

Medium Grant Application Form 2024-2025

Form Preview

Introduction

Thanks for your interest in City of Whittlesea grants

Before you complete your application:

- **Please note the grant amount for this application is between \$3,000 up to \$20,000.**
- Please complete your application for either a;
 - Small Grant (up to \$3,000)
 - Large Grant (\$20,000 up to \$40,000)

- 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 Community Grant Guidelines for 2024-2025.](#)
- Please ensure that you submit your application with enough time.
- To view the SmartyGrants Help Guide for Applicants, please click [here](#).
- When completing the form * **indicates a required field.**

- 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.**

Please note: Applicants with;

1. **An existing debt or**
2. **Outstanding acquittal or**
3. **Apply to hold their project or event outside the City of Whittlesea,**

Will be deemed ineligible and their application will not be considered further.

****Applications that don't provide legitimate quotes ([see page 22 of the Community Grant Guidelines](#)) for budgeted items \$500 and over may not be prioritised for funding****

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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.

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. **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? *

Yes No

Signed Conflict of Interest

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

Yes

No

Please upload a copy of your signed Conflict of Interest

Upload your completed Conflict of Interest form signed by your Manager *

Attach a file:

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 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.

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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.

- 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 *

Eligibility Declaration

* indicates a required field

Eligibility

This section is to help you identify whether you will meet the eligibility requirements before you commence your application.

As identified earlier, **Please note: Applicants with;**

1. **An existing debt or**
2. **Outstanding acquittal or**
3. **Apply to hold their project or event outside the City of Whittlesea,**

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Will be deemed ineligible and their application will not be considered further.

****Applications that don't provide legitimate quotes ([see page 22 of the Community Grant Guidelines](#)) for budgeted items \$500 and over may not be prioritised for funding****

Applicant Type *

Individuals and unincorporated groups are not eligible for this grant.

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

Please refer to page 22 of the [Guidelines](#) regarding requirement for quotes.

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

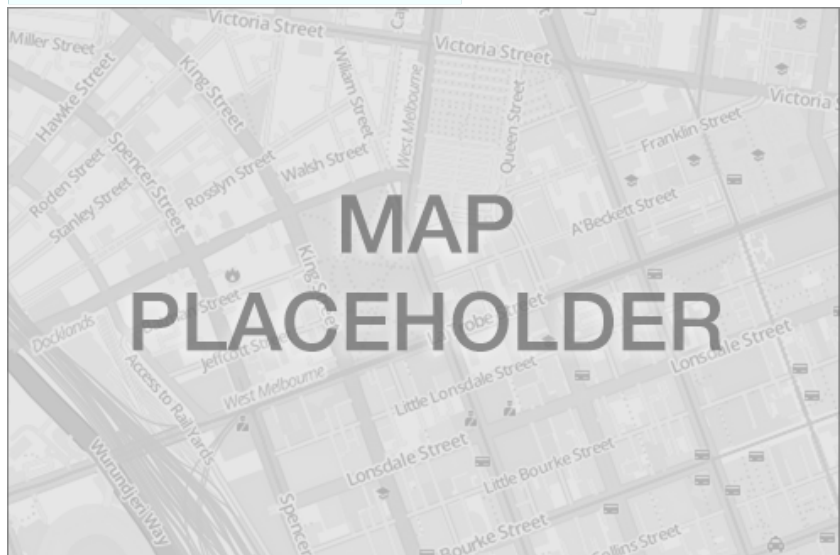
This will be validated in the eligibility check stage. If your organisation has an existing debt your application will not be assessed.

Do you hold current public liability insurance? *

If you choose 'no' your application may not be approved.

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

Address



Address Line 1, Suburb/Town, and State/Province are required.
Country must be Australia
This must be an address in the City of Whittlesea

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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? *

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 and Project Contact Details

* indicates a required field

Applying Group, Organisation or Business Name

Group, Organisation or Business 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 Organisation Address *

Address

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Primary Website *

Must be a URL.

Administration Contact Details

Application Administration Contact *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Application Admin Contact Primary Address

Address

Application Admin Contact Primary Phone Number *

Must be an Australian phone number.

Application Admin Contact Primary Email *

Must be an email address.

Additional Contacts

Would you like to add an additional Project Contact to your application? *

- Yes No

Partnership

Are you delivering this project or event in partnership with another/ other organisations? *

- Yes No

Additional Contact

Application Project Contact

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Application Project Contact Primary Address

Address

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Application Project Contact Primary Phone Number

Must be an Australian phone number.

Application Project Contact Primary Email

Must be an email address.

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

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What is your incorporation number? *

ABN Details

Does your organisation have an ABN? *

Please refer to ATO requirements to provide a Statement By Supplier due to no ABN.

Please click on the following link to access details regarding a Statement By Supplier due to not having an ABN.

[Statement by a supplier not quoting an ABN | Australian Taxation Office \(ato.gov.au\)](#)

If your organisation is approved for a Grant, you will be required to provide a Statement By Supplier form.

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.

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

Auspice Organisation

Auspice Organisation *

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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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

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

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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**
- **LGBTIQ+**
- **People with Disability**
- **Place Based**
- **Seniors**

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:

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

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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

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 for further support to understand this assessment criteria.

Tell us about your Project or Event

* indicates a required field

Project or Event Overview

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Tell us about your Project or Event

What is your Project or Event called? *

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? *

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
- All of the Above

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.

Will you be using a Council venue or facility for project or event? *

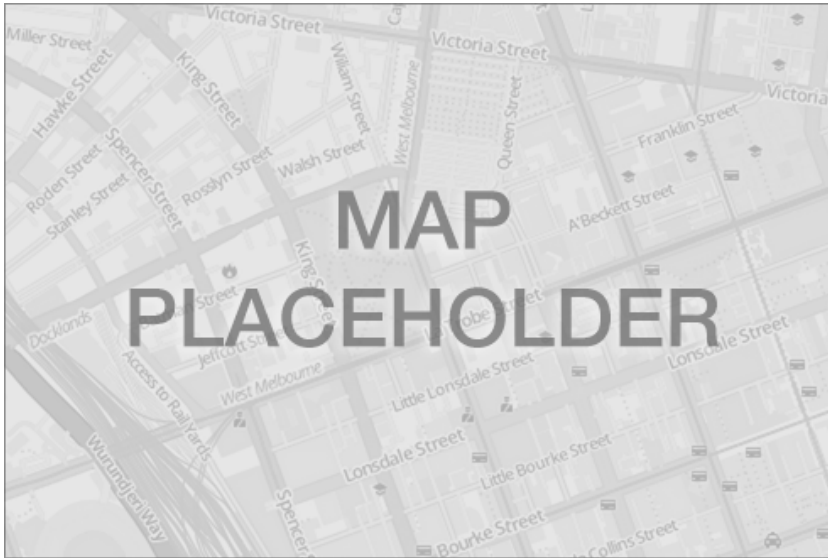
- Yes
- No

What is the address of your project or event? *

Address

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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

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.

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 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 *

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Please confirm the age group for your project or event *

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

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

Please confirm the Seniors age group targeted for your project or event

Please confirm the age group for your project or event *

- 55-59 70-74 85+
 60-64 75-79 Other:
 65-69 80-84

Geographic Location

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.

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Further explanation regarding other funding for this project or event.

Please provide details below. *

You can not be funded for the same item a

Council's 2040 Goals

* indicates a required field

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

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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

--	--

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

--	--

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'

--	--

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

--	--

Budget and In-kind Support

* indicates a required field

Budget

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.

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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?

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

Other Supports

Please define other support type	Please provide a description of this other 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

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\$

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?

Please review your Venue Hire request.

The Medium Grant can only pay 30% of the grant up to a maximum of \$1,500, whichever amount is lower.

Please note if your group or organisation currently receives a discounted venue hire rate with Council, you will be required to choose either the discount rate or full price with the grant. You can not have both.

Please refer to the [Page 19 of the Community Grant Guidelines 2024-2025](#)

Please review your Equipment purchase

The Medium Grant can only pay 50% of the grant up to a maximum of \$5,000 of the equipment requested, whichever amount is lower.

Please refer to the [Page 19 of the Community Grant Guidelines 2024-2025](#)

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

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Please add more quotes if required

Community Facilities and Events

* indicates a required field

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****Please read before submitting your grant application for an event****

Organising an event

Get all the information you need to start planning your event. Find helpful tips as well as advice on the permits you'll need to ensure your event is safe, fun and successful for everyone involved.

OUTDOOR EVENTS

- Creative Communities department for more information at events@whittlesea.vic.gov.au or call [03 9217 2170](tel:0392172170).

INDOOR EVENTS

- You can make a tentative booking of Council venues and provide the booking to support your grant application. Please click here to navigate to [Venues for hire at City of Whittlesea](#).
- Alternatively, please contact our community Facilities team also on 9217 2170 or via email at communityfacilities@whittlesea.vic.gov.au

- If you are unsure, please contact our Community Grants team on the number above or via email at community.grants@whittlesea.vic.gov.au

Before submitting your application, you must contact one of our teams above to discuss your potential event.

Although you may receive provisional approval of your event, **Grant funds will be paid upon meeting all permit requirements, insurances and all required approvals.**

Event Overview

Tell us about your Project or Event

Please confirm your proposed Type of Event *

Is your event indoors or outdoors? *

Please contact the relevant team noted above to discuss your event before submitting your application.

Do you currently receive a discounted rate for Council venue or facilities hire? *

Yes No

You must use the grant to pay full price venue hire not the discounted rate.

Preferred discounted rate

Please select the rate you will use Council venue and facilities hire. *

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We will use our current discount rate

We will pay the full rate with the Grant allowed - Eligible for 30% of the grant amount up to a maximum of \$1,500, whichever amount is lower

Council Contact Record

Please record the details of Council staff you have spoken to regarding your proposed Event.

Have you contacted Council's Community Facilities or Events team to discuss your proposed event?	Who did you speak to at Council regarding your proposed event?	What date did you contact and speak to Council Staff regarding your event?
--	--	--

		Must be a date.	

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

You can view the guidelines [here](#)

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

Yes No

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

Yes No

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

Please refer to page 22 of the [Guidelines](#)

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

Yes No

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

If no - please double check [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 and Auspice letter

Please upload your letter of support or auspice letter

Attach a file:

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

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on behalf of my community group or organisation. *

I Declare our application for this grant adheres to all applicable Federal, Victorian State and Local Council legislation and policies.

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).

I certify that our business has decided not to match the co-contribution as outlined in the City of Whittlesea Community Grant guidelines 2024-2025.

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 *

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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? *

- | | |
|--|--|
| <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"/> |