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Introduction

Before Completing this application

- 1.Please refer to the **Quick Response Grant Program Guidelines**
- 2.If required, discuss your project with the Grants and Funding Officer on 03 9209 6777 or grants@portphillip.vic.gov.au

Completing the application

- Save regularly to avoid losing your work you can return and work on the application any time prior to submission.
- Navigate the form by clicking **Next Page** or **Previous Page** or using the index list.
- Having trouble answering a question? Look below each question for hints to help you answer the question.
- If submitting multiple applications, consider having general information e.g. description about your organisation in a word document to cut and paste into each application.
- When you submit the application, you will receive a confirmation email with a PDF copy of the submitted application.
- After submission, changes can not be made to the application.
- After submission, you can also return to **https://portphillip.smartygrants.com.au** at to view a copy of the submitted application.

Documentation required to be uploaded in this form:

- Public Liability Insurance Certificate of Currency (to the value of \$20 Million)
- Most recent annual report and/or **Profit and Loss Statement**
- If applying as a **Social Enterprise** you will be required to provide certification by <u>Social Traders</u> or evidence that includes:
 - having a defined primary social, cultural or environmental purpose consistent with a public or community benefit, and
 - deriving a substantial portion of their income from trade, and
 - investing efforts and resources into their purpose such that public/community benefit outweighs private benefit.
- If you are applying through an Auspice Organisation you will need a **signed** certification letter from the Auspice
- If applying in partnership, you must attach a **letter of support** from your partnership organisation

Eligibility

* indicates a required field

Eligibility Checklist

Are you a social enterprise, a school, a clauspiced by an incorporated entity? *	harity, an incorporated legal entity or
○ Yes	○ No
Is your organisation a not-for-profit? * ○ Yes	○ No
Can you provide your organisation's ABN ○ Yes	or an auspice ABN? * O No
Is your organisation located within the C ○ Yes	ity of Port Phillip municipality? * O No
Do you have appropriate insurance for th Yes	○ No
Including but not limited to, public liability to the vainsurance, professional indemnity etc	alue of \$20 Million, personal volunteer accident
Has your organisation has complied with submission of a satisfactory project state City of Port Phillip Grants? * *	
○ Yes	○ No
If you answered No to any of the above eligib this application. If you have any questions ple 6777 or grants@portphillip.vic.gov.au	
Child Safe Standards	
The City of Port Phillip has zero tolerance for of Safe organisation. Our commitment is to ensu across our community to safeguard every chil Phillip. All grant applications that work directly to comply with legislation and regulations related to the Working with Children Act 2005 and the the Victorian Child Safe Standards (CSS).	re that a culture of child safety is embedded d and young person accessing City of Port y with children and young people are required
to the satisfaction of the Commission for Child	ards or be actively working towards compliance dren and Young People, will not be eligible to Program. For more information on the Victorian
For more information on how CoPP is creating <u>City of Port Phillip</u> .	a child safe Port Phillip please <u>Contact us -</u>
Will your program or activity work direct ○ Yes	ly with children and young people? *
Does your program / activity comply with ○ Yes	n the Victorian Child Safe Standards? *

Is your program actively working towards compliance to the satisfaction of the

Commission for Children and ○ Yes	d Young people? * O No
If you answered No to either of funding under the Quick Respor	the above two questions unfortunately you are ineligible for use Grant Program.
Applicant Organisation	Details
* indicates a required field	
Applicant Organisation *	Organisation Name
Primary Address *	Address Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
Postal Address *	Address Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
Applicant Organisation Phone Number *	Must be an Australian phone number.
Primary Website	Must be a URL.
Provide a brief description of your organisation? *	Word count: What is its core business? 100 words or less
Name of contact person *	First Name Last Name
Position held within organisation *	
Contact Telephone	

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Applicant Mobile Phone Number *	Must be an Australian phone number	r.		
Email Address *				
Does your organisation comply with the following Australian and Federal legislation? *	 □ Accounting and Auditing Requirements □ Equal Opportunity and Anti-Discrimination Laws □ Human Rights Laws □ Privacy, confidentiality and Freedom of Information Laws □ Registration or Accreditation of Professional Employees □ Preparation and Dissemination of Annual Reports □ Child Safe Standards You may tick multiple answers. Please tick those that apply. 			
Are you applying as: *	A social enterprise or incorpoAuspiced by an incorporated			
Social Enterprise or Incorp	oorated Organisations			
What is your organisation's Australian Corporation Number (ACN)	Must be an ACN https://abr.business.	.gov.au <u>/</u>		
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 Busi	iness Register		
	ABN			
	Entity name			
	ABN status Entity type			
	Goods & Services Tax (GST)			
	DGR Endorsed			
	ATO Charity Type	More information		
	ACNC Registration			

Must be an ABN.

Tax Concessions

Main business location

Auspice Organisation Details

* indicates a required field			
Auspice Organisation *	Organisation Name		
Auspice Postal Address *	Address Line 1, Suburb/Too Country are required.	wn, State/Province, Post	code, and
Has the Auspice Organisation agreed to manage the grant? *	○ Yes	○ No	
Signed certification letter from Auspice Organisation *	Attach a file:		
Auspice Contact Person *	First Name L	ast Name	
Auspice Contact Person Position *			
Auspice Contact Person Office Phone Number *	Must be an Australian phor	ne number.	
Auspice Contact Person Office Email *	Must be an email address.		
What is the auspice's Australian Corporation Number (ACN)	Must be an ACN https://abi	r.business.gov.au/	
Auspice ABN *			
	The ABN provided will be information. Click Looku entered the ABN correct	ip above to check tha	
	Information from the Aust	ralian Business Register	
	ABN		
	Entity name		
	ABN status		
	Entity type		

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Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	
Must be an ABN.	

Project Details

* indicates a required field

Project Title *			
Brief description of the project *			
	description that if such	n 30 words. Please processful we can use it le: who, what, where a	to promote your
Where will the proposed project / program primary activities take place? *	☐ Online ☐ Albert Park / Middle Park ☐ East St Kilda / Balaclava ☐ Elwood/ Ripponlea If your project is taking type the suburb in 'o	Neighbourhood	□ Whole of PortPhillip□ Other:
Project Start Date *	Must be a date. Projects must start n application	o earlier than 8 weeks	from time of
Project End Date *	Must be a date and n	no later than 30/11/202	25

Council Priorities and Program Objectives

* indicates a required field

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Please indicate which of the following Council Priorities the project aligns with (you may select more than one):

Inclusive Port Phillip O Port Phillip is a place for all members of our community, where people feel supported, and comfortable being themselves and expressing their identities.Port Phillip is more accessible and welcoming for people of all ages, backgrounds and abilities **Liveable Port Phillip** O Port Phillip is a great place to live, where our community has access to high quality public spaces, development and growth are well managed, and it is safer and easier to connect and travel within. **Sustainable Port Phillip** O Port Phillip has a sustainable future, where our community benefits from living in a bayside city that is cleaner, greener, cooler and more beautiful. The importance of action in this area is emphasised by Council declaring a Climate Emergency in 2019. **Vibrant Port Phillip** O Port Phillip has a flourishing economy, where our community and local social enterprise thrive, and we maintain and enhance our reputation as one of Melbourne's cultural and creative hubs.

How will the project align with Council's funding priority/ priorities selected? *

Must be no more than 150 words.

Word count:

Must be no more than 100 words. Describe how your project aligns with the Council Priorities selected.

Please indicate the primary objective your project aligns with: *

- O Support programs and projects that increase social connection and participation, particularly for marginalised, vulnerable and disadvantaged cohorts.
- O Support programs and projects that enhance, beautify and celebrate our neighbourhoods' character.
- O Support sustainability initiatives that maximise reuse and recycling opportunities and supports the circular economy.
- O Support economic and creative initiatives that encourages access to employment and education.

How will the project align with the primary program objective	* ?د
Word count:	

Please indicate the secondary objective your project aligns with (optional):

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0	Support	programs	and project	cts that inc	rease soc	ial connection	and p	articipation,
par	ticularly	for margin	alised, vul	nerable ar	ıd disadva	ntaged cohor	ts.	

- O Support programs and projects that enhance, beautify and celebrate our neighbourhoods' character.
- O Support sustainability initiatives that maximise reuse and recycling opportunities and supports the circular economy.
- O Support economic and creative initiatives that encourages access to employment and education.

How will the project align with the secondary program object	ctive?

Word count:

Must be no more than 150 words.

Project Proposal

* indicates a required field

Plea	se	provi	de an	over	view	of the	proje	ct: *	

Word count:

Must be no more than 200 words.

For example: what, when, who, why, where and how

What are the expected benefits this project will deliver to the City of Port Phillip community? *

Word count:

Must be no more than 100 words.

Demonstrated need for the project

Why is this project needed? How did you identify this need? *

Word count:

Must be no more than 100 words. Have you consulted with the community? How does your project link to Council's priorites?

Why is the program, project or event required to be funded through the Quick Response Grant Program? *

Word count:

Must be no more than 150 words. Please provide reasoning for applying under this program rather than other Council grant programs. Have you considered

	whether your project aligns with other program's objectives and timelines?		
Participation			
What age groups will your project participants be in? *	 ☐ Children and Youth (0 - 17) ☐ Young Adults (12 - 25) ☐ Middle-Aged Adults (18 - 49) You may select more than one of the control of t	☐ Older Adults (50 - 64) ☐ Seniors (65+) ☐ All or Mixed Age Groups	
Who are your primary targeted project participants? *	 □ Older people □ People who identify as LGBTIQ+ □ People with a disability □ People from multicultural backgrounds 	☐ First Peoples ☐ People at risk of or experiencing homelessness ☐ Other:	
What strategies will			
you use to engage participants? *			
Word count: Must be no more than 100 words.			
From which suburbs do you expect project participants to come from? *	 □ Port Melbourne □ South Melbourne □ Elwood / Ripponlea □ Albert Park / Middle Park 	 □ East St Kilda / Balaclava □ St Kilda Road Neighbourhood □ Whole of Port Phillip □ Other: 	
	☐ St Kilda You may select multiple answer	S.	
How many people will participate in this project? *	Must be a number.		
How many participants will be Port Phillip residents? *	Must be a number.		
	* This space must be completed for your application to be processed.		
Environmental Sustainabi	lity		
How will you incorporate recy	cle, reduce and reuse initi	atives into your project? *	

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Word count:

Must be no more than 100 words.

Planning and Management

* indicates a required field

Project Planning

How will the project/ program be planned, managed and implemented? *

How will you ensure that your project is accessible and inclusive for all participants? *

Word count:

Must be no more than 200 words.

Word count:

Must be no more than 150 words. e.g cost, physical access, translation, safe & welcoming spaces

Milestones

Please outline the top three milestones of the project/program.

Milestone name Milestone 1 Name *	Milestone Description Milestone 1 Description *	Milestone Milestone 1 Expected Completion Date *
Example Planning; Major Activities; Evaluation	Brief overview no more than 50 words.	Must be a date.
		Milestone 2 Expected Completion Date
Milestone 2 Name	Milestone 2 Description	
Example Planning; Major	Brief overview no more than 50	Must be a date.
Activities; Evaluation	words.	Milestone 3 Expected Completion Date
Milestone 3 Name	Milestone 3 Description	Must be a date.
Example Planning; Major Activities; Evaluation	Brief overview no more than 50 words.	riase se a date.

Evaluation

How will you know whether you have achieved the project aim and outcomes? *

Word count:

Must be no more than 100 words.

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Project Budget

* indicates a required field

Grant Request

Your project income budget will include details of all proposed project income e.g. ticket sales, grants etc.

Applicants will then specify which items of expenditure City of Port Phillip grant money will be used for.

There are many resources that can help you with writing a budget including Our Community Website

Total cost of this project? *	\$ Must be a dollar amount	
Funding sought from Port Phillip Quick Response Grant Program for the project? *	\$ Must be a dollar amount and no	o more than 2000.
What is the minimum amount of Port Phillip funding required for the project's viability? *	\$ Must be a dollar amount.	
If your organisation is offered funding less than the amount you have requested would you be able to proceed with your project? *	○ Yes	○ No
If yes, please provide information where		
program costs and/or outcomes may vary.	Word count: Must be no more than 100 word If No please advise not applicab	
Does your project involve volunteers? *	○ Yes	○ No
Volunteers		
Total estimated number of ve	olunteer hours:	
Must be a number.		

Total value of volunteer contribution:

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\$			
Ψ			

This number/amount is calculated.

\$28 per hour. Volunteer hours are to be included as inkind contributions in both the income and expense budgets

In kind contributions: What is your organisation's contribution to this project? *

Word count:

Must be no more than 100 words.

In-kind contribution is the 'non cash' contribution made by the applicant that can be allocated a financial value, e.g. a venue, transportation etc. In kind contributions are to be listed in the income and expenditure budgets.

Project Income

Please list all income, including funding sought from CoPP and in-kind contributions for this project.

Income	\$
	\$
	\$
	\$
Please indicate if any other income is confirmed	Must be a dollar amount.
(C) or not confirmed (NC)	

Expenditure - City of Port Phillip Grant Funding Only

Please list only the items and amounts you intend to spend **City of Port Phillip grant funding on**. Other project expenditure to be provided in the next section

- If successful this table will be included in your grant agreement.
- Please provide a clear breakdown of items for example
- ✓ promotional costs \$500
- ✓ facilitator fees (2x workshops @ \$600 each) \$1,200
- ✓ transport costs \$300

Expenditure	\$
	\$
	\$
	\$
	Must be a dollar amount.

Expenditure - Other Funding

Please outline other project costs that will be incurred but you will not spend City of Port Phillip grant funding on

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applicable)

Expenditure		\$			
		\$			
		\$ \$			
		Τ			
Budget Totals					
The below totals are calcul	lated fro	om figures you have	entere	d above.	
Income - Expenditure =	Balan	ce			
 The balance must equivalence please check your figure 		you will not be able	to subi	mit. If your balance	es are not 0
Income		Expenditure		Balance	
\$	\$	ii Experiore		\$	
This number/amount is calculated.		s number/amount is culated.		This number/amoun calculated.	it is
Documentation					
* indicates a required field					
indicates a required field					
Please upload the following	g inform	nation relating to you	ır orgaı	nisation:	
Most recent annual		Attach a file:			
report or annual statement/ financial					
statement submitted to Consumer Affairs *	•				
Public liability insurance	e	Attach a file:			
certificate (to the value					
of \$20 Million) *					
Any other relevant		Attach a file:			
insurance such as volunteer insurance,					
professional indemnity etc.					
Rules of Association		Attach a file:			
(required if applying for the first time)					
Evidence of Social		Attach a file:			
Enterprise Status (if		, teach a mer			

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Auspice agreement (if applicable)	Attach a file:
Letter of Support (if applicable)	Attach a file:
Any other documentation supporting the application.	Attach a file:

Declaration

* indicates a required field

I certify that all details supplied in this application form and in the 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/committee of the applicant organisation.

I have read the Quick Response Grants Guidelines and understand the information contained within it forms part of the conditions of payment if this application is successful.

I agree to contact the City of Port Phillip in the event that any information regarding this application changes or is found to be incorrect.

Declaration of Contact	Title	First Name	Last Name	
Person *				
Do you agree with the above statement *	○ lag	ıree		

The personal information requested on this form is being collected by the council for the Quick Response Grants Program. The personal information will be used solely by the council for that primary purpose or directly related purposes. If this information is not collected the Community Grant application will not be considered eligible, and therefore will not be considered during the assessment process. The applicant understands that the personal information provided is for the verification of Quick Response Grants application and correspondence purposes and that he or she may apply to the council for access to and/or amendment of the information. Requests for access and or correction should be made to Council's Information Privacy Officer.

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Applicant Feedback

* indicates a required field How did you hear about ☐ E Bulletin ☐ Email / Newsletter from City of Port Phillip the Community Grants ☐ Council Website Program? * ☐ Other: ☐ Word of Mouth **How can City of Port Phillip Community Grants program be** Word count: improved? Must be no more than 50 words. Any other comments? Word count: Must be no more than 50 words.