## **Pre-Application Requirements**

#### \* indicates a required field.

<u>Prior</u> to commencing your application, you must contact the Sporting Clubs Officer at Greater Shepparton City Council to discuss your project or activity.

Council staff will provide you with advice on:

- The most appropriate support for your application
- Guidance on development of your application

## Contact Details for Council's Sporting Clubs Officer:

Aakarsh Anilkumar Phone: (03) 5832 9754 Email: aakarsh.anilkumar@shepparton.vic.gov.au

#### Name of the Council Officer you have discussed this application with: \*

#### **Mandatory Requirements Checklist**

The following information is required as part of this application. All documents must be attached at page 8 (Documents) of this application form.

Please ensure you do have all relevant documentation available upfront. If you need any assistance in developing or sourcing any of the below documents please contact Council's Sporting Clubs Officer on (03) 5832 9754 or aakarsh.anilkumar@shepparton.vic.gov.au or Valley Sport on (03) 5831 8456 www.valleysport.net.au

#### Have you got the following documents ready?

- Evidence of the development and use of a Code of Conduct policy for players, spectators and officials
- Evidence of a Risk Management Plan
- Evidence of the development and use of an Access for All policy
- Financial Information (Audited Financial Statement and current bank statement)
- Public Liability Insurance Certificate (\$20M)
- Volunteers undertaking working with children checks (Mandatory for all Clubs that have children and youth involved in their activities)
- Liquor Licence
- Evidence of decreased participation levels (only mandatory for Junior and Youth Participation category)

Other:

Clear

	Pr	review			
Contact Details					
Applicant Organisation					
Contact person	First name	Last na	ame		
Applicant Position Within Organisation					
Applicant Address	Address line 1				
	Search				
	Address line 2				
	Suburb		State	Postcode	
			¥		
	Must be an Australian postcode,	Please include club c	or organistion ad	dress	
Applicant Phone					
Number	Must be an Australian phone nu	mber			
Applicant Mobile Phone					
Number	Must be an Australian phone nu	mber			
Applicant Email					
	Must be an email address				
About Your Organisati Has your club/organisation approved this	<ul> <li>Yes</li> <li>No</li> <li>Clear</li> </ul>				
application? *					
What does your					
organisation do?					
	Describe your organisation, what	t is your mission. activ	vities etc.		
How long has your					
How long has your organisation been					
established?					
How many members					
are in your	Must be a number				
organisation?					
Has your organisation	Yes				
received an Our	No				
Sporting Future Grant	Clear				

previously \*

project?

Year received?

If yes, what was the title of your previous

Must be a number

Is your organisation a	Yes
Community Asset	No
Committee of Greater	Clear
Shepparton City	
Council?	
Is your organisation	Yes
legally incorporated? *	No
	Clear

# Incorporated Organisations (Not Applicable)

This page is not applicable because of your response to question: "Is your organisation legally incorporated?" on page 1

#### \* indicates a required field.

Incorporation number

Does your group have an Australian Business Number (ABN)?

**Applicant ABN** 

Must be an ABN

Does your group have Public Liability Insurance that will cover your project? \*

### Auspice (Not Applicable)

# This page is not applicable because of your response to question: "Is your organisation legally incorporated?" on page 1

If your group is not incorporated you need to find an organisation that is able to auspice your project.

You are required to submit a letter of approval from your Auspice Organisation with this application. It can be attached at the Documents Section.

#### **Auspice Organisation Details**

Auspice organisation

**Auspice Position** 

**Auspice Primary** 

Address

Auspice Phone Number Must be an Australian phone number

Auspice Email Must be an email address

Auspice Mobile Phone Must be an Australian phone number Number

Incorporation number

Auspice ABN

Must be an ABN

 Does your organisation
 Public Liability Insurance cover of at least \$20 Million is required

 or the Auspice

 Organisation have

 Public Liability

Insurance	that will
cover you	r project?

# **Project Description**

# \* indicates a required field.

# Your Project

Funding category you	Sports Aid grant up to \$1,000
are applying for *	Womens and Girls up to \$1,000
	Junior and Youth Participation up to \$1,000
	Clear
	An organisation/group cannot obtain funding in more than one category
	per round.
Project Title *	
Short project	
description *	
	Provide a short description (100 words recommended) of your project - what are you hoping to
	achieve?
Start Date	
	Must be a date and between 15/5/2024 and 15/5/2025.
End Date	
	Must be a date and between 15/5/2024 and 15/5/2025.
What are the planned	
activities? *	
	//
	Briefly list (bullet points) the specific activities that will take place and where they will take place (up to
	200 words)
Why does this work	
need to be done and	
what is the anticipated	
community benefit? *	
	Describe the specific issue or need you want to address (up to 200 words)
M/ho will honofit from	
Who will benefit from	
the project? Is there evidence of effective	
consultation,	
networking and	
partnering? *	
partitering:	Describe the estimated number, gender, age, and location/region of those participating in the project

https://manage.smartygrants.com.au/form/381274/preview

(up to 150 words)

What are the expected outcomes of the project? Is the project inclusive of all	
members of the community? *	
	Describe three things you want the project to achieve in terms of benefits for participants and/or others (up to 200 words)
How will you know if these outcomes have	
been achieved? *	
	Describe three changes you will see if the expected outcomes of the project occur (up to 150 words)
Who will be involved in planning, overseeing	
and evaluating your project? *	
If successful, is the	
project ready to go and	
will it be completed in the anticipated time frame? *	
Is the project identified in a masterplan,	
strategic plan or	
community plan? *	
Is your application for a	
Playground at a School?	
	Clear

# Playgrounds on School Grounds (Not Applicable)

This page is not applicable because of your response to question: "Is your application for a Playground at a School?" on page 4

**Playground Assessment** 

# **Budget**

## \* indicates a required field.

# Goods and Services Tax (GST)

If you have questions about your GST status, please contact the Council contact person before you submit your application.

All budgets should include figures that are exclusive of GST (do not include GST).

Pre	eview	

Is your organisation	Yes
registered for GST? *	○ No

. .

No Clear

Total Grant Amount	
Requested *	What is the grant amount you are requesting from Council in this application
Total Project Cost *	
	What is the total budgeted cost of your project?

## **Project Income and Expenditure**

#### INCOME

Please detail all of your income including the grant you are seeking from Council, the club contribution and any other money you are receiving from other sources for this project.

#### EXPENDITURE

Please list all of the expenditure (cost) for this project. All expenditure must be validated with quotes to be attached.

INCOME and EXPENDITURE **MUST** be an equal amount to prove that the project is feasible.

#### Please list your budget EXCLUSIVE of GST.

If you have any questions about completing the budget table, please contact the Council contact person, julieanne.earles@shepparton.vic.gov.au.

ncome Description	\$ Amount	Expenditure	Description	\$ Amount	
*			*		+
					+
					+
					+
					+
					+
					+
		1			+

Add More

Maximise

Must be at least 8 rows

# **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.

In-Kind Expenditure

ONLY USE THIS TABLE FOR IN KIND BUDGET TOWARDS YOUR MINORS PROJECT. *If your project is not eligible for In Kind budget to be included please do not fill this form out.* 

An In-Kind contribution is part of the project that would normally be paid for but is given to the project at no cost.

If you have volunteers working on the project, include their contribution valued at:

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

Please note In-Kind contributions cannot be more than 25% of the total project cost for the Minor category.

Please use this table to outline a list of the In-Kind works/items as part of the project.

#### Maximise

\$ Value	Item Description			•
		+	-	
		+	-	
		+	)-	
		+	)-	
		+	)-	
		+	)-	
		+	)-	
		+	)-	
Must be a dollar amount.				
4			•	

Add More

Must be at least 8 rows

# **In-Kind Totals**

**Total In-Kind Income Amount** 

This number/amount is calculated.

#### **Access and Inclusion**

#### \* indicates a required field.

#### Access, Inclusion and Equity

Please outline how your project will ensure that it will be inclusive to all members of the community including those with disabilites, seniors, all genders and people from diverse cultural backgrounds.

\*

# **Required Documents**

# \* indicates a required field.

MANDATORY DOCUMENTS MUST BE INCLUDED FOR YOUR APPLICATION TO BE ELIGIBLE.

If the required documents are not included your application and project will not be eligible for assessment by the assessment panel.

Attach Liquor Licence (if applicable)	Attach a file: Choose Files No file chosen	Select stored file
Attach evidence of your Club's Code of Conduct policy for players, spectators and officials *	Attach a file: Choose Files No file chosen	Select stored file
Attach evidence of a Risk Management Plan *	Attach a file: Choose Files No file chosen	Select stored file
Attach your Club's Access for All policy *	Attach a file: Choose Files No file chosen	Select stored file
Attach volunteers with Working With Children Checks *	Attach a file: Choose Files No file chosen	Select stored file
Attach Financial Information *	Attach a file: Choose Files No file chosen	Select stored file
Attach Certificate of Public Liability Insurance *	Attach a file: Choose Files No file chosen	Select stored file
Attach evidence of the decrease in	Attach a file: Choose Files No file chosen	Select stored file
participation levels of 8-18 year olds over the past 1-3 years (if applicable)	Only relevant to Junior and Youth Participation	
Attach letter of approval from your auspice organisation (if applicable)	Attach a file: Choose Files No file chosen	Select stored file
Attach any plans or drawings (if applicable)	Attach a file: Choose Files No file chosen	Select stored file
Other documents as required	Attach a file: Choose Files No file chosen	Select stored file
Link to organisation website or social media about the project	Must be a URL	

# **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 9700.

#### 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.

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.

Name *	Title	First name	Last name	
	~			
Position				
Organisation *				
Date *				
	Must be a da	te		

#### **Applicant Feedback**

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.

#### Please indicate how you found the online application process:



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.

Info source

How did you find out about this grants round? *	Newspaper Council website	Other website Council Staff	Word of Mouth Radio	Facebook/Social Media Other:
	Clear			

#### © 2013 Greater Shepparton City Council

90 Welsford Street / Locked Bag 1000, Shepparton VIC 3632 Australia Tel +61 3 5832 9700 Fax +61 3 5831 1987 SMS 0427 767 846 NRS 133 677 ABN 59 835 329 843