#### Grant conditions

\* indicates a required field

### About this grant

This program offers grant funding up to \$4,500 from a grant pool of \$20,000, to support and encourage placemaking activities in Nillumbik.

Before applying applicants must talk through their place activation idea with a relevant Council Officer before applying.

Contact Council's Place team via 03 9433 3111 or place@nillumbik.vic.gov.au

### Before applying it is essential to have read the Place Activation and Event Grant Program Guidelines \*

Yes, I have read the grant guidelines

insert link to guidelines

Place Activation and Event Grant Program Guidelines

### Supporting policies and plans

Council Plan 2021-2025

Economic Development Strategy 2020-2030

Health and Wellbeing Plan 2021-2025

Community Vision - Nillumbik 2040

Access, Equity and Inclusion Policy

Child Safety and Wellbeing Policy

Climate Action Plan 2022-2032

Community Grants Policy

**Events Policy** 

#### Contact details

\* indicates a required field

| Your name * |           |
|-------------|-----------|
| First Name  | Last Name |
|             |           |
|             |           |

Your email \*

| Yo         | our phone number *  |
|------------|---|
|            |   |
| 00000      | Female Male Non-binary Prefer not to say Prefer to self describe  |
| Ple        | ease specify *  |
|            |   |
| ٧a         | our connection to Nillumbik? *  |
|            | Live<br>Work<br>Volunteer<br>Study<br>Play<br>Other:  |
| Or         | rappisation name *  |
|            | ganisation name *<br>ganisation Name  |
|            |   |
| O O O O Un | Rganisation type: * Not-for-profit incorporated organisation School (kindergarten to year 12) Unincorporated (auspiced) Individual (auspiced) Commercial business (auspiced) incorporated for profit organisations, local left-for-profit incorporated organisation |
| Yo         | our position *  |
|            | -   |
| If a       | applying with an auspice type your role in th   |
|            | ganisation address *<br>dress   |
|            |   |
|            |   |

| Address Line 1, Suburb/Town, State/Provin If applying as an individual type your address    |  |
|---|--|
| Organisation email  |  |
|   |  |
| Partnered not-for-profit incorp   | oorated organisation (Auspice) details   |
| Partner (Auspice) name * Organisation Name  |  |
|   |  |
| Partner(Auspice) address * Address  |  |
| Address Line 1, Suburb/Town, State/Proving  | ce, and Postcode are required.   |
| Partner (Auspice) email *   |  |
|   |  |
| Financial Details   |  |
| Does your incorporated associatio   | n or auspice have an ABN? *  |
| O Yes If your organisation does not have an ABN, available from the ATO before submitting t | O <b>No</b> you are required to attach a Statement by a Supplier this application. |
| ABN of the Incorporated Association   | on or Auspice *  |
| The ABN provided will be used to look check that you have entered the ABN                   | up the following information. Click Lookup above to correctly.                     |
| Information from the Australian Business F  | Register   |
| ABN   |  |
| Entity name   |  |
| ABN status  |  |
| Entity type   |  |
| Goods & Services Tax (GST)  |  |
| DGR Endorsed  |  |
| ATO Charity Type More   | <u>information</u>   |
| ACNC Registration   |  |

Tax Concessions

| Main business location  |
|---|
| Must be an ABN.   |
|   |
| <u>Download form</u>  |
| Statement by a Supplier * Attach a file:  |
| 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  |
| Account Name  |
| BSB Number Account Number   |
|   |
|   |
| Project overview  |
| * indicates a required field  |
| Paralle at the same of  |
| Project name *  |
| This name will be used to identify and promote the project if successful        |
| Provide a 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 *  |
|   |
| Whose will this project or petivity he hold?                                    |
| Where will this project or activity be held? *                                  |
|   |
| Include relevant venue information or township                                  |

| Provide the name of the Council Officer you spoke to about this project *  |
|--|
|  |
| If you are unsure of their name, provide detail about the conversation (i.e. spoke at the Information session about event resources)   |
| Assessment criteria - Organisational capacity 10%  |
| * indicates a required field   |
| Provide a detailed description of the project and planned activities *   |
|  |
|  |
|  |
| 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? *  |
|  |
| Demonstrate your event management/production capacity, skills and experience to deliver this event (E.g. what have you done in this space previously, describe strength of your connection and links to target groups) |
| Assessment criteria - Alignment to Council plans and strategies 10%  |
| * indicates a required field   |

With the aim to fund events that will have the greatest positive impact in Nillumbik, applicants must demonstrate how their proposed event will align with one or more Council Plan and Nillumbik Economic Development Strategy objectives, and Health and Wellbeing themes.

### To which of the following Council Plan Themes and Objectives does your project align? \*

 $\square$  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

| strengthen identity, reand enjoyment, supporting and enjoyment, supporting Sustainable & Resour community to ensour community to ensour Responsible & According to the strength of the strengt | einforce character, in<br>ort biodiversity and re-<br>ilient - To manage ar<br>sure it remains sustai<br>countable - To facilita<br>ong leadership and w | nprove accessibility, er<br>espect the environmer<br>nd adapt to changing c<br>inable and resilient, bo | ircumstances that affect<br>th now and into the future<br>utcomes for our community   |
|--|--|---|---|
| project align? *  ☐ Improve economic ☐ Create vibrant act ☐ Facilitate economic green wedge  | development practicity centres and emically and environme  | ces and programs to a<br>ployment precincts in<br>ntally sustainable use                                | y objectives does your ssist local businesses Eltham and Diamond Creek of land within the Shire's al and cultural strengths |
| address? *  ☐ Social inclusion ar  ☐ Community and cl  ☐ Gender equality a  ☐ Physical activity  ☐ Food  ☐ Reducing harm from  | nd connection<br>limate resilience<br>nd prevention of fam<br>om alcohol, other dru  | nily violence<br>ngs and gambling   | es your project seek to   |
| Include details about the  | e impacts of the project   | t activities over the perio   | d of funding  |
| Assessment crit  |  | c impact, attend  | ance and  |
| * indicates a required   | field  |   |   |
| How many participa   | ants are anticipate  | d? *  |   |
| What percentage of local to Nillumbik?  O Less than 50%  |  | I suppliers (both pai   | d and in-kind) will be  |

| List all organisations or groups involved in the event, as well as their roles and responsibilities and contribution to the project. *  |
|---|
|   |
| Include financial, in-kind, and other resources contributed, and expected involvement of the Nillumbi tourism or business community   |
| Describe the extent to which this project will encourage direct tourism and economic benefit to Nillumbik? *  |
|   |
| Assessment criteria - Increases community participation, particularly through diversity and inclusion 25%   |
| * indicates a required field  |
| Select up to three of the priority groups identified in Council's Access, Equity an 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 illness   Refugees 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- |

How will this project will increase community participation, particularly through the diversity and inclusion of the priority groups selected above  ${\color{red}^*}$ 

| i.e. What specific activities will you do to promote diversity and inclusion accross the selected prority groups?   |
|---|
| Assessment criteria - Place Activation 20%  |
| * 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 enhance the appeal and functionality of public spaces within Nillumbik to increase community use and social connection *  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 - Budget 10%

#### \* indicates a required field

| Total amount requested *  |
|---|
| \$  |
| What is the total financial support you are requesting in this application? |
| Total project cost *  |
| \$  |
| What is the total budgeted cost (dollars) of your project?                  |
| Total Co-contribution *   |
|   |
| Must be a dollar amount.  |
| Will there be a cost to participants? *                                     |
| ○ Yes ○ No ○ Gold coin donation   |
| Projects without some free component will not be considered                 |
| How much will participants be charged? *                                    |
| \$  |
| Must be a dollar amount.  |
| Which components will be free, or how will they be heavily subsidized? *    |
|   |
|   |
|   |

#### Income

Please 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                       | \$<br>Status                     |
|------------------------------|----------------------------------|
| Small Place Activation Grant | \$<br>Confirmed<br>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 | \$<br>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.

| In-kind contribution | \$ Value |
|----------------------|----------|
|                      | \$       |
|                      | \$       |
|                      | \$       |
|                      | \$       |

| Tota | ıi la | n-kir | nd c | ont | rih | utio | n |
|------|-------|-------|------|-----|-----|------|---|
|      |       |       |      |     |     |      |   |

\$

This number/amount is calculated.

| If Council council and the council of the county with the full founding we would the county we                    |                      |  |  |  |  |  |
|---|----------------------|--|--|--|--|--|
| If Council cannot provide you with the full funding requested could ahead? *                                      | i the event go       |  |  |  |  |  |
| ○ Yes ○ No  |                      |  |  |  |  |  |
|   |                      |  |  |  |  |  |
| Partial funding amount required to deliver the project *  |                      |  |  |  |  |  |
| \$  |                      |  |  |  |  |  |
| Must be a dollar amount.  |                      |  |  |  |  |  |
| If the project can proceed with partial funding, which items identified in your budget are a priority? *          |                      |  |  |  |  |  |
|   |                      |  |  |  |  |  |
|   |                      |  |  |  |  |  |
|   |                      |  |  |  |  |  |
| Provide details of the minimum items required and what you would change to ensube delivered                       | re the project could |  |  |  |  |  |
| Attachments   |                      |  |  |  |  |  |
| * indicates a required field  |                      |  |  |  |  |  |
| Required supporting material  |                      |  |  |  |  |  |
| mequile supporting material   |                      |  |  |  |  |  |
| Quotes for services or products over \$1,000 are required Attach a file:  |                      |  |  |  |  |  |
| Attach a me.  |                      |  |  |  |  |  |
| Quotes can be written, scanned images from catalogues or online stores, or screen website or online shopping cart | shots from a         |  |  |  |  |  |
| Public Liability Insurance Certificate Attach a file:   |                      |  |  |  |  |  |
|   |                      |  |  |  |  |  |
| You must have public liability insurance to a minimum value of \$10 million on commevent                          | nencement of the     |  |  |  |  |  |
|   |                      |  |  |  |  |  |

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 event will entirely be 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 <a href="mailto:privacy@nillumbik.vic.gov.au">privacy@nillumbik.vic.gov.au</a>  |
| Declaration  |
| <ul> <li>I certify that: *</li> <li>☐ I have read and understand the terms and conditions in the Grant Guidelines;</li> <li>☐ I have discussed this project with a Council Officer;</li> <li>☐ All details supplied in this application form and in any attached documents are true and correct to the best of my knowledge;</li> <li>☐ This application has been submitted with the full knowledge and agreement of the management of the community group, organisation or auspice partner;</li> <li>☐ I agree to ensure all necessary approvals and permits are obtained prior to my project of event taking place;</li> </ul> |
| ☐ I understand that if Nillumbik Shire Council approves a grant, I will be required to accept the conditions of the grant in accordance with Nillumbik Shire Council requirements;   |

☐ I understand that if Nillumbik Shire Council approves a grant, I will be required to submit

☐ I understand that Nillumbik Shire Council does not accept any liability or responsibility for the proposal in this application and that it is the responsibility of the applicant or their

an acquittal and evaluation to Council post delivery of the project;

auspicing sponsor to provide appropriate insurance cover; and,

| eval              |   | levant to Nillumbik Sh              | ation in this application<br>ire Council. | for promotional and                                   |
|-------------------|---|-------------------------------------|---|---|
| Autl              | horised Person's  | Name *                              |   |   |
| First             | Name  | Last Name                           |   |   |
|                   |   |                                     |   |   |
| Date              | e of Declaration  | *                                   |   |   |
| Must              | be a date.  |                                     |   |   |
| Fee               | edback  |                                     |   |   |
|                   |   |                                     |   | garding our online grants<br>assess your application. |
| Is th             |   | you have applied fo                 | or a grant with Nillum<br>No              | nbik Shire Council?                                   |
| 0 \<br>0 S<br>0 N | v satisfied are yo<br>Very satisfied<br>Satisfied<br>Neither satisfied or<br>Dissatisfied<br>Very dissatisfied  | u with our applicati<br>disatisfied | on process?                               |   |
| Doy               | you have any cor  | nments about our a                  | pplication process?                       |   |
| E.G.              | What worked well, o   | r what could be improved            | 1?  |   |
|                   | v did you hear ab<br>Nillumbik Council w<br>Council Officer<br>Social media<br>Network/Newslette<br>Nillumbik News<br>Local media<br>Word of mouth<br>ther: |                                     | program?                                  |   |
|                   |   |                                     |   |   |