

# Inclusion Support Grants 2024-25

## Form Preview

### Applicant Details

\* indicates a required field

#### Applicant details

**Name \***

First Name

Last Name

**School attended \***

**Current Year Level \***

**Age \***

5-8 years

9-12 years

12-16 years

16-18 years

#### Parent/Guardian details

**Parent/Guardian \***

Title

First Name

Last Name

**Home Address \***

Address

  

**Postal Address \***

Address

  

**Phone Number \***

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

**Email \***

**Mobile Phone Number**

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### Parent / Guardian Consent form - the blank form can be found below

Attach a file:

[Parent/Guardian Consent form](#)

### Does the applicant live in the City of Melbourne? If you are unsure see the City of Melbourne boundary map below \*

Yes  No

You will be required to provide evidence that you are a resident of the City of Melbourne municipality

[City of Melbourne Boundary Map](#)

### In what country was the applicant born in? \*

### Does the applicant have a disability? \*

Yes  No

### What sport/activity will the applicant participate in? \*

### What is the name of the sports club/group the applicant wants to join? \*

### Has the applicant ever registered with a club before?

Yes  No

### Which club/clubs has the applicant been registered with in the past?

## Club / organisation details

\* indicates a required field

### Club / organisation contact details

#### Name \*

Organisation Name

# Inclusion Support Grants 2024-25

## Form Preview

### Street Address \*

Address

  

### Postal Address \*

Address

  

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

### Phone Number \*

Must be an Australian phone number.

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

### Email \*

Must be an 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

### Is your club / organisation Incorporated? \*

Yes

No

# Inclusion Support Grants 2024-25

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**Incorporation number \***

Club / organisation contact person

**Name \***

Title

First Name

Last Name

**Position \***

**Phone number \***

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

**Mobile phone number**

**Email \***

## Outcomes and benefits to the City of Melbourne

\* indicates a required field

**Grant amount requested \***

Up to \$500 of Club fees

**Month participation will commence**

**Describe how this activity will improve the applicants health and connection to the community \***

Word count:

Must be between 30 and 150 words.

**Outline the recreation benefits or contribution participation in the event / competition would make to the City of Melbourne with particular regard to benefits received by the community. \***

# Inclusion Support Grants 2024-25

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Word count:

Must be between 30 and 150 words.

## Attachments

\* indicates a required field

### **Evidence of registration fees \***

Attach a file:

### **Copy of current Health Care Card or Pension Concession Card that covers the applicant \***

Attach a file:

### **Confirmation that you live in the City of Melbourne. For example a rates notice, tenancy agreement, current utility bill. \***

Attach a file:

## 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 assessment 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](mailto:contact@melbourne.vic.gov.au)

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

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I hereby apply for funding for an Inclusion Support 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 your coach and club/organisation.

**Name \***

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

**Date \***

Must be a date.