

Senior Week Grant Application Form 2020

Form Preview

Contact Details

* indicates a required field

Privacy Notice

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.

Applicant Organisation Details

Applicant organisation name *

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Organisation address *

Address

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

Contact person *

Title First Name Last Name

This is the person we will correspond with about this grant

Position held in organisation

e.g. Manager, Board Member, Fundraising Coordinator

Phone number *

Must be an Australian phone number.

Contact person's email address *

This is the address we will use to correspond with you about this grant.

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Organisation Details

* indicates a required field

What is your organisation's purpose or mission? *

Does your organisation have an ABN? *

Yes

No

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 Information

* indicates a required field

Auspice Organisation Details

Name of auspicing organisation

Organisation Name

Auspicing organisation's website

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Must be a URL

Primary contact person at auspicing organisation

Title First Name Last Name

We may contact this person to verify that this auspicing arrangement is valid and current.

Auspice Postal Address

Address

Position held in organisation

e.g. Manager, CEO

Contact person's phone number

Contact person's email address

Must be an email address

Please attach a letter from the auspicing organisation confirming this arrangement is valid and current *

Attach a file:

Letter must be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and must include, name, position, signature and date.

ABN of auspicing organisation

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)
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ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

Project Details

* indicates a required field

Seniors Week Project Title *

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

Anticipated start date *

Must be a date and no earlier than 1/10/2020.

Anticipated end date *

Must be a date and no later than 31/10/2020.

Please provide a short summary of your initiative for Seniors Week *

Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities.

What are the Planned Activities? *

Who will benefit from this initiative? *

How will you make sure that your initiative is inclusive to all members of the senior community? *

Describe how you will ensure that your project will be inclusive to all members of the senior community including those with disabilities, and people from diverse cultural backgrounds.

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

- Yes
 No

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

Budget

* indicates a required field

Total Seniors Grant Amount Requested from Council *

\$

Must be a dollar amount and no more than 500.

Budget

INCOME

Please list the Seniors Week Grant Request (same as above).

Please list any other income (if any) to this initiative; e.g donations, raffle, sponsorship etc.

EXPENDITURE

Please list any expenditure associated with this initiative.

This can be things like (but not limited to): 'venue hire', 'catering', 'advertising' etc.

INCOME AND EXPENDITURE MUST EQUAL

Income	\$	Expenditure	\$
	\$		\$

Budget Totals

TOTAL INCOME AND TOTAL EXPENDITURE MUST EQUAL

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

\$

This number/amount is calculated.

What other inputs will you need in order Confirmed? to successfully carry out this project? (In-kind)

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Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, and other types of support.	

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree *

Yes

No

Name of authorised person *

Title

First Name

Last Name

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Applicant Feedback

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You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback. (If you would rather provide anonymous feedback, please go to **{{ Grantmakers: provide a link to an anonymous survey or delete this sentence }}**).

Please indicate how you found the online application process:

- Very easy Easy Neutral Difficult Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60 minutes

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