

SECTION 1

* indicates a required field

Individual Inclusion and Participation

Complete this application form on behalf of individuals experiencing financial hardship seeking support for inclusion and participation. All applications will be assessed on an individual basis and will be determined in accordance with the assessment criteria.

Grants support individuals to participate in community life and improve their personal outcomes through sustainable change. Applications must be accompanied by evidence of Bayside residency and evidence of financial hardship via a copy of a Centrelink issued Health Care Card or Pensioner Card as well as a letter of support from a community service agency representative (if applicant is not representing an organisation that is providing support to the recipient).

Successful applicants (the applying organisation) must complete and submit to Council, an online acquittal form within the current financial year that includes receipts for all funds received. Applicants that do not submit an acquittal form may not be eligible for future Council grants.

Applicant details (Community Services representative completing this form)

Contact person *

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

Individual completing the application form.

Organisation/ Community Service Agency *

Organisation Name

Details need to be included for processing the payment

Organisation/ Community Service Agency 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

Individual Inclusion and Participation - Application Form 2024/25

Form Preview

ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Details need to be included for processing the payment

Postal Address *

Address

Suburb State Postcode

Email address *

Individual completing the application form.

Contact phone number *

Individual completing the application form.

Relationship to the grant recipient *

Individual completing the application form.

Grant funds will **only** be paid direct to a Community Service Organisation Agency or other approved organisation

Grant Recipient Details

Complete this section for the intended recipient of the funds.

Grant recipient name: *

Title

First Name

Last Name

Grant recipient address *

Address

Suburb State Postcode

Please attach a copy of the grant recipient's Health Care Card/ Pensioner Card *

Attach a file:

Compulsory to provide

Individual Inclusion and Participation - Application Form 2024/25

Form Preview

Grant recipient's date of birth

Must be a date.

Does grant recipient have a permanent or significant disability?

- Yes
 No
 Unsure

Does the grant recipient identify as Aboriginal and/or Torres Strait Islander

- Yes
 No
 Unsure

SECTION 2

* indicates a required field

Background and purpose for grant application

Please describe why you are applying for an Individual Inclusion and Participation Grant for this recipient *

Word count:

Briefly describe in what way the intended recipient is experiencing hardship and/or struggling financially to manage the cost of a reasonable standard of living. Must be between 50 and 200 words.

How much grant funding are you applying for? *

\$

Must be a whole dollar amount

Briefly describe what the grant funding will be used for and how it will impact the recipient. *

Word count:

These grants support individuals in participating in community life and improving their personal outcomes through sustainable change. Expenditure details and quotes will be provided on the next page. Must be no more than 150 words.

Please list any alternative funding sources the recipient or applicant has accessed or attempted to access relating to the purpose of this application. *

Word count:

Applications will not be approved for purposes covered by state or federal government grants, subsidy programs or local crisis relief programs. Must be no more than 150 words.

Is there any other additional information or background

Word count:

Must be no more than 200 words.

information to support the application?

Letter of Support

If you are not representing an organisation that is providing support to the recipient (case manager, health nurse, school welfare support, counselor etc.), please provide a written referral supporting the application. This letter must be from a community or health service representative known to the recipient and must provide detail regarding evidence of financial hardship and proposed benefit of to the recipient to support your application.

Community Service Agency Letter of Support

Attach a file:

Please note: written referral must be attached

SECTION 3

* indicates a required field

Other funding

To the best of your knowledge, has the recipient received an Individual Inclusion and Participation Grant (previously known as an Individuals and Families in Financial Hardship Grant) from Bayside City Council in the last 3 years?

If yes, please indicate how much was received and for what purpose.

Budget

Please consider items required and how the grant money will be used. Please ensure that the expenses totals at least the amount of the grant being applied for.

Expenditure

	\$
	\$
	\$
	\$
	\$
	\$
	\$

Supporting documentation

Please attach documentation that details expenses *

Attach a file:

Eg. quote or invoice

Please upload formal proof of inclusion in the program being applied for.

Attach a file:

Evidence of selection or availability to participate in the nominated event, program or activity. May not be relevant for all applications.

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.

Please upload a tax invoice for payment if you are successful

Attach a file:

SECTION 4

* indicates a required field

Declaration

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

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.

Name *

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

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's Community and Social Planner on 03 9599 4787, or grants@bayside.vic.gov.au.