

Connected Neighbourhoods Grants Application Form 2023-24

Form Preview

Eligibility

* indicates a required field

Are you applying as *

- | | |
|---|---|
| <input type="radio"/> an Incorporated body | <input type="radio"/> a School |
| <input type="radio"/> an Australian Public Company Limited by Guarantee | <input type="radio"/> an Individual |
| <input type="radio"/> a Cooperative | <input type="radio"/> Body Corporate / Owners Corporation |
| <input type="radio"/> a Charitable Foundation | |

Incorporation number *

Applications from individuals require a reference letter from a local business or community organisation endorsing that the project and individual are local and will benefit the local community.

Reference letter *

Attach a file:

Attach a copy of the Body Corporate/Owners Corporation constitution or rules *

Attach a file:

In what City of Melbourne neighbourhood will your activity occur? *

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

- ☐ Yes ☐ No

Provide details of other applications or funding *

Applicant details

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* indicates a required field

Applicant *

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Street Address *

Address

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

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Postal Address *

Address

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

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Phone Number *

If you are using a landline please include 03 before your phone number

Email *

Must be an email address.

Website

Must be a URL.

Applicant 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

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Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type More information
ACNC Registration
Tax Concessions
Main business location

Must be an ABN.

Contact Person

Name *

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

Position *

If you are an individual applying please use 'Organiser' as the position title

Mobile Phone Number *

Email *

Must be an 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 or individual
- ☐ a group or individual with an auspice

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

Auspice details

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Auspice organisation name *

Organisation Name

Auspice street address *

Address

Auspice Postal Address *

Address

Auspice contact person *

Title First Name Last Name

 Auspice contact email ***Auspice contact phone number ***

If you are using a landline please include 03 before your phone number

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.

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Confirmation of auspice agreement *

Attach a file:

Project details

* indicates a required field

Project Title *

Provide a brief project description. What will the funding will be used for? *

Word count:

Must be no more than 70 words.

If this application is for an event, what date will the event take place?

Must be a date.

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

Word count:

Must be between 30 and 150 words.

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

Word count:

Must be between 30 and 200 words.

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

Organisation	Contact person and contact details	What will they contribute to the project?
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Participation details

* indicates a required field

Will paid staff be involved in planning and/or delivery of this activity? *

☐ Yes

☐ No

Staff participation

How many staff will be involved in planning and delivery of the activity? *

Must be a number.

How many staff will be City of Melbourne residents? *

Must be a number.

Volunteer participation

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

Must be a number.

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

Must be a number.

Project participants

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

Must be a number.

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

Must be a number.

Focus Community Sector

What the primary sector of the community that your project focuses on? *

What is the secondary sector of the community that your project focuses on?

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Budget

* indicates a required field

Total Amount Requested *

\$

Expenditure

The items listed below are examples only, please delete them and add the items relevant to your project.

Do not include in-kind/volunteer costs in this section, these should be listed in the 'In-kind/Volunteer contribution' section below.

Description	Total amount \$	City of Melbourne contribution
	Must be a whole dollar amount (no cents).	Must be a whole dollar amount (no cents).
e.g. Venue hire	\$	\$
e.g. Catering	\$	\$
	\$	\$

Income

- If this application is to part fund the project ensure that you;
 - list other sources of funding here;
 - state the income is confirmed or not confirmed
 - If you have other grant funding please provide the name of the organisation providing the grant.

Description	Amount \$	Funding status
City of Melbourne grant (amount you are requesting)	\$	
Your organisations cash contribution	\$	
Fundraising	\$	
Participant fees	\$	
Other grants	\$	
	\$	

Budget Totals

Total Income Amount

Total Expenditure Amount

Income - Expenditure

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\$

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 \$38 per hour as a standard rate for admin/project support costs.

Description	Amount \$
Volunteer time ('X' hours x \$38 x 'X' volunteers)	\$ <input type="text"/>
Phones/internet	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

Total in-kind amount

\$

This number/amount is calculated.

Attachments and Checklist

* indicates a required field

Attachments

Certificate of Currency for Public Liability Insurance or risk assessment document

*

Attach a file:

If you provide a risk assessment document that is deemed inadequate for the activity you will be required to purchase public liability insurance

Letters of support from partners, community members etc

Attach a file:

Checklist

Has this application been sighted and approved by an authorised person? *

☐ Yes

☐ No

☐ Not applicable

Does the budget add up, does the expenditure equal the income? (Budget page 6)

*

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☐ Yes ☐ No

Have you indicated if any additional funding listed in the income is confirmed or not confirmed? (Budget page 6) *

☐ Yes ☐ No

How did you hear about the grant program? *

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

Please choose one option

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

- | | |
|---|---|
| <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"/> |
| <input type="checkbox"/> Phone call | |

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

☐ Yes ☐ No ☐ Maybe

Is there any feedback you would like to provide about the Connected Neighbourhoods 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 Neighbourhoods 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 if the application is from an organisation that the application has been submitted with the full knowledge and support of the Committee of Management of the applicant organisation.

I agree to the above terms and conditions *

☐ Yes

Name *

Title

First Name

Last Name

Position *

If you are an individual applying please use 'Organiser' as the position title

Date *

Must be a date.