

Inclusive Bayside Partnerships - Application Form 2024/2025

Form Preview

SECTION 1

* indicates a required field

Complete this application form if you are a community organisation or group seeking funding to encourage greater participation and inclusion of people with a disability in 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.

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.

Prior to completing the application form you are encouraged to discuss your project idea with Council's Inclusion Officer - Andrew Shannon Tel 9599 4676 or email: ashannon@bayside.vic.gov.au

Organisation Details

Organisation Name *

Organisation Name

What is the purpose of your organisation and how does it link with the Bayside community? *

Word count:

Must be no more than 150 words

Is your organisation Incorporated? *

- ☐ 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 incorporated AUSPICE organisation who can manage the funds on your behalf

Organisation ABN if applicable

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

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ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type
ACNC Registration
Tax Concessions
Main business location

[More information](#)

If you do not have an ABN, you will need to be auspiced.

Your Organisation's Certificate of Incorporation

Attach a file:

Upload your organisation's Certificate of Incorporation if required

Do you require an auspice? *

☐ Yes - you will need to complete further auspice information in Section 4

☐ No

If you do not have an ABN you will need to be auspiced by an organisation that does, and the funding will be provided to that organisation on your behalf.

Insurance

You must have Public Liability Insurance covering the dates of your project to be eligible.

Does your organisation carry Public Liability Insurance cover for the duration of your project? *

☐ Yes

An Auspice may carry on your behalf.

Attach a Certificate of Currency for your Public Liability Insurance *

Attach a file:

Contact for the organisation

Organisation Contact *

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

Organisation Contact Phone Number *

Organisation Contact Email *

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**Organisation Contact
Address ***

Address

Suburb State Postcode

SECTION 2

* indicates a required field

Details of Proposal

Name of project? *

**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)

**Please describe your
proposed project? ***

Word count:

Must be no more than 200 words

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

**What are the expected
outcomes of the project?

Must be no more than 200 words

**When does the project
start? ***

**When does the project
finish? ***

**How many people
with a disability will**

Must be a number

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be involved with this project? *

How will they be involved? *

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

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 on 9599 4387.

Partnership details

Will any other organisations be involved in this project?

Please identify yes or no. If yes please provide name of organisations.

How will the partner organisations be involved?

Word count:
Must be no more than 150 words

SECTION 3

*** indicates a required field**

Grant request and Project cost

What is the total cost of the project? *

\$

Total Amount Requested from Council *

\$

Must be a whole dollar amount and no more than \$5000

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What will Council funds be used for? *

Word count:

Budget

Please outline your income and expenditure for this project.

Income	\$	Expenditure	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total	\$		\$

In kind and other funding sources

Please identify any in kind support (non financial) towards this project: *

eg: volunteer hours or inkind donations

Have you sought financial assistance from other funding sources? *

☐ Yes

☐ No

If yes, please identify how much and when:

Previously Funded Programs

Have you received a grant from Bayside City Council in the previous 5 years?

- ☐ Yes
☐ No

If yes, please identify how much and when:

SECTION 4

*** indicates a required field**

Auspice organisation details

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Details of the Auspice Organisation who will manage the funds. (Only for unincorporated organisations running the project).

Auspice Organisation *

Organisation Name

Auspice 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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Auspice Organisation Postal Address *

Address

Suburb State Postcode

Does the Auspice organisation carry Public Liability cover? *

- ☐ Yes - please attached evidence
☐ No

Auspice Public Liability Insurance

Attach a file:

Auspice contact details

Auspice Contact *

Title First Name Last Name

Auspice Contact Phone Number *

Auspice Contact Email *

SECTION 5

* indicates a required field

Declaration

Privacy statement

We respect your privacy and will not sell or give away your personal information. Occasionally we may need to use your details for our own research and evaluation 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 that you do not want to receive in the future, please contact the Privacy Officer on 03 9599 4444 or 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 *

☐ 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 Contingency Grants Guidelines

Name *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 and Social Planner on 9599 4787 or at grants@bayside.vic.gov.au.

