# **SECTION 1**

#### \* indicates a required field

## Donations to fundraising appeals

Complete this application form if you are seeking funding to support a fundraising appeal of a charitable organisation servicing the City of Bayside. Applications will be assessed on an individual basis in accordance with the Grants Policy. All applications must identify a need and outline the benefit to the Bayside community. Applications for fundraising events will be referred to the Events and Festivals grant stream.

Council must be acknowledged on all published material related to the grant. A Council logo will be provided to successful applicants for inclusion in all promotional material.

Successful applicants must complete and submit to Council, an online acquittal form, within the current financial year. Applicants that do not submit an acquittal form may not be eligible for future Council grants.

## Applicant details

Applicant *	<ul> <li>○ Individual</li> <li>○ Organisation</li> <li>Organisation Name</li> </ul>			
	Title	First Name	Last Name	
Address *	Address			
	Suburb	State Postcode	e	
Phone Number *				
Email *				
Website				
Organisation contact				
Only complete if you are applying as an organisation.				
Organisation contact	Title	First Name	Last Name	

# Donations to Fundraising Appeals - Application Form 2024/2025 Form Preview

	Person we make contact with reg above contact details	arding the application on the	
Position Title			
Is your organisation not- for-profit?	⊖ Yes	⊖ No	
Organisation 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		
	ABN status Entity type		
	Entity type		
	Entity type Goods & Services Tax (GST)	<u>More information</u>	
	Entity type Goods & Services Tax (GST) DGR Endorsed	More information	
	Entity type Goods & Services Tax (GST) DGR Endorsed ATO Charity Type	More information	

# **SECTION 2**

### \* indicates a required field

# Charitable Organisation Details

What is the name of the charitable organisation that you are wanting to donate to? *	
Charitable organisation 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.
Is the charitable organisation registered	<ul> <li>○ Yes</li> <li>○ No</li> </ul>
with the Australian	If unsure you can search the list of registered charities at
<b>Charities and Not-for-</b>	www.acnc.gov.au/charity
profits Commission?	
Briefly describe what the	
charitable organisation	
does. *	Word county
	Word count: Must be between 50 and 100 words.
What are the primary	
areas of focus for this project/program?	No more than 5 choices may be selected.
P. 03000, P. 03. 2000	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	No more than 5 choices may be selected.
project/program?	Please choose only the group/s that are at the very core of this
	project/program
Please describe the	
benefits to the Bayside	
community including the	
total number of Bayside residents expected to	Word count: Must be between 50 and 150 words.
directly benefit from	Hase be between 50 and 150 words.
the funds raised for the	
charitable organisation.	

Fundraising Appeal Details

#### How much grant funding are you applying for? \*

\$ Must be a dollar amount

#### How much are you expecting to raise for the charitable organisation? \*

\$ Must be a dollar amount.

#### Please describe how the grant funds will be used to assist the fundraising appeal.

Word count: Must be between 50 and 150 words.

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

## **SECTION 3**

\* indicates a required field

Other funding

Have you received grant ○ Unsure ○ Yes  $\bigcirc$  No funding from Bayside e.g. Annual Community Grants City Council in the past five years? \* If yes, please detail how much and when you received the funding. Word count: Must be no more than 100 words. Has the charitable ○ Yes organisation received O No other funding for this fundraising appeal? \*

Donations to Fundraising Appeals - Application Form 2024/2025 Form Preview

If yes, please identify from who, how much and when they received the funding.

Word count: Must be no more than 100 words.

## Budget

Please detail how you will be spending the grant monies. The total must be at least the amount of the grant being applied for.

Expenditure	\$
	\$
	\$
	\$
	\$

Other documentation

Please attach copy of	Attach a file:
expenses and any other	
documentation	

# **SECTION 4**

**Grant Payment Documentation** 

In the case your application is approved, you will need to provide a tax invoice to Bayside City Council. In order to received the approved grant payment promptly, you may select to upload it here OR you may wait until you have received notification of your grant approval status to email it to us.

**Tax Invoice** 

Attach a file:		

# SECTION 5

\* indicates a required field

Declaration and submit

#### **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.

Declaration \*O I agree the information in this application and the<br/>attachments is, to the best of my knowledge, true and<br/>correct. I shall notify Bayside City Council of any changes<br/>to this information or circumstances that may affect this<br/>application. I undertand that this is an application only and<br/>may not necessarily result in funding approval.Name \*TitleFirst NameLast Name

#### Submit

Note that when you submit the application you will receive an email confirming your submission with a pdf copy of your application. If you do not receive an email you have not submitted the application. If you have any concerns please contact Bayside City Council's Community and Social Planner on 9599 4787 or grants@bayside.vic.gov.au