

Non Monetary 2024-25

Form Preview

Eligibility

* indicates a required field

Important information, before applying:

- Please refer to the My Community Grants [Guidelines](#) 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 of the organisation applying? *

- ☐ Incorporated not for profit organisation
☐ Unincorporated community group

Is the applicant based in the City of Melville or can it demonstrate that the proposal will benefit the City of Melville community? *

- ☐ Yes ☐ No

Has the applicant acquitted previous City of Melville funding received? *

- ☐ Not Applicable ☐ Yes ☐ No

Do you currently have or plan to have appropriate insurance for the project? **

- ☐ Yes ☐ No

For example: Public Liability

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

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Primary (Physical) Address *

Address

Suburb State Postcode

Must be an Australian post code

Postal Address (if different from above)

Address

Suburb State Postcode

Applicant Website

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? *

☐ 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	

Auspice ABN

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Main business location	

Applicant Project Contact

☐ Individual ☐ Organisation
Organisation Name

Title	First Name	Last Name

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About the Project

* indicates a required field

Project Title *

Project Date *

Project venue *

Total Project Cost

Type of non-monetary request

What type of non-monetary funding this request is for? *

- ☐ Venue Hire
☐ Equipment

Must be a Council owned facility or property

For Venue Hire requests

Any refundable amounts (e.g. bond) will be paid by the applicant.

Hire Start Date

Hire End Date

Hire Times

Hire Cost

Is the venue confirmed?

- ☐ Yes
☐ No

For Equipment requests

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

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Delivery Date

Return 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 Liability

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 with My Community Grants objectives and areas of priority? *

Word count:

Must be no more than 50 words. For a list of the Community Partnership Funding goals and priorities read pages 3-5 of the Guidelines.

Which of the following applies?

- ☐ This project is a one off event.
☐ 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? *

Word count:

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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

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.

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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

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 application 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

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- ☐ Instagram
- ☐ Newspaper
- ☐ Poster
- ☐ Word of mouth
- ☐ Searched City of Melville Website
- ☐ City of Melville staff member
- ☐ Other: