

New Program or Community Initiative - Application 2024/25

Form Preview

SECTION 1

* indicates a required field

Complete this application form if you are seeking funding for a new program or initiative that:

- Addresses an emerging or unexpected community need; and
- action is time critical.

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 one off 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.

Organisation Details

Name of organisation *

What is the purpose of your group/organisation? *

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

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 |

New Program or Community Initiative - Application 2024/25

Form Preview

| |
|---|
| 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

Your Organisation's Certificate of Incorporation

Attach a file:

Upload your organisation's Certificate of Incorporation if required

Does your organisation require an auspice? *

- Yes - you will need to complete further auspice information in Section 6
- No

Your Organisation's Website (if applicable)

Must be a URL

Your Organisation's Facebook link (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

New Program or Community Initiative - Application 2024/25

Form Preview

SECTION 2

* indicates a required field

Applicant Details

Name *

Title

First Name

Last Name

Phone Number (BH) *

Email *

Must be an email address

Position held *

SECTION 3

* indicates a required field

Insurance and Annual Financial Statement

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

Please state amount cover

Attach a Certificate of Currency for your Public Liability Insurance *

Attach a file:

Attach your most recent annual financial statement *

Attach a file:

SECTION 4

New Program or Community Initiative - Application 2024/25

Form Preview

* indicates a required field

Program Proposal Details

Name of new program or community initiative: *

Must be no more than 20 words.

This title will be used on all council documents so please be as clear and concise as possible.

Tell us about your intended new program or community initiative: *

Word count:

Must be no more than 250 words.

Please be as concise as possible. Include information on the purpose of the program or activity (eg. build community connections) and the expected outcomes for participants (eg. increase in health and wellbeing of participants).

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)

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

Word count:

Must be no more than 200 words.

How and why did you decide on the program or activity? How will it benefit the community? How have you identified the need eg. consultation with community, local data research.

How will the expected outcomes of the new program or community initiative meet these identified needs(s)? *

Word count:

Must be no more than 200 words.

Describe at least 3 things you want the project to achieve in terms of benefits to participants and how does this relate to the above identified community need?

Briefly describe why action is time critical for this new program or community initiative:

Word count:

Must be no more than 150 words.

New Program or Community Initiative - Application 2024/25

Form Preview

In what way is this program addressing an emerging or unexpected community need where action is time critical?

Where will your new program or community initiative take place? *

Note suburb as well as venue if applicable

Describe broadly how Council funds will be used (Preferably bullet points) *

Word count:

Must be no more than 150 words.

Please be as concise as possible. Note a detailed budget including costs is required in Section 8

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

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.

What is the total number of people who will be primarily involved or benefit from the new program or community initiative? *

The direct recipients who stand to benefit from project. Must be a number

Number of these participants who are Bayside residents *

Must be a number

When will your new program or community initiative start? *

Must be a date.

When will your new program or community initiative end? *

Must be a date.

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

New Program or Community Initiative - Application 2024/25

Form Preview

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.

Additional documentation (optional)

Attach a file:

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

SECTION 5

* indicates a required field

Budget

What is the total cost of the new program or community initiative? *

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

Have you sought assistance through other sources of funding for this new program or community initiative? *

- Yes
- No

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

If yes, identify how much and when (Preferably in bullet points)

Word count:

Must be no more than 150 words.

Identify any in-kind support (non financial) towards this new program or community initiative. *

Word count:

Must be no more than 150 words.

New Program or Community Initiative - Application 2024/25

Form Preview

For example, volunteer hours, free venue hire, service or product donations or discounted costs.

Income

This table must represent the TOTAL budget for the program or activity including alternative sources of income. State clearly in the income description the amount you are requesting from Bayside Council as well as any additional sources of income

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

Do not include in-kind (non-financial) support, this is listed above.

| Income Description | \$ |
|--------------------|---|
| | \$ |
| | \$ |
| | \$ |
| | Must be a whole dollar amount (no cents). |

Expenditure

This table must list specific items and services to produce your new program or community initiative with estimated itemised costs.

| Expenditure Description | \$ |
|-------------------------|---|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | Must be a whole dollar amount (no cents). |

Budget Totals

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

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

Income - Expenditure
 \$
 This number/amount is calculated.
 Must equal 0

Previously Funded Programs

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

- Yes
- No

If yes, identify how much and when:

SECTION 6

* indicates a required field

Auspice Organisation details

For unincorporated organisations requiring an auspice.

Attach letter of commitment from the Auspice Organisation *

Attach a file:

NOTE: A letter from the Auspice Organisation is also 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

Auspice Address from which organisation operates (if different from above)

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) |

New Program or Community Initiative - Application 2024/25

Form Preview

DGR Endorsed

ATO Charity Type

[More information](#)

ACNC Registration

Tax Concessions

Main business location

Does the auspice organisation carry Public Liability Insurance cover? *

- Yes
 No

If yes, state the amount of cover

Attach a copy of the auspice organisations's most recent annual financial statement *

Attach a file:

Auspice Contact Details

Auspice Contact *

Title

First Name

Last Name

Position held

Phone Number (BH) *

Email *

SECTION 7

** indicates a required field*

Declaration

Privacy statement

New Program or Community Initiative - Application 2024/25

Form Preview

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 *

- 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"/> |

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.