Eligibility

* indicates a required field

Important information, before applying:

- Please refer to the My Community Grants <u>Guidelines</u> before completing this application;
- Preview the application form, so you can gather all information needed;
- Incomplete applications will not be considered;
- If you have a disability and find our application process inaccessible, please contact us for assistance or alternative application methods.
- Applications received outside the **8 weeks** turn around time between proposal submission date and the project starting date will not be considered
- Previous Non Monetary Grant Applicants may not be approved.

The following section MUST be completed by the Applicant Organisation:

What is the legal status orIncorporated not for profitUnincorporated community	t organisation	n applying? *	
Is the applicant based in to proposal will benefit the Control Yes	City of Melville co		ate that the
Has the applicant acquitte Not Applicable	ed previous City O Yes	of Melville funding re No	ceived? *
Does the applicant have a O Yes For example: Public Liability	• • •	rance for the propose One No	d project? *

If you answered 'No' to any of the above questions you should not proceed with this application. If you have any questions in regards to this, please speak to Community Development staff on 9364 0666.

Contact Details

* indicates a required field

Applicant Organisation Details

Applicant Organisation Name *

Organisation Name

Primary (Physical) Address * Address	
Nau-C35	
Suburb State Postcode	
Must be an Australian post code	
Postal Address (if different from above) Address	
Suburb State Postcode	
Suburb State 1 osteode	
Must be an Australian post code	
Applicant Website	
Must be a URL	
Contact Person *	
Title First Name Last Name	
Position held in Organisation *	
Applicant Project Contact Primary Email	•
Must be an email address.	
Primary Phone Number *	
Must be an Australian phone number	
Contact Mobile Phone Number	
Must be an Australian phone number	
Does the applicant have an ABN? * O Yes	

No

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

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 <u>More information</u>

ACNC Registration

Tax Concessions

Main business location

Must be an ABN

Applicant Project Contact

○ Individual○ OrganisationOrganisation Name

Title First Name Last Name

Alexandria Director	
About the Project	
* indicates a required field	
Project Title *	
Give a name to your project	
Project Date *	
When is the activity/event?	
Project venue *	
Name of the venue where event/activ	vity will be held
Total Project Cost	
\$	
What is the total budgeted cost (dollar	ars) or your project?
Type of non-monetary rec	quest
What type of non- monetary funding this	Venue HireEquipment
request is for? *	Must be a Council owned facility or property
For Venue Hire requests	
Any refundable amounts (e.g. bo	nd) will be paid by the applicant.
Hire Start Date	
	Must be a date
Hire End Date	
	Must be a date
Hire Times	
Hire Cost	\$
	Must be a dollar amount
Is the venue confirmed?	○ Yes

Non Monetary 2023-2024

Form Preview

 \bigcirc No

Confirmation of booking will be required with this submission

For Equipment requests

 \Box This project is a one off event.

Please do not include bond fees in the cost. Any refundable amounts (e.g.bond) are not part of the funding agreement. (to be paid by the applicant).

Name equipment needed and quantity	
Delivery Date	Must be a date
Return Date	Must be a date
	Must be a date
Cost (if known)	\$ Must be a dollar amount. Do not include Bond fees.
Is the equipment confirmed?	 Yes No Confirmation of booking is required to be submitted with this proposal. To be uploaded in the 'Supporting Information' section
Does the applicant have appropriate insurance for the project? *	☐ Yes ☐ No ie Public Liabilty
Project Information	
Brief project description *	
Word count: What is your proposal about? Why do	you need the funding? Must be between 50 and 250 words
How does the project align wipriority? *	ith My Community Grants objectives and areas of
Word count: Must be no more than 50 words. For read pages 3-5 of the Guidelines.	a list of the Community Partnership Funding goals and priorities
Which of the following applie	s?

 □ Our group is facing economic sustainability issues and this assistance will support us to continue (if this application is approved, a City officer will be in touch so that we can work with you to become self sufficient). □ Other, please comment.
If other, please comment.
Who will benefit from the project? Why? *
Describe the estimated number, gender, age, location/region of those participating in the project. And why do you think they will benefit from this project? Must be no more than 150 words
How will the City of Melville's support be recognised? *
Word count: Describe the ways support received will be acknowledged. Example: advertising, speeches, social media, etc. Must be no more than 150 words
Supporting Information
* indicates a required field
Please attach Certificate of Incorporation Attach a file:
Documentation from the organisation Maximum 25mb per file attachment. Recommended no more than 5mb per attachment.
Please attach letters of support or referees Attach a file:
Or any information that supports your proposal. If you are being auspiced by another organisation, you need to include their support towards the project.
Please attach confirmation letters about the requested item * Attach a file:
Information confirming price and availability of the item required. Example: email, booking form and confirmation, etc.

Before submitting

* indicates a required field

Non Monetary 2023-2024

Form Preview

Declaration

This MUST be completed by the applicant (an eligible incorporated organisation) or the sponsoring organisation.

- I certify that to the best of my knowledge the information provided in this application is true and correct;
- I understand that if the City of Melville approves the grant, I will be required to acknowledge the City's support in all promotional materials;
- I give permission for the City of Melville to contact any persons or organisations in the assessment of the application and understand that information may be provided to other agencies, as appropriate.

We agree *	○ Yes		○ No	
	Certification must be agreed to by two representatives of the Applicant Organisation			
1. Name (Chair or President) *	Title	First Name	Last Name	
Position *				
	Must be a Senior Staff Member, Chairperson, Committee Convenor or President		mittee	
Date *				
	Must be a	date		

Privacy Notice

In compliance with the *Information Privacy Act 2009* (the Act) personal information on this form may be stored in the City of Melville's records database and may also be used for statistical research, information provision and evaluation of services. Your personal information may be provided to the financial institution which handles City of Melville's financial transactions and may be disclosed to other agencies and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.

Feedback

You are now coming to the end of your application process and before you **REVIEW** and click the **SUBMIT** button please take a few moments to provide some feedback.

We would value any feedback you may have regarding our online grants application process.

Please indicate	how you found the online appli	cation process: *
○ Easy	Difficult	 Neither

Please provide us with any improvements and/or additions to the application process/form that you think we need to consider:		
No more than 100 words.		
How did you hear about this grant opportunity?		
□ eNews		
□ Email		
□ Facebook		
□ Flyer		
☐ Google search		
□ Instagram		
□ Newspaper		
□ Poster		
□ Word of mouth		
☐ Searched City of Melville Website		
☐ City of Melville staff member		
□ Other:		