

# Minor Grant Program Application Form 2024-2025

## Form Preview

### MINOR GRANTS PROGRAM APPLICATION FORM

\* indicates a required field

#### Minor Grants Information

**To be eligible for a Minor Grant, applying organisations must:**

- Provide services, projects and programs that directly benefit residents of the City of Knox.
- Be a not-for-profit legal entity that provides services, support or activities to the Knox community (or auspiced by an incorporated body or other not-for-profit legal entity).
- Have an Australian Business Number or complete a Statement by Supplier form.
- Have a Committee of Management or similar governing body that accepts responsibility for the administration of the Grant.
- Hold adequate public liability insurance appropriate to the activity outlined in the application.

Your project start date must be after the Council meeting date where your application is being presented for approval. Projects that are due to begin before the Council meeting date at which they're being presented will not be considered.

Submission deadlineCouncil meeting date

5 July 202422 July 2024

9 August 202426 August 2024

6 September 202423 September 2024

OctoberNo Council Meeting in October

8 November 202425 November 2024

29 November 202416 December 2024

Application Amount	Incorporated or Auspiced?	Assessment & Determination	Acquittal
< \$500	Yes	Assessed and determined by the CEO or delegate.	Proof of expenditure / purchase (i.e.receipt).
\$501 to \$1,000	Yes	Assessed by the CEO or delegate. Determined by Council at the monthly ordinary meeting of Council.	Proof of expenditure / purchase (i.e. receipt).
\$1,001 to \$3,000	Yes	Assessed by the CEO or delegate. Determined by Council at the monthly ordinary meeting of Council.	Funding Agreement & Acquittal required.

#### Application Category

**Application Amount \***

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☐ < \$500

☐ \$501 to \$1,000

☐ \$1,001 to \$3,000

### APPLICANT DETAILS

\* indicates a required field

#### Applicant Details

**Organisation Name \***

Organisation Name

**Organisation Address \***

Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

**Contact Name**

First Name

Last Name

**Project Contact Address \***

Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

**Mobile Phone Number \***

Must be an Australian phone number.

**Phone Number**

Must be an Australian phone number.

**Email \***

Must be an email address.

**Committee Secretary (Second Contact Person) \***

First Name

Last Name

**Secretary Mobile Phone Number \***

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Must be an Australian phone number.

### Secretary Email \*

Must be an email address.

### Please provide your 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

provide ABN of auspice organisation if relevant. If no ABN please complete a Statement by Supplier declaration.

### Is your organisation Incorporated? \*

☐ Yes

☐ No

If no, please confirm if you are a registered not-for-profit legal entity

## Incorporation Details

### Please provide your Incorporated number

This can be found on the Consumer Affairs Victoria website

## Committee/Governance Structure

Complete the details of your full committee below:

**Committee Member** **Position**  
**Full Name**

**Email Address**

**Phone Number**

<input type="text"/>	<input type="text"/>	<input type="text"/>	Must be a number.
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**Is your organisation another type of organisation established under an Act passed by the State or Commonwealth (i.e. a registered charity)? \***

☐ Yes ☐ No

If your organisation isn't incorporated and not registered as a not-for-profit (ie. a registered charity), you will require an auspice who is one or both of these things.

### Auspice Details

**Auspice Organisation Name \***

Organisation Name

**Auspice 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

**Auspice Project Contact \***

First Name

Last Name

**Auspice Position \***

**Auspice Phone Number \***

Must be an Australian phone number.

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### Auspice Email \*

Must be an email address.

The auspice organisation must complete an [Auspice Declaration Form](#) and attach below

### Signature of auspice representative - permission required \*

Attach a file:

Please upload signed declaration from auspice representative

## Child Safety

Knox City Council has a zero tolerance for child abuse. Organisations that provide services or facilities for children are required by law to comply with the Victorian Child Safe Standards to safeguard children.

Obligations are detailed on the Commission for Children and Young People (CCYP) website [CCYP | Child Safe Standards](#)

Organisations providing services, facilities or activities for children under 18 must:

- 1.Ensure a representative from your organisation has completed relevant Child Safe Training, and
- 2.Complete a Statutory Declaration regarding compliance with the Victorian Child Safe Standards: [Click here to download Knox City Council Statutory Declaration Template](#)

### Please confirm that your organisation is aware of its obligations as detailed on the Commission for Children and Young People (CCYP) website \*

- ☐ Yes, we are aware of our obligations regarding the new Child Safe Standards that came into effect 1 July 2022 and can meet the requirements relevant to our organisation. We will attach a Statutory Declaration detailing our commitment to ensuring our organisation and all Council funded programs, services, events and/or activities are compliant with the Child Safe standards.
- ☐ Our organisation does not provide any services, facilities or activities for children under 18.

### If you have answered yes to the above, please attach your signed Statutory Declaration here

Attach a file:

## Pre-application contact with Knox City Council

### Have you discussed your application with any Knox Council Officer? If so, please provide details below:

## Community Strengthening e-Bulletin Subscription

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To subscribe to our e-Bulletin containing information on community training, grants and more, please follow the link below:

[Subscribe here](#)

### PROJECT DETAILS

\* indicates a required field

#### Request Details

**Project Title \***

**Project Start Date \***

Must be a date after the Council meeting at which your application is being presented. See dates at beginning of this application for guidance.

**Project End Date \***

Must be a date.

**(a) Briefly describe details of the request: \***

**(b) What community benefit is gained from this project / activity? \***

**How many people who identify as volunteers (including committee members) are currently involved in keeping your group / organisation active? \***

Must be a number

**How many people will directly benefit from or participate in your project / activity? \***

Must be a number

**How many of the above are Knox residents? \***

Must be a number

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### BUDGET

\* indicates a required field

**(c) What is the total cost of the project / activity? \***

\$

Must be a dollar amount.

What is the total budgeted cost (dollars) of your project?

**(d) What amount is being requested? \***

\$

Must be a dollar amount.

What is the total financial support you are requesting in this application?

### Budget

**Income = grant/s requested, contribution from your organisation, ticket sales etc**

**NOTE: total income must match total expenditure**

Income	Income Amount	Expenditure	Expenditure Amount
Please describe income item (ie: council grant, your organisations cash contribution, ticket sales etc	\$AUD	Please describe expenditure item ie: venue hire	\$ AUD
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

### 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.

Must total \$0.00

If your income is only the Minor Grant requested, the below will show \$0 and you will be directed to the following page

**If your only income is only the Minor Grant requested, the total below will be \$0**

\$

This number/amount is calculated.

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Budget - What will you use your Minor Grant request for?

**Quotes/evidence of calculations are required to be attached for each item of expenditure.**

Quotes may be attached next to each line of expenditure, or alternatively, a quote for all items may be attached in the section below.

Quotes may be a formal quotation or a screenshot of items from retailers websites.

Expenditure	Amount	Quotes
Please describe expenditure item	\$ AUD	You can attach quotes here for individual items, or you can attach in bulk below
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

### Additional Quotes and/or Calculations

You can attach any other quotes not attached above here.

#### Additional Quotes

Attach a file:

A minimum of 1 file must be attached.

Quotes must support all expenditure items listed in table above

#### Expenditure Amount from requested grant

If this doesn't total \$0, please adjust your expenditure table to match the grant amount requested.

## ADDITIONAL INFORMATION

\* indicates a required field

### Evidence of Public Liability

**Evidence of current Public Liability Insurance must be supplied \***

Attach a file:

A minimum of 1 file must be attached.



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### Public Liability Expiry Date \*

If the expiry date is prior to project completion date, you may be requested to supply an updated certificate upon renewal

**Please attach any other relevant supporting documentation. This can include:**

- A project plan
- Letters of support
- Any other relevant information you feel is necessary to support your application

### Attach relevant documentation:

Attach a file:

## DECLARATION

\* indicates a required field

### Conflict of Interest

**Do you or member of your organisation have a relationship with a Council staff member or Councillor? \***

☐ Yes ☐ No

A relationship can include a direct relative, member of the household, neighbour, or friend. If you have any queries regarding this, please call Council's Community Partnerships Team on 9298 8000 to discuss.

**Does your organisation have any members who are Council staff members or Councillor? \***

☐ Yes  
☐ No

**Please provide further information**

**I declare that all information within this application is true and correct.**

**If successful the organisation commits to provide an acquittal of all grant funds to Council as outlined in the Minor Grants Program Procedure.**

**Name \***

First Name

Last Name

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**Organisation Name \***

**Position (eg: President, Treasurer) \***

**Declaration Date \***

Must be a date.

### Privacy Statement

The personal information requested in this application form is for the purposes of administering the Minor Grants Program and will only be used by Council for that primary purpose or directly related purposes. Whilst information relating to groups and the specific request/project details will be published, personal information in regards to individuals will not be disclosed except as required by law.