

CPIF- Specialised Stream- Defibrillators Application Form. Form Preview

CPIF Specialised Stream- Round One 2024/25 Defibrillators

* indicates a required field

Overview

Greater Shepparton City Council is inviting Community Planning Groups (CPG's) or Community Asset Committees (CAC's) to express interest in funding for defibrillators or accessories.

During the Safety month of October the Community Plan Implementation Fund (CPIF) specialist stream funding will focus of funds for defibrillators, or updating batteries and accessories.

Conditions

Please be aware of the following conditions:

- If funding is being sought for a new defibrillator, CPG's & CAC's are encouraged to work with other community groups to determine the best installation location.
- successful applicants will receive funds to purchase a complete defibrillator (with or without a case/cabinet), or replacement batteries/pads for existing defibrillators.
- The CPG or CAC will be responsible for purchasing and installation of the items.
- Ongoing maintenance and warranty of defibrillators is the responsibility of the recipient organisation and not Council.
- Successful applicants will be advised of the outcome of their expression of interest via email.
- Applications will be accepted until 5.00pm on **30th October 2024**

FURTHER INFORMATION:

Please contact your Community Development Officer or Megan Whittaker (Community Development Coordinator).

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

Guidelines

Please read the Specialist Stream Guidelines - Community Plan Implementation Fund located on Council's website [here](#).

Application

Please select which of the following you are applying for funds to purchase:

- Complete defibrillator unit with/without Lockable AED/Defibrillator case/cabinet with Alarm \$2,500.

Defib case may be purchased with unit. Both purchases must not exceed funding of \$2,500. Any excess amount must be paid for by applicant

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OR

- Defibrillator batteries \$500
- Defibrillator pads - Adult \$100
- Defibrillator pads - Child \$200

Community Planning Group or Community Asset Committee details

Name of group *

Organisation Name

Contact Person *

First Name

Last Name

Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Defibrillator site details

Proposed site address and location *

Council's Community Development Team can assist with identifying land ownership.

Please attach photo or map of proposed location *

Attach a file:

You must supply a photo of the exact location you intend to install.

Additional Photos

Attach a file:

Why have you chosen this location? *

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Please let us know why this is a good location for a defibrillator. Consider who, why, and how many people access the area at and near your proposed location.

Will your defibrillator be accessible to people all hours? *

- Yes
 No

At least 1 choice and no more than 1 choice may be selected.

How many defibrillators are located within a 5km radius of your proposed location? *

Of these, how many are accessible at all hours?

Partnerships

Will there be any community partnerships involved? *

- Yes
 No

At least 1 choice and no more than 1 choice may be selected.

Partner contact details

Please enter the details of any partner organisations/groups.

Organisation name	Contact person	Contact details

Payment details

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

Is your CPG or CAC incorporated? *

- Yes
 No

At least 1 choice and no more than 1 choice may be selected.

Incorporation information

Incorporation Number

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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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Auspice Organisation details

If your CPG or CAC 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.

Auspice organisation name

Organisation Name

Authorised person's name

First Name

Last Name

Position within auspice organisation

Auspice Organisation's Address

Address

Phone Number

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Must be an Australian phone number.

Email

Must be an email address.

Auspice organisation's 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.

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

Must be an ABN.

Declaration and Privacy Statement

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 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.

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- I have read the accompanying guidelines/ conditions for applicants provided with this application form.
- 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 aquittal reports as required.
- I agree ongoing maintenance and warranty of defibrillators is the responsibility of the recipient organisation and not council

Authorised Person *

First Name

Last Name

Position *

Organisation *

Organisation Name

Date *

Must be a date.