

Eligibility

* indicates a required field

Are you applying for *

- a project
- operational funding

Is the applicant 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 an activity 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 activity? *

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

Start Date *

Activities must start after 1 January 2021

End Date *

Activities must finish before 31 December 2021

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

Yes

No

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

Include the funding program and total funding received

Does this project/activity 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

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

Phone number *

Email address *

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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	

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 *

Mobile phone number

Email address *

Project details

* indicates a required field

Project Title *

Short description of what the funding will be used for *

Word count:

Must be no more than 70 words

Proposal

* indicates a required field

How have you established the need for this project? *

Word count:

Must be no more than 150 words.

How will the project work? What activities will take place? *

Word count:

no more than 150 words

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

Word count:

Must be no more than 200 words.

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 no more than 150 words.

Describe what the grant will be spent on and how is this essential for your organisation. *

Word count:
Must be between 30 and 150 words.

How does your organisation foster community connection, social inclusion, access or participation in the City of Melbourne community? *

Word count:
Must be between 30 and 200 words.

Participation details

* indicates a required field

Staff participation

Total staff *

How many staff are City of Melbourne residents? *

Volunteers

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

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

Project participants

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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?

Budget

* indicates a required field

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

Outline the items that you will be spending the grant on.

Note that the items listed are an example only you can add any items that are core operational costs for your organisation.

Total Amount Requested *

\$

Must be a dollar amount between \$1 and \$1550

Expenditure

Description	\$
e.g. Presenter costs	\$
e.g. Venue hire	
e.g. Catering	
e.g. Printing	

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Income

Description	\$	Funding status
City of Melbourne grant (the amount you are requesting)	\$	
Your organisations cash contribution		
Fundraising		
Participant / membership fees		
Other grants (provide details of grant below)		

Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

\$

This number/amount is calculated.

Are you applying to purchase capital items such as a computer, furniture etc? *

Yes No

If you are applying for the purchase of capital items you must include at least one quote. *

Attach a file:

Are any quotes provided by a family member or friend of any member of the applicant organisations committee/management? *

Yes No

Provide details of the relationship *

Word count:

Must be between 10 and 100 words.

In kind / volunteer contribution

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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

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) *

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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"/> Other: <input type="text"/> |
| <input type="checkbox"/> City of Melbourne Facebook | |

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

- | | |
|---|---|
| <input type="checkbox"/> Email correspondence | <input type="checkbox"/> I didn't make any contact with Council |
| <input type="checkbox"/> Phone call | <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 Connected Communities grant 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 in Smartygrants 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 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.

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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 a Connected Communities 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 *