

# Application Form - Bayside Climate Emergency 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 group/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 form and upload below.

**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                                  | <a href="#">More information</a> |
| ACNC Registration                                 |                                  |

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Tax Concessions

Main business location

Must be an ABN

**Does your group/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 group/organisation operate from a Council facility or building? \***

- ☐ Yes
- ☐ No

**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

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\* indicates a required field

### Name \*

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

### 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

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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](#).

### **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 used to inform promotion of your project and council documents so please be as clear and concise as possible.

### **Tell us about your intended 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.

How does your project/program build on/value add to what your organisation is already doing? Applications will not be considered for funding requests deemed 'business as usual' or items considered ongoing operational costs for your organisation.

### **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.

### **Expand on who will benefit from your project/program \***

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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 ensure the safety of children and young people throughout the delivery of your project/program? (if applicable)**

Word count:

Must be no more than 150 words.

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. <https://ccyp.vic.gov.au/child-safe-standards/> If you require assistance with understanding your organisations requirements please contact Bayside's Child Safety Contact Officer Becky van Dam on 9599 4387.

**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 not be before 16 August 2022

**When will your project/program end? \***

Proposed end date must be before 30 June 2023

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

Word count:

Must be no more than 200 words.

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Please explain if and how your project/program and/or its 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. How and why did you decide on the project/program? How have you identified the need? Provide evidence eg. 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 organisation and the wider 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 Climate Emergency Action Plan 2020-2025

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.

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Your application must clearly demonstrate an alignment with one or more of the themes of [Bayside's Climate Emergency Action Plan 2020-2025](#).

**Please tick themes your project aligns with: \***

- ☐ Theme 1: Build the foundations
- ☐ Theme 2: Mobilise with our community
- ☐ Theme 3: Move to zero carbon transport
- ☐ Theme 4: Transform to a climate responsive built environment
- ☐ Theme 5: Protect and enhance our natural environment
- ☐ Theme 6: Transition to a Circular Economy to avoid waste
- ☐ Theme 7: Switch to zero carbon energy

**Please provide detail as to how your project relates to the above selected themes? \***

Word count:

Must be no more than 300 words.

Using examples of your intended program, link specifically to the themes within the plan. You can identify with more than one theme.

## Alignment with Bayside's Municipal Public Health and Wellbeing Plan 2021-2025 (if applicable)

[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.

Goal 1: Connected and thriving community

Goal 2: Healthy and active community

Goal 3: Respectful and safe community

Goal 4: Fair and inclusive community

Climate Emergency Grant applications may be strengthened if they demonstrate an alignment with Bayside's Municipal Public Health and Wellbeing Plan.

**If applicable, please describe how your program or activity aligns with Bayside's Municipal Public Health and Wellbeing Plan 2021-2025 \***

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

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

\*

Must be a whole dollar amount (no cents).

**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 other funding. If yes, identify how much within the INCOME BUDGET below.

### 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 Climate Emergency Grant**

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This table must list all the items/costs that you are requesting Bayside City Council fund if your grant application is successful.

| 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 unincorporated organisations requiring an auspice.

Attach letter of commitment from the Auspice Organisation \*

Attach a file:

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

## Auspice Project Contact Details

**Auspice Contact \***

Title    First Name    Last Name

        

**Position held**

**Phone Number (BH) \***

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**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 understand 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](mailto: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 2004. This will not include any personal information concerning members of the recipient organisations.

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## Form Preview

Before you **REVIEW** and click the **SUBMIT** button please provide Council with feedback on the application process, 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:

**Indicate how you found the online application process \***

- ☐ Very easy
- ☐ Easy
- ☐ Neither easy nor difficult
- ☐ Difficult
- ☐ Very difficult

**How many minutes did it take you to complete this application? \***

Please estimate in minutes eg: 1 hour = 60 minutes

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

Word count:

Must be no more than 100 words

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 4711 or at [grants@bayside.vic.gov.au](mailto:grants@bayside.vic.gov.au).