Application form - Bayside Annual Community Grants 2024/2025
Form Preview

1. Details of your Organisation

* indicates a required field

Name of group/organisation *

What is the purpose of your group/organisation? *

Word count:
Must be no more than 150 words.

Is your organisation registered as a not for profit organisation? *
○   Yes - Please provide proof by entering in ABN or by uploading your organisation's Certificate of Incorporation below
○   No - If you intend to proceed you must be supported by an AUSPICE who is registered as a not for profit organisation and can manage the funds on your behalf (see section 9 Auspice Organisation details)

Your Organisation's Certificate of Incorporation
Attach a file:

Upload your organisation's Certificate of Incorporation if required

Does your Organisation have an ABN? *
○   Yes
○   No
If No, you must complete a Statement by a supplier not quoting an ABN form and upload below.
https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn

Your Organisation's Australian Business Number (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

Statement by a supplier not quoting an ABN
Attach a file:

https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn

Does your organisation require an auspice? *
○ Yes - you will need to complete further auspice information in Section 9
○ No

Your Organisation's Website (if applicable)

Must be a URL

Address for correspondence *
Address

Suburb   State   Postcode

Must be an Australian post code

Address from which the organisation operates (if different to the above address)
Address

Suburb   State   Postcode

Must be an Australian post code

Does your organisation operate from a Council facility or building? *
○ Yes
○ No

Child Safety Statement and Declaration

Bayside City Council has zero-tolerance towards abuse and neglect of children and young people. It is a grant applicant's responsibility to ensure that all employees and volunteers engaged by them to undertake work within their Council funded projects comply with current legislative requirements and Child Safe Standards.

If you require assistance with understanding your organisation's requirements please contact Bayside's Child Safety Contact Officer on 9599 4387.

Child Safe Declaration *
○ Our proposed project/program involves direct contact with children
○ Our proposed project/program involves irregular or unplanned contact with children
○ Our proposed project/program will not involve any contact with children
If your proposed project/program involves either direct or indirect contact with children, and you are unable to confirm that Child Safety measures will be in place, you may be ineligible for funding.

Upload evidence of your organisation's commitment to child safety
Attach a file:

Evidence could include your organisation's Child Safe policy or statement of commitment to child safety

Previously Funded Projects/Programs

Has your organisation received an Annual Community Grant from Bayside City Council in the previous 5 years? *
○ Yes
○ No

If yes, identify how much and when

2. Contact person for enquiries about your application

* indicates a required field

Name *

Title   First Name   Last Name

Position held *

Phone Number (BH) *

Email *

Must be an email address

3. Insurance and Annual Financial Statement

* indicates a required field

You must have Public Liability Insurance covering the dates of your project/ program to be eligible. Does your organisation carry Public Liability Insurance cover for the duration of your project? *

○ Yes
○ No

If yes please state the amount of cover

Attach a Certificate of Currency for your Public Liability Insurance *
Attach a file:

Attach your most recent annual financial statement *
Attach a file:

4. Project Proposal Details

* indicates a required field

All applications must demonstrate how the proposed project/program will meet the objective of Bayside's Community Grants Program. View the Council Grant Program Objectives within the Community Grants Policy. Further information on the Annual Community Grants can be found within the Annual Community Grant Guidelines 2024/25.

Name of project/program *

Must be no more than 10 words.
This title will be used on all council documents so please be as clear and concise as possible.

Brief project/program summary *

Word count:
Must be between 20 and 50 words.
This description will be copied and published for promotion, reporting and grant agreement purposes. Please be as clear and concise as possible.

Provide a detailed description of your project/program *

Word count:
Must be no more than 300 words.

Give detail about your project/program (what, when, who, why, where and how). Address the objectives of Council's Grants Program and provide names of partners, or key stakeholders who will be providing support/services.

Please describe how your project/program will establish, extend or improve programs and services beyond what your organisation currently provides. *

Word count:
Must be no more than 150 words.
Applications will not be considered for funding requests deemed 'business as usual' or items considered ongoing operational costs for your organisation. Provide details on how your project/program will build on or add value to what your organisation is already doing?

What are the primary areas of focus for this project/program? *

No more than 5 choices may be selected.
You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)

Who are the primary beneficiaries of this project/program? *

No more than 5 choices may be selected.
Please choose only the group/s that are at the very core of this project/program.

Option to expand on who will benefit from your project/program

Word count:
Must be no more than 150 words.
Who will be involved and/or will benefit from your project/program? What ways will you attract participants? What are your strategies to address barriers to participation? e.g. transport. choice of venue, financial barriers. An application will be strengthened if it is accessible and inclusive, benefits vulnerable residents and/or reaches new audiences.

How will you address the needs of people of different genders in the design and management of your initiative? *

Word count:
Must be no more than 150 words.
We want you to show us how you have considered gender differences in designing your project/program so that you are reaching people equitably. If you are running a gender-specific initiative, please tell us why only one gender is being targeted. For more information on applying a gender lens to your work, visit https://explore.fundingcentre.com.au/help-sheets/gender-lens.

Where will your project/program take place? *

Note suburb as well as venue if applicable

What is the total number of people expected to benefit from the project/program? *

Must be a number.

How many of these will be Bayside residents? *

Must be a number

When will your project/program start? *

Proposed start date must be after 21 August 2024

When will your project/program end? *

Proposed end date must be before 30 June 2025

How will the project/program be self-sustaining beyond the funded period? *

Word count:
Must be no more than 200 words.
Please explain if and how your project/program and/or it's benefits will be able to continue on without requiring recurrent funding from Council funding. An application will be strengthened if it demonstrates longevity of the project benefits beyond the funded period.

OPTIONAL - Additional documentation
Attach a file:

Please upload additional documentation that may add value to your application. eg: partnership agreements etc

5. Evidence of Need and Outcomes

* indicates a required field

What community need(s) will this project/program address, and how have these needs been identified? *

Word count:
Must be no more than 200 words.
Describe the community need, challenge or opportunity your project/program will address including evidence of need such as consultation with community, survey results, local data research.

How will the expected outcomes of the project/program meet these identified needs(s)? *

Word count:
Must be no more than 200 words.
At the end of the project, what do you hope to have achieved? How does this relate to the above identified community need? Consider the outcomes for your target cohort, your organisation and the wider Bayside community.

OPTIONAL - Additional documentation
Attach a file:

Please upload any additional documentation that may add value to your application. eg. survey results

6. Alignment with Bayside Council's Strategic Plans

* indicates a required field

Alignment with Bayside's Municipal Public Health and Wellbeing Plan 2021-2025

Bayside's Municipal Public Health and Wellbeing Plan reflects the views of the community and how we can best support improved wellbeing within Bayside.   There are four key goals that we aim to achieve through the provision of Community Grants.

Your application must clearly demonstrate an alignment with one or more of these goals. Please ensure you read Bayside's Municipal Public Health and Wellbeing Plan, which outlines the goals and objectives.

Please tick the goals your project aligns with:

Goal 1: Connected and thriving community
☐   Objective 1.1 Improve community mental wellbeing and resilience
☐   Objective 1.2 Drive opportunities that build social networks and community connections connections
☐   Objective 1.3 Increase and support volunteerism
☐   Objective 1.4 Reduce social isolation and loneliness

Goal 2: Healthy and active community
☐   Objective 2.1 Increase active and passive physical activity opportunities for all ages and abilities
☐   Objective 2.2 Improve healthy eating practices
☐   Objective 2.3 Reduce consumption of alcohol and other drugs

Goal 3: Respectful and safe community
☐   Objective 3.1 Reduce family violence, violence against women and elder abuse
☐   Objective 3.2 Improve community attitudes and behaviours towards gender equality and child safety
☐   Objective 3.3 Promote positive and respectful relationships
☐   Objective 3.4 Identify opportunities to improve community safety and support crime prevention strategies

Goal 4: Fair and inclusive community
☐ Objective 4.1 Promote and celebrate community diversity
☐ Objective 4.2 Ensure access to affordable, appropriate and inclusive services and infrastructure
☐ Objective 4.3 Minimise health inequalities across groups within the community

Please describe how your program or activity aligns with the above selected objectives. *

Word count:
Must be no more than 300 words.
Using examples from your intended project/program, link specifically to the goals and objectives. You can identify with more than one objective.

Alignment with Bayside's Climate Emergency Action Plan 2020-2025 (if applicable)

In December 2019, Bayside City Council declared a Climate Emergency. Bayside's Climate Emergency Action Plan outlines the first five years of actions on which we can work together to make significant and lasting change.

Within the Action Plan, **Theme 2: Mobilise with Our Community** is supported by the provision of Community Grants as Bayside Council works with our community to take climate action.

Community Grant applications may be strengthened if they demonstrate an alignment with [Bayside's Climate Emergency Action Plan](#).

If applicable, please describe how your program or activity aligns with Bayside's Climate Emergency Action Plan 2020-2025

Word count:
Must be no more than 200 words.
Please note this question is optional but will potentially give your application added weight if you are able to meet the objectives of both plans.

7. Budget

* indicates a required field

What is the total cost of the project/program? *

What is the total amount requested from Council (without GST) *

Must be a whole dollar amount (no cents) and no more than 7500.

What will Council funds be used for? *

Word count:
Must be no more than 150 words.
Briefly give details of the components of your program that Council funds will support. An itemised list will be provided in the 'Expenditure - requested funds from Bayside City Council Community Grant' budget table below.

Identify any in-kind support (non financial) towards this project/program. *

Must be no more than 150 words.
In-kind support might include volunteer hours, discounts on purchases or donations

Have you sought assistance through other sources of funding for this project? *
○ Yes - please identify from who and how much in the 'Income' budget table below
○ No
Note: Council does not penalise your application for securing additional funding

Income

This table must represent the TOTAL financial income for the project/program including both Bayside City Council and alternative funding sources.

State clearly in the first line the amount you are requesting from Bayside City Council.

Add additional lines for any additional sources of income such as other funding bodies, your organisation's contribution or sales of tickets.

Note: Council does not penalise your application for securing funding from other sources.

Income Source	$ Allocation
	$
	$
	$
	$

Expenditure - requested funds from Bayside City Council Community Grant

This table must list all the items/costs that you are requesting Bayside City Council fund if your grant application is successful. Include the following as a guide and/or add additional budget categories where applicable.

- Labour/contractors
- Materials
- Equipment

- Activity costs
- Evaluation costs
- Promotional / advertising costs
- Venue hire and catering

Expenditure Description	$
Please list clearly all estimated, itemised costs (excluding GST)	Must be a whole dollar amount (no cents).
	$
	$
	$
	$
	$

Other Expenditure (funded by alternative sources) if applicable

This table must list all the any additional costs the project/program will incur that wont be funded by this grant if successful.

Expenditure Description	$
Please list clearly all estimated, itemised costs.	Must be a whole dollar amount (no cents).
	$
	$
	$
	$

Budget Totals

Ensure the Total Income Amount and Total Expenditure Amount are the same.

Total Income Amount *
$
This number/amount is calculated.

Total Expenditure Amount *
$
This number/amount is calculated.

OPTIONAL File Upload - Quotes
Attach a file:

Please upload any quotes you have received relating to proposed expenditure

8. Auspice Organisation Details

* indicates a required field

For organisations requiring an auspice.

Attach letter of commitment from the Auspice Organisation *
Attach a file:

[   ]

NOTE: A letter from the Auspice Organisation is required indicating their commitment to manage the funds for the applicant if they are successful.

Auspice Organisation name *

[   ]

Auspice Address for correspondence *
Address

[   ]

Suburb	State	Postcode
[ ]	[ ]	[ ]

Must be an Australian post code

Auspice organisation's Australian Business Number (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 Project Contact Details

Auspice Contact *

Title	First Name	Last Name
[ ]	[ ]	[ ]

Position held

[   ]

Phone Number (BH) *

[   ]

Email *

Auspice Organisation Financial Details

Does the auspice organisation carry Public Liability Insurance cover? *
○ Yes
○ No

If yes, state the amount of cover

Attach a current Certificate of Currency for auspice organisation's Public Liability Insurance *
Attach a file:

Attach a copy of the auspice organisation's most recent annual financial statement *
Attach a file:

9. Feedback, review and submit

* indicates a required field

Declaration

*
☐ I agree the information in this application and the attachments is, to the best of my knowledge, true and correct. I shall notify Bayside City Council of any changes to this information or circumstances that may affect this application. I undertand that this is an application only and may not necessarily result in funding approval.
☐ I understand that if this application is successful, we automatically accept the conditions outlined within the Community Grants Policy and Annual Community Grants Guidelines

Privacy statement

We respect your privacy. We will not sell or give away your personal information. Occasionally we may use your details for our own research purposes or to let you know about other Council information. If you want to see your personal data, modify your details, or if you receive information from us that you do not want in future, please contact the Privacy Officer on 03 9599 4444 or email privacy@bayside.vic.gov.au

Information about all grants awarded by Council will be made available to the public as required by the Local Government (General) Regulations 2015. This will not include any personal information concerning members of the recipient organisations.

Before you **REVIEW** and click the **SUBMIT** button please provide Council with any feedback so that we can improve the process in the next grant round.

Where did you hear about the grants program? *
☐ "Let's Talk" newspaper (Council's monthly magazine)
☐ An email from Council
☐ Council website
☐ Council social media such as Instagram or Facebook
☐ Other Council channel
☐ Previous applicant
☐ Through my local club/group
☐ Word of mouth
☐ Other:

Did you read the grant guidelines prior to making a submission? *
○ Yes
○ No

Please provide any feedback on the grant guidelines

Did you attend a Bayside Council Annual Community Grant information session or grant writing training session prior to making a submission?
○ Yes - an information session
○ Yes - a grant writing training session
○ Yes - both a an information session and grant writing training session
○ No

Please provide any feedback on the session you attended

Please indicate how you found the application process from Very Easy – Very Difficult *
○ Very easy
○ Easy
○ Neither easy nor difficult
○ Difficult
○ Very difficult

If you answered difficult or very difficult, please tell us what it was about the process that you found difficult?

Are there any other improvements and/or additions to the application process/ form that you think need to be considered?

Ensure you Click the **SUBMIT** tab once you review your application. You will receive a confirmation email to let you know that your application has been received. If you do not receive a confirmation email within the hour you have not submitted your application.

Refer to the help guide if you require further information on how to submit, or contact Bayside's Community Development Officer on 9599 4787 or at grants@bayside.vic.gov.au.