

Aboriginal Community Grants Application Form 2020-21

Form Preview

Eligibility

* indicates a required field

Are the applicant and/or auspice (if applicable) registered as a not for profit organisation? *

- Yes No

If you answered 'no' to this question your organisation is not eligible to apply for this grant program.

Is your organisations ABN registered as one of the following *

- an Incorporated body
- an Australian Public Company Limited by Guarantee
- a Cooperative
- a Charitable Foundation
- a School

If you are running a project for City of Melbourne residents that will happen outside of the municipality please select the suburb that your organisation is based in.

Which City of Melbourne suburb is the primary focus of your project? *

Which City of Melbourne suburb is the secondary focus of your project?

Project start date *

Project must start after 1 January 2021

Project end date *

Project must finish before 30 June 2021

Does your organisation currently receive funding from any area of the City of Melbourne? *

- Yes No

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Provide the details of the funding you've received from City of Melbourne *

Include the funding program and total funding received

Does this project currently receive funding from City of Melbourne or have you applied to another area of the City of Melbourne? *

Yes No

Provide details of other applications/funding received *

Word count:
no more than 200 words

Have you discussed this application with the City of Melbourne's Aboriginal Community Engagement Officer? *

Yes No

You must discuss your application with the Aboriginal Community Engagement Officer. You can contact them on 0479 180 155 or aboriginalgrants@melbourne.vic.gov.au

Applicant details

* indicates a required field

Organisation details

Organisation name *

Organisation Name

Street address *

Address

Postal Address

Address

If you are using a PO Box click into the box above and select "Can't find address?", you can then manually enter your address

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Phone number *

If using a landline number please include the area code (03)

Email address *

Website

Must be a URL.

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	

If you are applying using an auspice use the auspice organisations ABN

Incorporation number (if applicable)

What is the purpose of your organisation? *

Word count:

Must be no more than 50 words.

Contact Person

Contact name *

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

Position *

Phone number *

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If using a landline number please include the area code (03)

Mobile phone number

Email address *

Applicant type

* indicates a required field

An auspice is an organisation that has agreed to take legal and financial responsibility for administering the grant on behalf of the applicant where an applicant is not eligible or unable to apply for funding.

Are you applying as *

an organisation

an organisation or group with an auspice

If you are not using an auspice please click "Next Page"

Auspice details

Auspice organisation name *

Organisation Name

Auspice Street Address *

Address

Auspice Postal Address

Address

If you are using a PO Box click into the box above and select "Can't find address?", you can then manually enter your address

Auspice contact person *

Title

First Name

Last Name

Auspice contact email *

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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

Incorporation number (if applicable)

Confirmation of auspice agreement *

Attach a file:

Project details

* indicates a required field

Project Title *

Short project description *

Word count:

Must be no more than 70 words

Total Amount Requested *

\$

This field is automatically calculated from the budget section

Project proposal

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* indicates a required field

Which of the Aboriginal Community Grants priorities does your project support? *

- Provision of opportunities which support cultural, social and economic development for Aboriginal Victorians
- Provision of education to the broader community about Victorian Aboriginal heritage and culture
- Promotion of community understanding of reconciliation including as part of National Reconciliation Week

How does your project support the priority/ies chosen? *

Word count:

Must be no more than 200 words.

How have you established the need for this project? *

Word count:

no more than 200 words

. For example research, literature, consultation, anecdotal, surveys.

Describe how you have engaged with the target participants prior to submitting this application *

Word count:

no more than 150 words

What activities will take place as part of the project. *

Word count:

no more than 200 words

What outcomes do you hope this project will have for participants? *

Word count:

Must be no more than 200 words.

How will the project promote community connection, social or cultural inclusion, access or participation in the City of Melbourne community? *

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Word count:
Must be no more than 200 words.

Provide a brief project plan in the table below

Activity / milestone / step	Completion date

What partnerships have you formed for this project? Complete the table below. Note that we may contact some of your project partners

Organisation	Contact person and contact details	What will they contribute to the project?

Due to the ongoing impact of COVID-19, grant applications must outline how the proposed project will be delivered with changing restrictions in mind. Applications must include COVID-19 mitigation in project planning and delivery that addresses current Victorian Department of Health and Human Services (DHHS) [advice](#).

What changes or modifications would you be able to put in place to ensure the success of your project if the DHHS restrictions were in place requiring social distancing? *

Word count:
Must be between 20 and 150 words.

Participation details

* indicates a required field

Volunteers

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How many volunteers will be involved in planning and delivery of the project? *

How many of the volunteers will be City of Melbourne residents? *

Staff participation

Total staff *

How many staff are City of Melbourne residents? *

Project participants

How many people will participate in or benefit from the project? *

How many project participants or beneficiaries will be City of Melbourne residents? *

Target sector of the community

What is the primary sector of the community that your project targets? *

What is the secondary sector of the community that your project targets?

Access and inclusion

* indicates a required field

Select which if any of the following sectors of the community the project engages with

- Aboriginal and Torres Strait Islander communities
- Culturally and linguistically diverse communities
- People with disabilities
- People who are socially or financially disadvantaged

Outline how you will engage with the community sectors you have chosen above *

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Word count:
no more than 200 words

Are there any other sectors that you will engage with? *

Yes No

Which sectors will you engage with and outline how you are inclusive of this group *

Word count:
no more than 150 words

Evaluation

* indicates a required field

What measures or data will you provide after the project has been completed to demonstrate that the project has been successful and has achieved the outcomes stated earlier? *

Word count:
between 30 and 150 words

Sustainability

* indicates a required field

The City of Melbourne has a commitment to reducing the ecological footprint of the municipality. What does your organisation do to improve its environmental sustainability and reduce its ecological footprint? *

Word count:
Must be no more than 200 words.

Is this project expected to continue beyond the term of this grant? *

Yes No Unknown

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How will the project be financially sustainable? Will the project be self sustaining, will you secure funding from other sources or will your organisation absorb the costs? *

Word count:

Must be between 30 and 150 words.

Budget

- Outline the project budget - this is not your organisations budget, but specific to the project you are applying for.
- Staff costs included in this budget must be specific to the project that you are applying for
- If this application is to part fund your project ensure that you
 - list other sources of funding for the project in the 'income' section; and
 - state whether the funding is confirmed (C) or not confirmed (NC)
- Total expenditure should equal total income

Expenditure

Description	\$	City of Melbourne contribution
		Must be a dollar amount.
e.g. presenter/consultant	\$	\$
e.g. staffing costs		
e.g. hire charges		

Income

Income	\$	Funding status
City of Melbourne (the amount of the grant you are applying for)	\$	
Your organisations cash contribution		
Fundraising / participation fees		
Other grants (ensure you provide details below)		

Budget Totals

Total Income Amount	Total Expenditure Amount	Income - Expenditure	City of Melbourne contribution
\$	\$	\$	\$

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This number/amount is calculated.

This number/amount is calculated.

This number/amount is calculated.

This number/amount is calculated.

In kind / volunteer contribution

The in kind / volunteer contribution should not be included in the budget above.

In kind refers to any contribution that will be made to the project that is not a direct cash contribution. For example phone or internet charges, printing, venue hire costs etc.

Volunteer time can be calculated using \$30 per hour as a standard rate for admin/project support costs.

Expenditure	\$ Amount
Volunteer time	\$
Phones / internet	

Attachments and checklist

* indicates a required field

Attachments

Certificate of Currency for Public Liability Insurance *

Attach a file:

Letters of support

Attach a file:

Relevant brochures and promotional materials

Attach a file:

Checklist

Have any previously funded applications been fully acquitted? *

Yes No Not applicable

Has this application been sighted and approved by an authorised person? e.g. CEO or President of Committee? *

Yes No

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Does the budget add up, does the income equal the expenditure? (Budget page 7) *

- Yes No

Have you indicated if any other grants listed in the budget are confirmed or not confirmed? (Budget page 7) *

- Yes No Not applicable

Have you attached at least one quote if you are applying for capital works or the purchase of capital items? (Quote section, page 7) *

- Yes No Not applicable

How did you hear about the grant program? *

- | | |
|--|--|
| <input type="checkbox"/> City of Melbourne website | <input type="checkbox"/> City of Melbourne Instagram |
| <input type="checkbox"/> I'm a previous applicant / recipient | <input type="checkbox"/> City of Melbourne LinkedIn |
| <input type="checkbox"/> Internet search | <input type="checkbox"/> City of Melbourne Twitter |
| <input type="checkbox"/> Newsletter article | <input type="checkbox"/> Email |
| <input type="checkbox"/> Social media (other than City of Melbourne) | <input type="checkbox"/> Word of mouth / referral |
| <input type="checkbox"/> Newspaper or online article | <input type="checkbox"/> Poster or post card |
| <input type="checkbox"/> City of Melbourne Facebook | <input type="checkbox"/> Other: <input type="text"/> |

Select the types of contact you made with Council for this proposal *

- | | |
|---|---|
| <input type="checkbox"/> Information session | <input type="checkbox"/> Phone call |
| <input type="checkbox"/> Face-to-face meeting | <input type="checkbox"/> I didn't make any contact with Council |
| <input type="checkbox"/> Email correspondence | <input type="checkbox"/> Other: <input type="text"/> |

Is this your first grant or sponsorship application to City of Melbourne? *

- Yes No

Is there any feedback you would like to provide about the Aboriginal Community Grants program or this form?

Declaration

* indicates a required field

Privacy Statement

The City of Melbourne is committed to protecting your privacy. The information requested on this form is being collected by City of Melbourne for the purpose of assisting with the management of applications for grants and sponsorship. All information collected is securely stored inSmartygrants and City of Melbourne computer systems. The personal information will be disclosed to assessment panel members for the purpose of assessing your application. It will not be disclosed to any other external party without your consent, unless required or authorised by law. If the personal information is not collected, Council

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may have difficulties in contacting you in a timely manner in relation to your application. If you wish to alter any of the personal information you have supplied to City of Melbourne, please contact Council via telephone 9658 9658 or email contact@melbourne.vic.gov.au

You can [view the City of Melbourne Information Privacy Policy](#) on our website.

By submitting an application you consent to council publishing the successful applicant's name, project name and description and amount funded on our website. This information may also be used for promoting the City of Melbourne's grant program more generally.

Declaration

I hereby apply for funding for an Aboriginal Community Grant and acknowledge that if successful in this application we agree to comply with the guidelines set out by the City of Melbourne and to submit necessary acquittal documentation when the project has been completed.

I also acknowledge that all details supplied in this application form and in the attached documents are true and correct and that the application has been submitted with the full knowledge and support of the Committee of Management of the applicant organisation and / or auspice organisation.

I agree to the above terms and conditions *

Yes

Name *

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

Position *

Date *