)**

Applicants need to describe how the fees incurred due to the emergency event would create financial hardship or risk.

### **Rating Score**

#### **Score Justification**

**5**

The Applicant provides evidence of their financial status including at all of the following documentation;

- Most recent bank statements
- Proof of loss,
- Copy of financial accounts or
- a letter of current standing from financial accounts

**4**

Application provides at least three of the documentation required above.

**3**

Application provides at least two of documentation required above.

**2**Application provides one of the documentation required above.

**1**Applicant provides no evidence of financial hardship.

---

### **Community Impact (40%)**

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Applicants need to describe how their normal services/ activities help their local community.

### Rating Score

#### Score Justification

**5**

The Applicant clearly states the impact on community if they do not get back up and running in time and there is no questions regarding the impact.

**4**

The Application provides key details to understand the impact.

**3**

The Application enough information but it is not completely clear on the impact on the local community should services stop.

**2**The Application provides basic information on the impact but hasn't identified specific help they provide to their local community.

**1**The Application fails to describe how their services help the local community.

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.

## Please provide further details

\* indicates a required field

### Emergency Grant

Please tell us more about your need for the Emergency Grant.

The more details you provide, the clearer the picture is of your need for this grant.

This whole section is a combined weighting of 80%.

**Please advise how the event occurred and how this has impacted your normal operations. \***

Please note this is 20% weighted for this criteria

**Please describe how the fees incurred due to the emergency will create financial hardship \***

Please note this is 20% weighted for this criteria.

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**Please describe how your normal services/ activities help your local community. \***

Please note this is 40% weighting for this criteria.

Please attach supporting documents

**Please upload necessary documents, pictures or additional paperwork to support your application.**

Attach a file:

You can add more if you need.

**Please upload necessary documents, pictures or additional paperwork to support your application.**

Attach a file:

You can add more if you need.

**Please upload necessary documents, pictures or additional paperwork to support your application.**

Attach a file:

You can add more if you need.

## Budget

\* indicates a required field

Budget

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?

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### 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 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 • 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 \***

Attach a file:

### 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 \***

- ☐ Yes
- ☐ No
- ☐ Yes, subject to (insert condition in comments)

Please click [here to access the guidelines](#).

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

- ☐ Yes

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- ☐ No
- ☐ Yes, subject to (insert condition in comments)

**Have you attached a copy of your current 'Public Liability' insurance covering the period of this emergency?**

- ☐ Yes
- ☐ No
- ☐ Yes, subject to (insert condition in comments)

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? \***

- ☐ Yes
- ☐ No
- ☐ Yes, subject to (insert condition in comments)

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? \***

- ☐ Yes
- ☐ No
- ☐ Yes, subject to (insert condition in comments)

**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? \***

- ☐ Yes
- ☐ No
- ☐ Yes, subject to (insert condition in comments)

If no - please double check [the Guidelines](#)

## 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:

## Declaration

\* indicates a required field

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### 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

**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? \***

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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? \***

- |  |  |
|--|--|
| <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 hardcopy) | <input type="checkbox"/> Council's website           |
| <input type="checkbox"/> Poster/flyer                                      | <input type="checkbox"/> Other: <input type="text"/> |