

# Development Support Grant - Application

## Form Preview

### Eligibility

\* indicates a required field

#### Program

This field is read only.

#### Applicants: please note

Before completing this application form, you should have read the [program guidelines](#).

Incomplete applications and/or applications received after the closing date will not be considered.

This section is designed to help you, and us, understand if you are eligible for this grant. It is important that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact the **Community Development Team on 03 5036 2333** or [communitydevelopment@swanhill.vic.gov.au](mailto:communitydevelopment@swanhill.vic.gov.au).

#### Application Number

This field is read only.

#### Confirmation of Eligibility

##### Before proceeding, please confirm the following:

- you have read and understood the program guidelines.
- you are able to demonstrate alignment between your project and the aims of this program.
- your organisation is a not-for-profit organisation.
- your organisation has a formal legal structure or can be auspiced by a community group/organisation that fulfils this requirement (i.e. incorporated or auspiced by an incorporated body) for the purposes of this application.
- your organisation is located within and/or supplies services to the municipality.
- your organisation provides access to Council residents either as members, participants or supporters.
- your organisation is able to demonstrate financial viability.
- your organisation, if previously funded by Council, has satisfactorily fulfilled previous requirements regarding financial acquittal and reporting.
- your organisation has the appropriate type and level of insurance for the activities that are the subject of this grant.
- your organisation is not a government agency (including schools), or an organisation that supports political, religious objectives or promotes gambling, alcohol or drugs (including tobacco).

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- your organisation has not already received funds through other Council programs/ sponsorship for this project.

**You must confirm that all statements above are true and correct. \***

Yes

Please note that if you are unable to answer 'yes ' to the above statements, you are ineligible to apply for this grant.

### What happens with your information?

Information requested on this form is required by Swan Hill Rural City Council in order to process your application. We will handle any personal information you provide on this form in accordance with the Privacy and Data Protection Act 2014. We record this information on our customer databases and make it available to relevant Council staff in line with our [Privacy Statement](#).

You can access your personal information by [contacting our Privacy Officer](#).

## Applicant Details

\* indicates a required field

### Applicant Organisation \*

Organisation Name

Make sure you provide the same name that is listed in official documentation.

### Address \*

Address

  

## Contact Details

### Primary contact \*

First Name

Last Name

### Position held in organisation \*

e.g. President, Secretary, etc

### Phone number \*

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### Email address \*

This is the email we will use to correspond with you about this grant.

## Organisation Details

\* indicates a required field

### What is your organisation's legal structure? \*

- Unincorporated association
- Incorporated association
- Co-operative
- Committee of Management
- Other:

If your organisation is unincorporated you must have an auspice organisation to be eligible for this grant.

### Please provide your ABN and / or Incorporation Number \*

### Is your organisation registered for GST? \*

- Yes  No  Unsure

### What are the objectives of your organisation within the community? \*

Word count:

Include a brief summary of who the organisation is and what they do within the community. No more than 300 words.

### How many members do you have? \*

This number could include Board Members, social members, user groups etc

## Auspice Information

\* indicates a required field

### Auspice Organisation Details

#### Organisation name \*

Organisation Name

Make sure you provide the same name that is listed in official documentation.

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## Address

Address

  

## Primary contact person \*

First Name

Last Name

 

We may contact this person to verify that the auspice arrangement is valid and current.

## Position held in organisation \*

e.g., President, Secretary, etc

## Contact number \*

## Email address \*

## Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. \*

Attach a file:

The letter must be signed by an authorised person (e.g., President, Secretary or Board Chair) and must include: name, position, signature and date.

## Please provide the ABN and / or Incorporation Number \*

## Is the auspice organisation registered for GST? \*

Yes

No

Unsure

## Project

\* indicates a required field

## Project Name \*

Provide a name for your project. Your title should be short but descriptive

## Project Location \*

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**Name of land owner/manager where project will be completed (if applicable)**

**Have you received approval from the land owner/manager for your project \***

Yes  No  N/A

**Please provide a copy of approval letter (if applicable)**

Attach a file:

If successful, grant funds will not be paid until land owner consent is confirmed.

**Please provide a short description of the project, what it will achieve and who will benefit \***

Word count:

Be descriptive, but succinct. Include a brief summary of what the project is, who will benefit and what effects you expect to result from your activities. No more than 300 words.

**Please select the option that best reflects your project \***

- Capital works that add long term value to a community facility
- Structural or minor upgrades to community facilities
- New or upgraded equipment
- Club capacity (club planning and volunteer support programs)
- New programs or activities
- Current OHS or risk management issues
- Other:

**Project start date \***

**Proposed project completion date \***

Project must be completed by 31st May 2027

**Does the project involve building works and/or structural upgrades \***

Yes  No

Building works / upgrades

**Will your project require a permit? \***

Yes  No  Unsure

If successful, funding won't be provided until required permits are approved.

**Please provide any documentation applicable to your project \***

Attach a file:

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eg: Shed plans, site plans, planning permit, building permit, etc

### Please attach a current copy of your Insurance Certificate of Currency \*

Attach a file:

### Supporting documents

### Please attach any letters of support, or additional documents to support your application

Attach a file:

### Please provide images/photos to support your application

Attach a file:

eg: photos of current equipment/facilities in need of upgrade

### If funding request is successful, outline the ways in which your organisation will recognise Councils contribution to the project \*

- Media articles in newspapers  Social Media  Organisation Website  Signage  
 Newsletter

Other

## Project Budget

\* indicates a required field

Cash Support Requested \*

\$

Total Project Cost \*

\$

What is the total amount you are requesting from Council?

What is the total cost of your project?

### Budget (GST exclusive)

Please outline your project budget in the tables below and assign an income/expenditure type from the drop down menu for each item. Include details of other funding that you have applied for and whether it has been confirmed or not, club contribution, donations, in-kind costs etc. Use the 'Notes' column for any additional information you think we should be aware of.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT).

Income Description	Income Type	Confirmed Funding?	Income Amount	Notes
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			\$	
			\$	
e.g. Council grant, Club Cash Contribution, etc				

Expenditure Description	Expenditure Type	Expenditure Amount	Notes
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		\$	
		\$	
e.g. Contractor, Equipment purchase, etc			

### 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.

### Quotes

**Please attach quotes for your project \***

Attach a file:

At minimum of one quote for each item listed above must be provided. If quotes aren't provided to support funding request the application will be deemed ineligible.

## Declaration and Feedback

\* indicates a required field

### Declaration

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

**I declare that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the grant agreement.**

**I agree \***

Yes

**Name of authorised person \***

First Name

Last Name

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**Position \***

Position held in applicant organisation (e.g. President, Secretary)

**Phone number \***

We may contact you to verify that this application is authorised by the applicant organisation

**Email \***

**Was this application completed by a consultant or third party on behalf of the applicant organisation? \***

Yes

No

### Third Party Declaration

This section must be completed if the application was completed by a consultant or third party on behalf of the applicant organisation.

**I declare that to the best of my knowledge the statements made within this application are true and correct, and that the applicant organisation is fully aware of the project and supports the submission of this funding proposal.**

**I agree \***

Yes

**Organisation \***

Organisation Name

**Contact \***

First Name

Last Name

We may contact this person to verify aspects of this application.

**Phone Number \***

**Email \***

**Please note:**

- **Successful/unsuccessful notifications and associated grant documents will be sent directly to applicant organisation**
- **Acquittal and evaluation documents must be completed by the applicant organisation**

### Applicant Feedback

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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 provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**