

# CMG Application Form

## Form Preview

### Contact Details

\* indicates a required field

It is **required** that you contact the Program Coordinator at Council to discuss your application prior to starting this submission. They will provide advice on:

- the most appropriate stream for your application
- guidance on development of your application

Community Development Officer

Greater Shepparton City Council Phone: (03) 5832 9472 Email:

[Shawkat.karimi@shepparton.vic.gov.au](mailto:Shawkat.karimi@shepparton.vic.gov.au)

**Name of Council Officer you have discussed this application with \***

### Your Organisation

**Name of Organisation \***

**Contact Person \***

First Name

Last Name

**Position Within Organisation \***

**Address Of Organisation \***

Address

  

Suburb

State

Postcode

Must be Address Line 1, Suburb/Town, State/Province, and Postcode are required..

**Phone Number \***

Must be an Australia phone number.

**Contact Email Address \***

Must be an email address

### Organisation Details

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**What does your organisation do? \***

If someone had never heard about your organisation, what would you tell them?

**How long has your organisation been established? \***

Months Or Years

**How many members are in your organisation? \***

Must be a number

**Is your organisation incorporated? \***

- ☐ Yes (Including State Government Entity)  
☐ No  
☐ Community Asset Committee of Greater Shepparton City Council

## Incorporated Organisations and State Government Entities

\* indicates a required field

**Incorporation number**

**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.

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

ACNC Registration

Tax Concessions

Main Business Location

Must be an ABN

**Does your organisation have Public Liability Insurance? \***

☐ Yes - please attach a copy at the Documents Checklist section

☐ No - Please contact the Community Development Officer on (03) 5832 9472

A minimum of \$20,000,000 Public Liability Insurance is required

### Auspice

#### Auspice Organisation Details

If your organisation is not incorporated you need to find an organisation that is able to auspice your project. Please attach an electronic copy of a letter from your auspice organisation stating their willingness to accept and administer the grant. This can be attached in Section 10.

**Name of Auspice Organisation**

**Authorised person's name**

First Name

Last Name

**Position within Auspice Organisation**

**Auspice organisation's Address**

Address

Suburb State Postcode

**Phone number**

**Email Address**

**Auspice organisation incorporation number**

**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.

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

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Tax Concessions

Main Business Location

Must be an ABN

**Does the auspice organisation have public liability insurance that will cover your project?**

- ☐ Yes- provide a copy at the Document Checklist section  
☐ No - Please contact the Community Development Officer on (03) 5832 9472

A minimum of \$20,000,000 Public Liability Insurance is required

## Project Details

\* indicates a required field

### Community Matching Grant Objectives

Your project must achieve at least one of the following four objectives

**This project will (tick all that apply): \***

- ☐ Build new social connections or reinforce those that already exist  
☐ Help community members develop new skills  
☐ Encourage community members to participate in the planning and running of the project  
☐ Create, renew or revitalise public places and spaces within the community

Tick all that apply

### Project Description

Please note the hints under each question. These will assist you to complete the application form.

**Project Title \***

**Start Date \***

Must be a date and no earlier than 1/10/2026.

**End Date \***

Must be a date and no later than 1/9/2027.

**Project Description \***

Word count:

Must be no more than 750 words.

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Please describe what you are going to do and provide as much detail as possible? What will you use the grant for? How will your project achieve the grant objectives?

**Who has been consulted about your project? \***

Describe discussions that you have had about your project with other community organisations and community members. Are there any partners involved?

**Which of the following groups does your project engage? \***

☐ Aboriginal ☐ Access and Inclusion ☐ Multicultural  
☐ Youth ☐ Seniors ☐ LGBTQIA+ ☐ Small town communities ☐ None

Tick as many boxes as applies

**How will you evaluate the success of your project? \***

Word count:

Must be no more than 500 words.

What evidence will you collect eg. participant numbers, Newspaper articles, anecdotal evidence from community members or any other data from your project.

## Project Plan

Note the steps that you will take to deliver your project.

Applications with detailed project plans are recommended.

**Step 1. \***

Ensure to outline clear objectives, a timeline, and resource requirements for the project.

**Step 2.**

**Step 3.**

**Step 4.**

### Plans & Strategies

\* indicates a required field

#### Access and Inclusion

**Describe how you have ensured that your project will be inclusive to all members of the community, consider those with disabilities, seniors and people from diverse cultural backgrounds. \***

For example: Consider accessible facilities (wheelchair, walkers), parking, ensure printed materials are in an accessible format, interpreters, availability of halal foods.

#### Strategic Alignments

**Does the project align with the Council Plan, a Master Plan or other Council Strategy?**

<https://greatersepparton.com.au/council/council-documents>

**Has your project been identified in a Community Plan? If yes, which location?**

<http://greatersepparton.com.au/community/neighbourhoods/community-plans>

#### Building and Permits

Applicants must demonstrate what planning, building or other permits are required to undertake the project. If your project is deemed to require external approvals your offer of funding will be made conditional to you obtaining regulatory approvals. Any fees for permits must be included in the project budget.

**Does your project require any permits or building and/or planning approval? \***

- ☐ Yes  
☐ No

### Permit/Approval Details

\* indicates a required field

**Who is the responsible body for your permit/ approval? \***

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Describe conversations you have had with the responsible body for your permit approval. If not applicable type in N/A

**Who owns the land or building where your project will take place? \***

If your organisation is not the land owner, describe your current agreement with the owner. Please attach a letter of approval from the land or building owner. If not applicable please type N/A.

**Who will be responsible for ongoing maintenance of any permanent infrastructure once your project is complete? \***

Describe details of your agreement. If not applicable please type N/A.

## Budget

\* indicates a required field

**Total Grant Amount Requested from Council \***

Must be a number.

Must be an amount between \$0 to \$5,000.00

It is important to demonstrate that your application is financially viable and can be delivered within the budget specified here.

Please list all of the income that you expect to receive towards running the event/project including the grant amount being requested from this funding program **i.e. Income Line Item 1 should be "Council Funding (requested funding)".**

Your financial contribution **match** (if any) should also be listed here, please list all expenditure (costs) of running the event. Please list all costings GST exclusive.

**Please note that for any expenditure items of \$1,000 and above require a current and valid quote to be attached to your application.**

**Income and Expenditure must be equal**

Please see the application guidelines for further information on how to fill in your budget: <http://www.greatershepparton.com.au/residents/grantsandfunding/communitymatchinggrants/>

| \$ | Income                                                            | \$ | Expenditure |
|----|-------------------------------------------------------------------|----|-------------|
|    | Grant Income must be listed here in the first box with the amount |    |             |

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|    |                              |    |  |
|----|------------------------------|----|--|
|    | requested from this program. |    |  |
| \$ |                              | \$ |  |
| \$ |                              | \$ |  |
| \$ |                              | \$ |  |
| \$ |                              | \$ |  |
| \$ |                              | \$ |  |
| \$ |                              | \$ |  |
| \$ |                              | \$ |  |
| \$ |                              | \$ |  |

### 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.

### In-Kind

Please include details of any contributions to the project that you would normally pay for, but are being received at no cost to the project.

If you have volunteers working on the project, include their contribution valued at:

- \$25 per hour for unskilled labour
- \$40 per hour qualified tradesperson
- \$65 per hour machinery hire, including driver

| Person or organisation | Task | Hours/Rate | Amount In-Kind \$ |
|------------------------|------|------------|-------------------|
|------------------------|------|------------|-------------------|

|  |  |  |        |
|--|--|--|--------|
|  |  |  | Total* |
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### Document Checklist

\* indicates a required field



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### Incorporated Organisation applying

**Attach a copy of your Certificate of Currency for your Public Liability Insurance**

Attach a file:

### Applying with an Auspice Organisation

**Attach an electronic copy of a letter from your auspice organisation stating their willingness to accept and administer the grant**

Attach a file:

Must be a formal Letter with Auspice Letter

**Attach a copy of your auspice organisations Certificate of Currency for Public Liability Insurance**

Attach a file:

Must be a formal Letter with Auspice Letter

### Support Documents

**Please attach Quotes \***

Attach a file:

Quotes for items over \$1,000 must be attached to your application.

**Other relevant documents**

Attach a file:

**Please attach any maps, plans and support letters**

Attach a file:

## Declaration and Privacy Statement

\* indicates a required field

### Privacy Statement

Greater Shepparton City Council manages your personal information in accordance with its Privacy Policy and the Privacy and Data Protection Act 2014 (Vic). Your personal information is collected to communicate with you regarding your grant application. It is disclosed to Council Officers for review of your application and may be disclosed to other areas of Council to administer your grant application. If you do not provide the requested information we may be unable to process your application and keep you informed of the outcome of

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the application. Council may also use your personal information to contact you regarding future grant rounds. To opt out of future notification, gain access to or update your personal information please contact Council's Grants Coordinator on (03) 5832 5218.

### Declaration

\*

☐ I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organisation/group.

☐ I have read the accompanying guidelines for applicants provided with this application form.

☐ I have considered Council's access and inclusion requirements.

☐ I agree that I will contact the Greater Shepparton City Council immediately if any information provided in this application changes or is incorrect.

☐ I understand that the information above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge.

☐ I agree to provide final acquittal reports as required.

#### Authorised person \*

First Name

Last Name

#### Position \*

#### Organisation \*

#### Date \*

### Feedback

\* indicates a required field

#### How did you find out about this grant round \*

☐ Council Website

☐ Word of Mouth

☐ Radio

☐ Other Website

☐ Facebook/Social media

☐ Previously applied

☐ Council Staff

☐ Newspaper

☐ Other:

#### Please indicate how you found the online application process: \*

☐ Very easy

☐ Easy

☐ Neutral

☐ Difficult

☐ Very difficult

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

**Please provide us with your suggestions about any improvements to the process/form that you think we need to consider.**