

International Womens Day Application Form 2026

Form Preview

Contact Details

* indicates a required field

About this Grant Program

Greater Shepparton City Council recognises and values the achievements and community impact local women make in Greater Shepparton. To celebrate and promote the contribution of women in Greater Shepparton, Greater Shepparton City Council is providing funding to support International Women's Day (IWD) events ran by local community groups and organisations within the municipality.

These grants will provide funding to support International Women's Day events ran by local community groups and organisations within the municipality that:

- recognise and value the achievements and community impact that local people who identify as women make in Greater Shepparton
- celebrate and promote the contribution of people who identify as women in Greater Shepparton.

Successful recipients will be able to demonstrate how they support:

- gender equality, including women's economic security, leadership, participation, safety, health and wellbeing
- the celebration and promotion of the contribution of people who identify as women in Greater Shepparton
- the vision of International Women's Day, as outlined below
 - a gender equal world
 - a world free of bias, stereotypes and discrimination
 - a world that is diverse, equitable and inclusive
 - a world where difference is valued and celebrated.

For the 2026/2027 financial year there is a total funding pool of \$5,000 available. Individual grants of **between \$500.00 and a maximum amount of \$1,500.00** are available for successful applicants to conduct activities during the timeframes below.

Funding is provided on a one-off basis. Funding is limited and not all applications that meet the guidelines may be funded. Funding is on a project or program basis only and no recurrent grants or annual funding commitments are available from this fund.

Council strongly advises you to make contact with our Community Wellbeing Department prior to making an application to discuss your proposed activity and eligibility.

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

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

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

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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.

| 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

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.

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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.

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

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

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Project Details

* indicates a required field

International Womens Day Objectives

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

This project will (tick all that apply): *

- recognise and value the achievements and community impact local women make in Greater Shepparton.
- celebrate, promote and increase visibility of the positive contributions women make in our local 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 *

Provide a name for your project/program/initiative. Your title should be short but descriptive

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/Event Description *

Word count:

Must be no more than 750 words.

Please provide full details of the event or activity you applying for funding for. Include a brief summary of what you are planning (i.e. the activity or event you are planning to deliver), and what effects you expect to result from your activities.

Who will benefit from this event or activity? *

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

How will you make sure that your event or activity is accessible and inclusive to all members of community? *

Are you working together with any other organisation(s)? *

- YES
 NO

If yes, who will you work with and what will you do together?

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

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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 Allignments

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>

Budget

* indicates a required field

Total Grant Amount Requested from Council *

Must be a number.

Must be an amount between \$0 to \$1,500.00

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: Updated guidelines link here.

| Income | \$ | Expenditure | \$ |
|---|----|-------------|--------------------------|
| Grant Income must be listed here in the first | | | Must be a dollar amount. |

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| | | | |
|--|----|--|--|
| box with the amount 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* |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Document Checklist

* indicates a required field

Incorporated Organisation applying

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

Attach a file:

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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 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

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- *
- 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 aquittal 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

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.

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