

Small Town Festive Decorations Grant Application Form 2025

Form Preview

Organisation Details

* indicates a required field

Have you contacted Greater Shepparton City Council to discuss your project and eligibility prior to starting your application? If No, Please contact our office to discuss your grant application. If Yes please write the name of the officer you spoke with regarding your grant. *

Your Organisation

Name of Organisation *

Contact Person *

First Name

Last Name

Position within Organisation

Address Of Organisation *

Address

Suburb State Postcode

Phone Number *

Must be an Australian phone number

Contact Email Address *

What does your organisation do? *

Is your organisation a Community Planning Group or Community Asset Committee of Greater Shepparton City Council? *

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- ☐ Yes
☐ No

Please note, if your organisation is not a Community Planning Group or Community Asset Committee you are NOT eligible for this grant.

Is your organisation incorporated? *

- ☐ Yes
☐ No

Incorporated Organisations

* indicates a required field

Incorporation number *

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	

Does your organisation have Public Liability Insurance to cover the project to the value of \$20 Million *

- ☐ Yes - Please attach a copy in the Documents Checklist Section
☐ No - Please contact Council before you make a submission

Auspice Organisation Details

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* indicates a required field

Auspice agreements are entered into to allow groups that are not incorporated to access funds. Please see <http://www.nfplaw.org.au/auspicing> for more information.

In the context of this grant application, you have indicated that your organisation is not incorporated so you will require an auspice organisation to receive your funds.

Please note if this application is being auspiced, the authorised person is required to acknowledge in writing that their organisation is willing to accept the auspice role.

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 *

Contact Email Address *

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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Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

[More information](#)

ACNC Registration

Tax Concessions

Main business location

Does the auspice organisation have Public Liability Insurance to cover the project to the value of \$20 Million *

- ☐ Yes - Please attach a copy in the Documents Checklist Section
- ☐ No - Please contact Council before you make a submission

Project Description

* indicates a required field

Project Title *

Project Start Date *

Must be a date and no earlier than 3/3/2025.

Project End Date *

Must be a date and no later than 31/12/2025.

Project Description *

Word count:

Must be no more than 500 words.

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

What festive decorations are being purchased or installed? *

Please provide details of decorations, installation taking place

Where will the festive decorations be installed? *

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Please provide details of the location/s where the decorations will be installed.

Have you received permission from the land owner where the decorations are to be installed? *

For example, Council, private land owner, commercial land owner.

What safety and risk assessment measures have you put in place to install the decorations? *

OH&S & Risk Management must be taken into account if decorations will be placed out in the public.

Who has been consulted about your project? *

We favour working with stakeholders, please list any community groups you have spoken to about this proposal

Who will own the decorations and where will they be stored when not in use? *

How will the new decorations be utilised in the future? *

Budget

* indicates a required field

Grant Amount

Grant Amount Requested *

Must be a dollar amount and no more than \$2000, Council does not pay GST on this grant

Budget

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

Under **Income** you MUST list **the Grant amount you are seeking from Council**

Your financial contribution **match** (if any) should also be listed here

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Income and Expenditure must be equal

Please note that any items over \$1,000 will require quotations to be attached to your application.

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	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

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

In-kind income means any goods and/or services contributed 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 in-kind contribution valued at:

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

Person or organisation	Hours/Rates	Amount In-Kind \$
		Must be a whole dollar amount (no cents).
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

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:

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.

Approval from landowner

Attach a file:

Can be Official Letter or email correspondence

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

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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.
- ☐ I have read the accompanying guidelines 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 also agree to provide final acquittal reports as required.

Authorised person *

First Name

Last Name

Position *

Organisation Name *

Date *

dd/mm/yyyy