Grant conditions

* indicates a required field

About this grant

The Nillumbik Community Fund grant program offers grant funding up to \$5,000.

Before applying applicants must discuss their project idea with a member of the Grants Team via 03 9433 3111 or grants@nillumbik.vic.gov.au

Before applying it is essential to have read the Nillumbik Community Fund Grant Program Guidelines ${\bf *}$

O Yes, I have read the grant guidelines

Nillumbik Community Fund 2025/26 Guidelines

Supporting policies and plans

Council Plan 2021-25

Health and Wellbeing Plan 2021-25

Community Grants Policy

Events Policy

Access, Equity and Inclusion Policy

Climate Action Plan

Child Safety and Wellbeing Policy

Contact details

* indicates a required field

Your name * First Name	Last Name		
Your email *			
Your phone number *			

How do you describe your gender? *

000	Female Male Non-binary Prefer not to say Prefer to self describe
Ple	ease specify *
	our connection to Nillumbik? * Live Work Volunteer Study Play Other:
	ganisation, Community Group, School or Club name * ganisation Name
O O O O Un	Pganisation type: * Not-for-profit incorporated organisation School (kindergarten to year 12) Unincorporated (auspiced) Individual (auspiced) Commercial business (auspiced) incorporated for profit organisations, artists, individuals and local businesses must partner with an gible not-for-profit incorporated organisation
to	auspice arrangement is when an eligible organisation assists a smaller organisation fund a grant activity or event. The eligible organisation is known as the auspice ganisation. Your organisation is known as the grant recipient.
co	e <u>Community and Services Directory</u> provides information about a wide range of mmunity organisations, services, groups and clubs that operate within the Shire of llumbik.
Υo	our position *
If a	applying with an auspice type your role in the community
	ganisation, Community Group, School or Club address * Idress

Address Line 1, Suburb/Town, State/Province, and Postcode are required. If applying as an individual type your address
Organisation, Community Group, School or Club email
Partnered not-for-profit incorporated organisation (Auspice) details
Partner (Auspice) name * Organisation Name
Partner(Auspice) address * Address
Address Line 1, Suburb/Town, State/Province, and Postcode are required.
Partner (Auspice) email *
Financial details
Does your incorporated association or auspice have an ABN? * ○ Yes ○ No
If your organisation does not have an ABN, you are required to attach a Statement by a Supplier available from the ATO before submitting this application
ABN of the Incorporated Association or Auspice *
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

ACNC Registration
Tax Concessions

Main business location		
Must be an ABN.		
<u>Download form</u>		
Statement by a Supplier * Attach a file:		
Only required if your organisation or auspice do not have an ABN		
Primary bank account of the Incorporated Association or Auspice * Account Name		
BSB Number Account Number		
Project overview		
* indicates a required field		
What type of activity is this project primarily? * Arts & Culture Community Development Cultural Diversity Emergency Management Environment Event First Nations Older People Placemaking Positive Ageing Pride Sport, Recreation and/or Leisure Youth		
Project name *		
This name will be used to identify and promote the project if successful		
Brief description of the project for use in promotional materials if successful *		
Word count: Must be no more than 50 words.		

Summarise the project and what will be achieved.

Project start date *	
Project end date *	
Where will this activity, proj	ect or event take place? *
Include relevant venue information	or township
Has this activity, project or ogrant previously? *	event been funded by a Nillumbik Community Fund
○ Yes	○ No
Provide the name of the Cou	incil Officer you spoke to about this activity *
If you are unsure of their name, pro Day about event resources)	ovide detail about the conversation (i.e. spoke at the Information
If your group or organisation will benefit the Nillumbik co	n is not based in Nillumbik, state how your activity mmunity
Describe the innovative elements the activity, project or events	nent or point of difference/value add of this version of t *
How would this project posit	tively impact our First Nations community? *

Assessment criteria - Evidence of capacity to deliver the project 5%

Provide a detailed description of the project and its planned activities *

^{*} indicates a required field

Word count: Must be no more than 300 words. Describe the specific activities that will take place, including if they will be free or ticketed for attendees		
Describe the capacity of your organisation to deliver this project, event or		
activity? *		
Demonstrate your ability to complete this project/event/activity, and if possible, to sustain it in the long term after the grant has ended. (E.g. what have you done in this space previously, or how are you linked to the your target groups)		
Assessment criteria - Reflects and promotes the themes of the Council Plan 2021/25 and objectives of the Health and Wellbeing Plan 2021/25 35%		
* indicates a required field		
This program aims to reflect and promote objectives from both the <u>Council Plan</u> 2021-25 and our <u>Health and Wellbeing Plan 2021-25</u> . As we aim to fund activities that will have the greatest positive impact in Nillumbik, applicants are encouraged to demonstrate how their proposed project will align with these plans.		
To which of the following Council Plan Themes and Objectives does your project		
align? * ☐ Community & Connection - To encourage inclusion and participation to support health and wellbeing and ensure that all our residents have equitable access to services, programs, events and initiatives ☐ Place & Space - To protect, enhance, maintain plan and design places and spaces that		
strengthen identity, reinforce character, improve accessibility, encourage social connection and enjoyment, support biodiversity and respect the environment Sustainable & Resilient - To manage and adapt to changing circumstances that affect our community to ensure it remains sustainable and resilient, both now and into the future Responsible & Accountable - To facilitate the best possible outcomes for our community by demonstrating strong leadership and working actively to achieve the community's objectives		
Select only those that apply		

To which of the following Health and Wellbeing Priorities does your project align?		
□ Social inclusion and connection		
 □ Community and climate resilience □ Gender equality and prevention of family violence 		
□ Physical activity		
□ Food (including healthy, affordable and sustainable)□ Reducing harm from alcohol, other drugs and gambling		
Select only those that apply		
Explain how your project will support the themes, objectives and priorities you selected above? *		
Include details about the impacts of the project over the period of funding		
Assessment criteria - Addresses an evidence based community need 25%		
* indicates a required field		
Why is this project needed? *		
Consider the extent of community need and benefit that would be displayed, and/or the level of positive impact on the local community		
Select up to three of the following outcomes that best describe how this project		
will improve community connections, activate local spaces, and/or build capacity in Nillumbik *		
☐ Helps build a friendly and welcoming neighbourhood		
☐ Improves the physical environment of the local area☐ Supports new activities in a public place		
□ Contributes to making our townships vibrant		
 □ Increases opportunities for social connection □ Increases the number of community members who feel safe, included and/or welcome to 		
participate in community life		
□ Promotes a sense of belonging□ Is a collaborative community project		
☐ Strengthens the capacity of the Nillumbik community		
☐ Supports innovation☐ Other:		

At least 1 choice and no more than 3 choices may be selected.				
Describe how this project will achieve the selected outcomes *				
Assessment criteria - Increases community participation,				
particularly through diversity and inclusion 20%				
* indicates a required field				
How many people do you expect will participate and/or attend? *				
now many people do you expect will participate and/or attend:				
Select up to three of the priority groups identified in Council's Access, Equity and				
Inclusion policy that this project will primarily target *				
☐ Carers ☐ Children and young people				
☐ Cultural and linguistically diverse people☐ First Nations People				
□ LGBTIQA+ communities□ Gender diverse people				
 □ Older people □ People experiencing financial insecurity 				
☐ People who live rurally or are geographically isolated				
People with a disability, chronic disease and/or mental illnessRefugees and people seeking asylum				
□ Women and girls□ Not applicable				
No more than 3 choices may be selected. https://www.nillumbik.vic.gov.au/Community/Community-development/Community-Toolkit/Access-				
<u>equity-and-inclusion</u>				
Describe how this project will increase community participation, particularly				
Describe how this project will increase community participation, particularly through the diversity and inclusion of the priority groups selected above *				

Include how the project will encourage respect and greater understanding of one another, and/or encourage community to support and/or celebrate the diverse cultures that are represented by the people living in Nillumbik

Assessment criteria - Demonstrated engagement with local community groups, artists, businesses and/or residents in delivery of the project 10%

* indicates a required field

List all partner organisations or groups involved in the project, as well as their roles and responsibilities and contribution to the project. *		
Include financial, in kind, resources etc.		
How will this project encourage local tourism and/or provide benefits to local businesses or residents in Nillumbik? *		
Assessment criteria - Financials and budget 5%		
* indicates a required field		
Total amount requested *		
\$ What is the total financial support (GST exclusive) you are requesting in this application?		
Total project cost *		
\$ What is the total budgeted cost (GST exclusive) of your project?		
Is there a cost to participants to undertake your activity? *		
O Yes O No O Gold coin donation Activities that are fully ticketed with no free or heavily subsidised component will not be considered		
How much will participants be charged? *		
Must be a dollar amount. (GST Inclusive)		
Which components will be free, or how will they be heavily subsidized? *		

Income

Provide a breakdown of all income sources related to the project. Examples of income should include: amount requested under this grant, other grant funding, organisation funds, expected participation/entry fees to cover expenditure, etc.

• Mark income as **C** (confirmed) or **NC** (not confirmed)

Income	\$ (GST exclusive)	Status
Nillumbik Community Fund Grant	\$	Confirmed
		Not Confirmed
	\$	
	\$	

Expenditure

Identify how you will spend all of the income listed above towards your project.

- Your budget needs to reflect all the costs associated with the project excluding GST
- Include any costs for equipment, services, venue hire or permits based on quotes
- Quotes are required for all items over \$1,000

Expenditure	\$ (GST exclusive)	Income
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Budget total

The total income must equal the total expenditure of the project

Total Income Amount	Total Expenditure Amount	= Income - Expenditure	
\$	\$	\$	
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated. Must be \$0	

In-kind contributions

List any support being provided by your organisation or other organisations in-kind here, and give an estimated value for this support. Estimate how much you would have to pay for these goods or services if they were not being provided free of charge. For example, volunteer time could be calculated at a rate of \$25 per hour, or at \$35 per hour for skilled tasks.

Examples of in-kind contributions might include: free use of a venue, administrative support, volunteer time, donated refreshments, or any other donated goods or services.

\$ Value

in-kina contribution	y value
	\$
	\$
	\$
	\$
Total in-kind contribution	
\$	
This number/amount is calculated.	
	he full funding requested can the project go
ahead? *	
○ Yes	○ No
Partial funding amount required to	deliver project *
\$	
Must be a dollar amount.	
(GST exclusive)	
(55.5 5.15.55.7)	
If your project can proceed with par	rtial funding, which items identified in your
budget are a priority? *	in the same of the
and a promy.	
Provide details of the minimum items require be delivered	ed and what you would change to ensure the project could

Attachments

In-kind contribution

* indicates a required field

Required supporting material

Quotes for services or products over \$1,000 are required Attach a file:

Overton can be written accounted incomes from catalogues or online stores, or correspond to from a
Quotes can be written, scanned images from catalogues or online stores, or screenshots from a website or online shopping cart
Public Liability Insurance Certificate Attach a file:
You must have public liability insurance to a minimum value of \$10 million on commencement of the project
If you do not hold current Public Liability Insurance:
 Applications may be submitted without current Public Liability Insurance on the condition that if the grant is successful insurance is purchased and a Certificate of Currency is provided
 You should apply through an auspice organisation if your group does not wish to
 purchase insurance Or you may be eligible for coverage under <u>Councils Community Liability insurance</u> if your activity is entirely held in a Council venue.
Auspicing organisation letter of support *
Attach a file:
Additional supporting material (if available)
Other supporting materials Attach a file:
Multiple files can be attached

Privacy statement, declaration and your feedback

* indicates a required field

Privacy statement

Nillumbik Shire Council is collecting your personal information for the purpose of registering and assessing your Grant application.

The information you provide will be used for this purpose or a directly related secondary purpose. This information will only be disclosed to third parties if we are permitted to, required to by law, or if Council uses an external panel to assess the Grant applications.

If you do not provide the requested information or it is only provided in part, we may be unable to accept or consider your application.

You may access the personal information that Council holds about you by contacting Council's Privacy Officer on 9433 3271 or privacy@nillumbik.vic.gov.au

Declaration

I certify that: *				
☐ I have read and und	derstand the terms and conditions in the Grant Guidelines;			
	☐ I have discussed this project with a Council Officer;			
correct to the best of m	in this application form and in any attached documents are true and			
	s been submitted with the full knowledge and agreement of the			
	mmunity group, organisation or auspice partner;			
	I necessary approvals and permits are obtained prior to my project or			
event taking place;	Nillumbik Shire Council approves a grant, I will be required to accept			
	rant in accordance with Nillumbik Shire Council requirements;			
	Nillumbik Shire Council approves a grant, I will be required to submit			
	ation to Council post delivery of the project;			
for the proposal in this	illumbik Shire Council does not accept any liability or responsibility application and that it is the responsibility of the applicant or their ovide appropriate insurance cover; and,			
	ease of project information in this application for promotional and			
	levant to Nillumbik Shire Council.			
All of the above must be o	checked			
Authorised Person's	Nama *			
	Last Name			
Date of Declaration *	k			
Must be a date.				
Mast be a date.				
Feedback				
TI : :				
	pplication. We would value your feedback regarding our online grants is information will not in any way be used to assess your application.			
	you have applied for a grant with Nillumbik Shire Council?			
○ Yes	○ No			
How satisfied are vo	u with our application process?			
Very satisfied				
 Satisfied 				
O Neither satisfied or	disatisfied			
DissatisfiedVery dissatisfied				
Very dissutisfied				
Do you have any con	nments about our application process?			
E.G. What worked well, or	what could be improved?			

Ho	w did you hear about Council's grant program?
	Nillumbik Council website
	Council Officer
	Social media
	Network/Newsletter
	Nillumbik News
	Local media
	Word of mouth
	Other: