Barwon Heads Grant Application Form
Form Preview

Eligibility

* indicates a required field

Before you begin

Please read the program guidelines before completing the application form.

You must submit your completed application by the closing date.

Please contact us if you have any questions about the eligibility criteria.

Confirmation of eligibility

I confirm that:

- I have read and understand the program guidelines
- I can demonstrate alignment between the project and the aims of this program
- we are an eligible incorporated company or not-for-profit organisation
- I can provide a valid ABN or have an eligible project partner that meets these requirements
- I have a valid Australian bank account, preferably with Community Bank Barwon Heads
- the project will be delivered and will benefit the local area

The project does not:

- claim retrospective funding for costs already incurred
- attempt to change the law/direct political donations
- break any laws
- operate purely for commercial gain
- involve gambling
- exclude or offend any part of the community
- encourage violence or involve the use of weapons
- mistreat, exploit or harm animals
- create environmental hazards
- present a danger to public health or safety
- contribute to modern slavery

I confirm that all statements above are true and correct *

○ Yes ○ No

Sorry, you are not eligible for the program. Please review our guidelines or review the program for more information.

Information you'll need to attach to your application

- Before you begin, save any supporting documents to your desktop. You can find details about required documents in the grant guidelines on our program page.
- If you are not an eligible entity (see eligibility criteria above), you'll need to provide a letter of support and financials from a project partner with a valid ABN.
- Depending on the amount you're requesting, you may also need to demonstrate your ability to deliver the project on time and within budget by providing items such as:
    - project costings and quotes
    - financials for your organisation/project partner
    - copies of permits, insurances and project designs
    - letters of support from other not-for-profit organisations
    - a project plan (if applicable)

Contact details

* indicates a required field

Privacy notice

Bendigo Bank will respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the Privacy Act 1988 and amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012.

View our privacy statement here.

Applicant details

This should be the person who accepts the agreement and completes the acquittal. This may be you.

*

First Name

Last Name

Position

Phone number *

Must be an Australian phone number.

Email *

Must be an email address.

Do you want to include a secondary contact on this application? *

○ Yes ○ No

Secondary contact details

*
First Name Last Name

Phone number *

Must be an Australian phone number.

Email *

Must be an email address.

Organisation details

Organisation name *
Organisation Name

Registered business name (if different to organisation name and Entity name [below])

Organisation ABN (please enter the number, not text)

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	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

Organisation address *
Address

Organisation Website
Must be a URL.

How many people receive services or benefit from your organisation each year? *
Must be a number.

How many volunteers contribute to your organisation? *
Must be a number.

Is your organisation an eligible entity? *
○ Yes ○ No
Non-eligible entities could include government entities, and those without an ABN. If you answer 'No' to this question, you will need to have a project partner who satisfies these requirements. **Refer to the program guidelines for more information.**

Does your organisation bank with Community Bank Barwon Heads? *
○ Yes ○ No

Previous funding

Has your organisation received funding from us in the last three years? *
○ Yes ○ No

Previous funding

Click "Add More" or "+" to add more rows.

What was/were your previously funded project/s?	How much did you receive from us?	What was the date of funding?
	Must be a dollar amount.	Approximate month/year Must be a date.
	$	

Project partner details

As you are a non-eligible entity, you're required to include the details of a project partner who holds an ABN.

The following information relates specifically to the project partner.

Partner name *
Organisation Name

Registered business name (if different to organisation name and Entity name [below])

Partner ABN (please enter the number, not text) *

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	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

Primary address *
Address

Phone number *

Must be an Australian phone number.

Email address *

Must be an email address.

Website

Must be a URL.

Letter of support from project partner *
Attach a file:

Letter will need to advise how project partner will contribute or add value, and support the applicant in the delivery of the project.

Project partner financial documentation *
Attach a file:

Please provide your project partner's financial statements and/or bank statements.

Project partner contact details

We may contact this person for additional information about this application.

Name *
First Name Last Name

Phone number *

Must be an Australian phone number.

Email address *

Must be an email address.

Project details

* indicates a required field

Project name *

Start date *

(future dates only)

Expected end date *

Please note an acquittal report will be required following this date.

Has the project already been delivered and/or funded? *
○ Yes ○ No

Location *
Address

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

Total project value *

$

Must be a dollar amount.
This may be more than your grant request.

Grant request *

$

Must be a dollar amount.

Does this grant require multiple payments (eg. across multiple events, years or months) *

○ Yes ○ No

Please list requested payment amounts and approximate dates for a multi payment application.

Payment date	Payment amount
Must be a date.	Must be a dollar amount.
	$
	$

Please provide a short summary of your project and specify what the grant funds will be used for. *

What are your project primary goals and objectives? *

Please explain how the delivery of the project might be impacted by reduced funding. *

Will the project proceed and how may it be impacted If we are unable to fund the full amount requested?

Community support

Does your project have community support? (Letters of support from community organisations are viewed favourably) *

○ Yes ○ No

Community support evidence

Provide evidence that this project has community support.

Please upload letters of support
Attach a file:

Capacity to deliver

Demonstrate you have sufficient resources and capacity (e.g. money, staff, equipment, facilities) to complete this project within the proposed timeframe. Include examples where your organisation has delivered similar projects previously. Please include links to explanatory material if applicable.

Describe your organisation's ability to complete the work. *

Delivery supporting documents (if applicable)
Attach a file:

Project outcomes - what difference will your project make?

Outcomes are the changes you expect to occur for the key recipients of your project/ audience. These should align with the outcomes of this program (see guidelines for details).

Alignment with our outcomes *

No more than 1 choice may be selected.
Which of our outcomes will your project contribute to? If multiple apply pick the most relevant.

How does your intended outcome link to our outcomes? *

Word count:

Project focus

What is the primary area of focus for this project? *

No more than 1 choice may be selected.

Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)

More information available. Download the '**Subject classification**' spreadsheet.

Beneficiaries

Select up to five groups who'll benefit most from this project. *

No more than 5 choices may be selected.
Please choose only the group/s that are at the very core of this project.

More information available. Download the '**Population classification**' spreadsheet.

Approximately how many will benefit? *

Briefly explain how you arrived at the above number. *

Please estimate the percentage (%) of indigenous beneficiaries. *

Must be a number and between 0 and 100.
If there are none, enter 0.

How many organisations, including your own, will directly benefit from the project? *

Briefly explain how you arrived at this number. *

Budget

* indicates a required field

Expenses

Please list the expenses for your project (materials, promotions, wages etc).

Click the "Add More" button to add rows.

Expense description	$ Expected cost
	Must be a dollar amount.
	$

Income

Please include any income items such other grants or your own contribution.

Any pending grants should be marked as **No** under **Confirmed**.

Click the "Add More" button to add rows.

Income from:	Provider:	Brief description:	$ Amount:	Confirmed
	e.g. council	e.g. grant	Must be a dollar amount.	
			$	

Please attach any documents supporting your confirmed income item/s as entered above.
Attach a file:

In-kind support

In-kind support includes anticipated materials, services and labour (calculated at an hourly rate multiplied by number of hours eg. $45 an hour x 3 hours =$135)

Type:	Provider:	Brief description:	$ Value:
			Must be a dollar amount.
In-kind support			

Budget Check

Your Grant request should equal your Expenses minus any Income i.e.

Grant request = Expenses - Income

Total expenses

$

This number/amount is calculated.

- Income

$

This number/amount is calculated.

- Grant request

$

This number/amount is calculated.

= Balance (must equal zero)

$

This number/amount is calculated.
In-kind support is not included.

BUDGET BALANCE DOES NOT EQUAL ZERO

Sorry, you don't have enough funds allocated to deliver your project or the income total is too high.

Go back to the tables above and check the following: **Grant request = Expenses - Income**

Hint: You may need to adjust the grant request amount you entered on page 1 of this application.

(If the balance has not calculated correctly, clicking into another field will refresh the form and the calculation, allowing you to submit.)

Form validation *

Project quotes

Please upload quotes for this project, including any individual budget items that are greater than $5,000 *
Attach a file:

If you are applying for funding for wages, please attach a position description and relevant award.
If you have conducted this project/program before, copies of receipts/invoices that substantiate this request from previous expenditure may be acceptable.

Financial documentation

Please provide your organisation's financial statements (including profit and loss) and/or current bank statement. *
Attach a file:

Financial documentation

Please attach a copy of your organisation's most recent financial statements (this must include your organisation's profit and loss and balance sheet). Financial Statements must be dated within the last 18 months.

Financial documentation *
Attach a file:

Additional supporting information

All required licences, permits and insurances will be in place *
○ Yes ○ No ○ Not applicable

If your staff/volunteers are working with children, have they obtained a Working with Children Check? *
○ Yes ○ No ○ Not applicable

If your proposed project involves building or refurbishment, please upload the plans/designs.
Attach a file:

Do you want to share any files not already attached?
Attach a file:

More than one file can be uploaded. (e.g. additional letters of support from key community stakeholders, flyers, plans, financial information, evidence of other funding, etc

Certification and feedback

* indicates a required field

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

Certification *
☐ I agree

Applicant feedback

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.

How did you find the online application process? *
○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

How many minutes in total did it take you to complete this application? *

Provide any suggestions for improvements/additions to the application process/ form. *