Form Preview

Community Plan Implementation Fund Operational Stream Application

Overview

Community Planning Groups have access to Council's Community Plan Implementation Fund (CPIF) via an application process.

The Operational Stream is available for community based projects that have been identified as a priority within a Community Plan.

Operational funding applications can be submitted at any time throughout the year.

Please note: **Applications must be from Community Planning Groups only.** If you are from another community based group or organisation, please reach out to your Community Planning Group to discuss a partnership.

You can see contact details for Community Planning Groups here.

Guidelines

Please read the Community Plan Implementation Fund Operational Stream Guidelines **before** completing your application.

The Guidelines can be found on Council's website here.

Further Information

If you have any questions or require further assistance please contact your allocated Community Development Officer or Megan Whittaker, Community Development Coordinator.

Email: megan.whittaker@shepparton.vic.gov.au

Community Planning Group

* indicates a required field

Funding specific to Community Planning Groups only

This funding is available for Council supported Community Planning Groups only. Applications from other entities/groups, or individuals will not be accepted.

| Are you applying as a | Community | Planning (| Group? * |
|-----------------------|-----------|------------|----------|
|-----------------------|-----------|------------|----------|

- Yes
- O No

Applications from groups/individuals other than Community Planning Groups will not be accepted. If you select 'No' you will not be able to continue.

| Contact Details | |
|--|---|
| * indicates a required | field |
| Your details | |
| Name of Community Organisation Name | / Planning Group * |
| Contact Person * | |
| First Name | Last Name |
| Position * | |
| | |
| Phone Number * | |
| Must be an Australian ph | one number. |
| Email * | |
| Must be an email address | S. |
| Application | |
| * indicates a required | field |
| Project value | |
| • • | 0000 are required to submit a <i>Project Proposal</i> . 00 are required to submit an <i>Expression of Interest</i> first. |
| ☐ Under \$5000☐ Over \$5000 | project being proposed: * more than 1 choice may be selected. |
| Projects over \$50 | 000 |
| Have you already su | ubmitted an Expression of Interest for this project? |

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| \bigcirc | No |
|------------|----|

Project Proposal

* indicates a required field

Projects

This form is for:

Projects under \$5000

OR

Projects over \$5000 for which an Expression of Interest form has already been submitted.

Project Information

| Project Title * | | |
|-----------------|--|--|
| | | |
| | | |

Short Project Description *

Word count:

Must be no more than 100 words.

Provide a short description of your project - what are you out to do?

Project start date *

Must be a date.

What is the estimated start date for the project?

What is the project end date?

Must be a date.

Please enter the estimated project end date (if applicable)

Outcomes

What are the expected outcomes of the project? *

Word count:

Must be no more than 200 words. Describe what the project will achieve.

people of different genders.

| What is the commun | ity benefit of the pro | oject? * | |
|---|-----------------------------|------------------------------|------------------------------|
| | | | |
| | | | |
| Word count: Must be no more than 200 | O words. | | |
| Partnerships | | | |
| • | | | |
| Will there be any cor ☐ Yes ☐ No At least 1 choice and no n | | | |
| Partner contact de | etails | | |
| Please enter the details | s of any partner organis | sations/groups. | |
| Organisation/Group name | Contact Person | Contact details | How is the partner involved? |
| | | | |
| | | | |
| Supporting docum | | t northnore if one lice blo | |
| Please attach letters/ema | iis of support from project | L partners II applicable. | |
| | | | |
| | | | |
| Sustainability | | | |
| How does your project demonstrate sustainability? (If applicable) | | | |
| , , | | , | • |
| How will it be developed, | maintained, etc. | | |
| Gender Equity | | | |
| Describe how you considered Gender Equity when planning this project. (If applicable) | | | |
| | | | |
| Think about how your pro | ject might have different | impacts on, or lead to diffe | erent outcomes for, |

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| Evaluation |
|--|
| How will you evaluate the success of your project? * |
| |
| Land ownership |
| Who owns the land or building where the project will take place? Please let us know the landholder's" name - if applicable. |
| |
| Has approval from the land owner been granted? ○ Yes ○ No |
| Please attached letters of confirmation from landholder/s |
| |
| Strategic alignment |
| Which themes within the Council Plan 2021-2025 does your project align with? * ☐ Community Leadership ☐ Social Responsibility and Wellbeing ☐ Vibrant and Diverse Economy ☐ Infrastructure and Technology ☐ Environment and Climate Emergency At least 1 choice and no more than 5 choices may be selected. |
| Where does the project fit within your Community Plan? Is the project listed within the current year's Action Plan list? (If not what is the priority justification |
| for the proposed project?) * |
| |
| |
| for the proposed project?) * |

Grant request

Greater Shepparton City Council Grant requested

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| \$ | |
|----|--|
| | |

Must be a dollar amount.

Please enter the amount of funds you are asking Council for here.

Budget

The community is required to provide 25% of the grant requested in matching *funding* **and/ or** an *in-kind contribution* for operational projects.

If you have a financial contribution, please enter it in the income section of this table.

Please also list any other community sources of funding in the income section of this table.

(You will be asked to outline in-kind contributions later in this form.)

| Income | Expenditure | \$ |
|--------------------------|---------------------------|----|
| List all the sources of | List all details of items | |
| community monetary | you propose to spend | |
| support for your project | your money on. | |
| Funds from applicant (If | \$ | \$ |
| applicable) | | |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

Budget Totals

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

Quotes

In line with Council's Procurement policy, quotes must be attached for amounts as follows:

Amount

Quotation required

\$1,000 to \$10,000 (excluding GST)

1 written quote

\$10,001 to \$50,000 (excluding GST)

2 written quotes

| Please attach quotes |
|----------------------|
| |
| |
| |

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Community Contribution

The community is required to provide 25% of the grant requested in matching *funding* **and/ or** an *in-kind contribution* for operational projects.

You can outline your in-kind labour or materials contribution in the next two tables.

In-kind LABOUR

\$25 per hour unskilled labour

\$40 per hour qualified trades person

\$65 per hour machinery hire

| In-kind contribution | Task | Hours | Rate per hour | Amount |
|----------------------|------|-------------------|--------------------------|---------------------------|
| | | Must be a number. | Must be a dollar amount. | This number/ amount is |
| | | | amount. | calculated. |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | ĺ | \$ | \$ |
| | | İ | \$ | \$ |
| | | | \$ | \$ |

Total hours Total value of in-kind labour contribution \$ This number/amount is calculated. This number/amount is calculated.

In-kind MATERIALS

Include materials that would normally be paid for but are given to the project at no cost. For example: photocopying, materials for a project, etc.

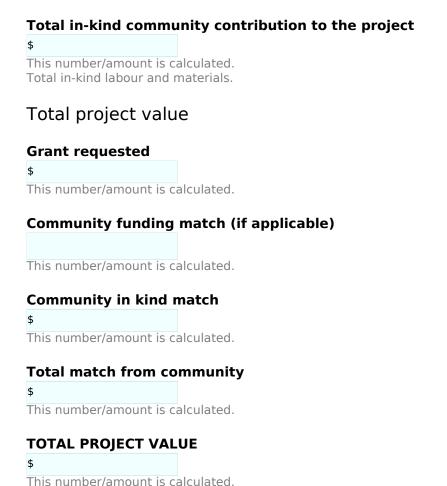
| Item | Donated by | \$ Value |
|------|------------|--------------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | Must be a dollar amount. |

Total \$ value of materials

\$

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This number/amount is calculated.



Payment details

* indicates a required field

If your application is successful, Council will need to know who to pay the funds to.

There are **three** ways grant funds can be paid:

- 1. If your Community Planning Group **is** incorporated, funds will be paid directly to your Group.
- 2. If your Community Planning Group **is not** incorporated, you can allocate an auspice who will receive the funds for you.
- 3. If your Community Planning Group is **not incorporated, and cannot provide an auspice,** Council can work in partnership with you to deliver the project and pay associated costs directly to suppliers.

| ls | your | Community | Planning | Group | incorporated? | k |
|--------|------|-----------|-----------------|-------|---------------|---|
| \cap | Yes | | | | | |

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|------------|-------|
| <i>(</i>) | INIC |
| | |

Incorporation information

* indicates a required field

Incorporation information

| Incorporation number | * | ration number > | ncorpo | ı |
|----------------------|---|-----------------|--------|---|
|----------------------|---|-----------------|--------|---|

Applicant 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

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

Auspice details

* indicates a required field

If your Community Planning Group is not incorporated, you will need to arrange an organisation or group that is able to auspice your project.

This means they will receive the funds for you.

Are you able to provide an Auspice? *

Yes

O No

Auspice organisation details

| Auspice organisation Organisation Name | n name * | | |
|--|---------------------------|--------------------------------|-----------------------|
| Authorised person's First Name | name * Last Name | | |
| i ii se ivaiii e | Last Name | | |
| Auspice organisation Address | n's address * | | |
| | | | |
| Phone Number * | | | |
| Mush has an Australian ab | | | |
| Must be an Australian ph | one number. | | |
| Email * | | | |
| March land and the state of the | | | |
| Must be an email address | 5. | | |
| Auspice organisation | n's incorporation nu | mber * | |
| | | | |
| Auspice organisation | n ΔRN * | | |
| Auspiec organisation | AJI | | |
| The ABN provided will check that you have en | | following information. tly. | Click Lookup above to |
| Information from the Aus | stralian Business Registe | r | |
| ABN | | | |
| Entity name | | | |
| ABN status | | | |
| Entity type | | | |
| Goods & Services Tax (G | ST) | | |
| DGR Endorsed | | | |
| ATO Charity Type | More inform | <u>ation</u> | |
| ACNC Registration | | | |
| Tax Concessions | | | |
| Main business location | | | |
| Must be an ABN. | | | |

Expression of Interest

| Expression of interest | |
|--|--------------------|
| * indicates a required field | |
| Project | |
| This form is for: | |
| Projects over \$5000 | |
| • | |
| Project details | |
| • | |
| Project title * | |
| | |
| Project description * | |
| | |
| Word count: Must be no more than 100 words. | |
| Provide a short description of your project - what | are you out to do? |
| What are the expected outcomes of the | project? * |
| | |
| Word count | |
| Word count: Must be no more than 200 words. | |
| Describe what the project will achieve. | |
| Do you have a Project Plan? * O Yes | |
| O No | |
| | |
| Please attach your Project Plan here. * Attach a file: | |
| Attach a nie. | |
| A minimum of 1 file must be attached. | |
| Approximate costs | |
| | |
| Please list approximate costs. | |
| Item | Estimated cost \$ |
| | \$ |
| | \$ |

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| \$ |
|--------------------------|
| \$ |
| \$ |
| \$ |
| \$ |
| \$ |
| Must be a dollar amount. |

Total estimated project cost

\$

This number/amount is calculated.

Possible funding sources

Please list any funds your Community Planning Group can contribute (if any) as well as a list of other possible funding sources.

Possible funding sources

| | Must be a dollar amount. |
|---|--------------------------|
| Community Planning Group funds (if any) | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

Total possible funding

\$

This number/amount is calculated.

Stakeholders and partners

Will there be any partners and/or stakeholders involved in the project? *

- O Yes
- \cap No

Please consider any stakeholders or partners such as landholders, businesses, or other community groups or organisations.

List of stakeholders and/or partners

| Organisation | Involvement |
|--------------|-------------|
| | |
| | |
| | |

Landholder

Who owns the land where the project will take place? (if applicable)

| We need to know this in case land holder permission and/or permits are required. |
|--|
| Designs and plans |
| Do you have any initial designs or plans? (If applicable) * O Yes O No |
| Please attach any designs or plans you have here. |
| |
| |
| Questions for Council |
| Do you have any questions for Council? |
| |
| Please write any questions you may have here. |