Eligibility	
* indicates a required field	
Are you applying as *  o an Incorporated body o an Australian Public Company Limited by Guarantee o a Cooperative o a Charitable Foundation	<ul> <li>a School</li> <li>an Individual</li> <li>Body Corporate / Owners Corporation</li> </ul>
Incorporation number *	
Applications from individuals require a refere organisation endorsing that the project and ir community.  Reference letter * Attach a file:	
Attach a copy of the Body Corporate/Ow Attach a file:	ners Corporation constitution or rules *
Does this activity currently receive fund applied to another area of the City of Me    Yes	elbourne for funding for this activity?
Provide details of other applications or f	unding *
Applicant details	
* indicates a required field	
Applicant *	

<ul><li>Individ</li><li>Organisa</li></ul>	lual tion Name	⊖ Orga	anisation		
<b>T</b> '11	E'				
Title	First Name	L	_ast Name		
Street A Address	Address *				
Address L	ine 1, Suburb/	Town, St	tate/Province, and	Postcode are require	ed.
<b>Postal A</b> Address	Address *				
Address L	ine 1, Suburb/	Town, St	tate/Province, Post	code, and Country ar	re required.
Phone N	lumber *				
If you are	using a landlin	ne please	e include 03 befor	e your phone number	r
Email *					
Must be a	n email addre	SS.			
Website	<b>}</b>				
Much ha	LIDI				
Must be a	URL.				
Applica	nt ABN *				
			ed to look up the the ABN correct		ion. Click Lookup above to
Informati	on from the A	ustralian	Business Register		
ABN					
Entity na	me				
ABN stati	us				
Entity typ	oe				
Goods &	Services Tax (	GST)			
DGR End	orsed				

ACNC Registration Tax Concessions Main business location Must be an ABN.  Contact Person  Name * Title First Name Last Name  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	ATO Charity Type <u>More information</u>
Main business location  Must be an ABN.  Contact Person  Name * Title First Name Last Name  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	ACNC Registration
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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  O an organisation or individual O a group or individual with an auspice  If you are not using an auspice please click "Next Page"	
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administering the grant on behalf of the applicant where an applicant is not eligible or unable to apply for funding.  Are you applying as  o an organisation or individual o a group or individual with an auspice  If you are not using an auspice please click "Next Page"	* indicates a required field
administering the grant on behalf of the applicant where an applicant is not eligible or unable to apply for funding.  Are you applying as  o an organisation or individual o a group or individual with an auspice  If you are not using an auspice please click "Next Page"	
<ul> <li>an organisation or individual</li> <li>a group or individual with an auspice</li> <li>If you are not using an auspice please click "Next Page"</li> </ul>	administering the grant on behalf of the applicant where an applicant is not eligible or
	<ul> <li>an organisation or individual</li> </ul>
Auspice details	If you are not using an auspice please click "Next Page"
	Auspice details
Auspice organisation name * Organisation Name	

Auspice street address * Address		
Address		
Auspice Postal Address * Address		
Auspice contact person * Title First Name	Last Name	
Auspice contact email *		
Auspice contact phone nu		
If you are using a landline pleas	se include 03 before your phone number	
Auspice ABN *		
The ABN provided will be use check that you have entered	ed to look up the following information. I the ABN correctly.	Click Lookup above to
Information from the Australian	n 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.		
<b>Confirmation of auspice</b> a Attach a file:	igreement *	
Accident a men		

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.
In what City of Melbourne neighbourhood will your activity occur? *
<u>Carlton Neighbourhood Priorities</u>
CBD Neighbourhood Priorities
Docklands Neighbourhood Priorities
East Melbourne Neighbourhood Priorities
Kensington Neighbourhood Priorities
North Melbourne Neighbourhood Priorities

Parkville Neighbourhood Priorities

	i	1
Organisation	Contact person and contact details	What will they contribute to the project?
What partnerships have yo that we may contact some of y	<b>u formed for this activity?</b> C your partners.	complete the table below. Note
Word count: Must be between 30 and 200 word	ds.	
How will the project encouparticipation in the City of	rage community connection, Melbourne community? *	, social inclusion, access or
Word count: Must be between 30 and 150 work	ds.	
How will the project work?	What activities will take pla	ce? *
Must be between 30 and 200 work	ds.	
Word count:		
Which priority/priorities do	es the project support and I	how? *
•	riorities for the Neighbourh	ood you have chosen.
Projects must support at le activity will occur.	ast one Neighbourhood pric	ority for the area where the
West Melbourne Neighbourhoo	od Priorities	
South Yarra Neighbourhood Pr	<u>iorities</u>	
Southbank Neighbourhood Price	<u>orities</u>	

Participation det	ails				
* indicates a required f	ield				
Will paid staff be inv ○ Yes	olved in	n planning	g and/or deli ○ No	very o	of this activity? *
Staff participation	1				
How many staff will	be invo	lved in pla	anning and c	deliver	ry of the activity? *
Must be a number.					
How many staff will	be City	of Melbou	ırne residen	ts? *	
Must be a number.					
	ation				
Volunteer particip				_	
How many volunteer	's Will b	e involved	d in planning	g and d	delivery of the activity? *
Must be a number.					
How many of the vol	unteers	s will be C	ity of Melbo	urne r	esidents? *
Must be a number.					
Project participan	ts				
How many people w	ill partic	cipate in c	or benefit fro	om the	e activity? *
Must be a number.					
How many participal	nts or b	eneficiario	es will be Cit	ty of M	/lelbourne residents? *
Must be a number.					
Focus Community	, Secto	r			
What the primary se	ctor of	the comm	unity that y	our pr	oject focuses on? *

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

R	П	d	a	<b>P</b>	t

\* 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

\$ This number/amount is calculated.	\$ This number/amo calculated.	ount is	\$ This number/amount is calculated.	
In-kind / volunteer cont	ribution			
The in-kind / volunteer con-	on that will be n	nade to the	project that is not a direc	t cash
contribution. For example photo Volunteer time can be calculat support costs.			_	
Description		Amount \$		
Volunteer time ('X' hours x \$38 x	'X' volunteers)	\$		
Phones/internet		\$		
		\$ \$		
Total in-kind amount  \$ This number/amount is calculated				
Attachments and Che	cklist			
* 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 of required to purchase public liability		leemed inade	equate for the activity you w	ill be
<b>Letters of support from pai</b> Attach a file:	tners, commu	nity memb	ers etc	
Checklist				
Has this application been s  ○ Yes	ighted and ap ○ No	proved by	an authorised person?  O Not applicable	*
Does the budget add up, do	es the expen	dture equa	I the income? (Budget	page 6)

○ No	
additional funding listed in t	he income is confirmed or
O No	
e grant program? *  Newspaper or online article City of Melbourne Facebook	<□ Word of mouth / referral
<ul><li>☐ City of Melbourne</li><li>Instagram</li><li>☐ City of Melbourne LinkedIn</li></ul>	☐ City of Melbourne staff member ☐ Other:
☐ City of Melbourne Twitter	
t <b>you made with Council for</b> to didn't mak	this proposal * te any contact with Council
ponsorship application to Ci   No	ty of Melbourne? *  O Maybe
would like to provide about gram or this form?	the Connected
	additional funding listed in toge 6) *  Po No  e grant program? *  Newspaper or online article City of Melbourne Facebook City of Melbourne Instagram City of Melbourne LinkedIn City of Melbourne Twitter  you made with Council for I didn't mak Other:  ponsorship application to Ci No  would like to provide about

### 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 <a href="mailto:contact@melbourne.vic.gov.au">contact@melbourne.vic.gov.au</a>

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**

Yes

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.

<b></b> 4			
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.		

I agree to the above terms and conditions \*