Thank you for applying through the Community Funding Request Program- Large-Scale Community Projects (\$50,000 and above)

Before initiating your application, please adhere to the following steps:

- 1. Please ensure you have thoroughly read and understood the **Community Funding Request Guidelines**
- 2. Initiate a conversation with a council officer to discuss your application details and confirm your eligibility. Ensure to document the name of the council officer you speak to as you are required to document this in your application form.
- 3. If you have not spoken to a council officer about your project, please call the Volunteer and Community Officer on (02) 6022 9315 prior to starting your application.

Eligibility

* indicates a required field

Program				
This field is read only.				

Confirmation of eligibility

I confirm the eligibility of the organisation or group on behalf of which I am applying for funding. I declare that:

- I have thoroughly read and comprehended the program guidelines; and,
- I have engaged in a discussion with a council officer to verify the eligibility of my organisation or group.

The organisation or group I am representing:

- Is a not-for-profit organisation;
- Is either incorporated or auspiced by an incorporated organisation for the purpose of this application;
- Can demonstrate financial viability;
- Does not have outstanding acquittal reports or debts to Wodonga Council resulting from previous funding or grants;
- Possesses the appropriate type and level of insurance for the activities outlined in this grant application; and,
- Is not currently receiving ongoing financial support from Wodonga Council.

Furthermore, the organisation or group is not:

- A government entity; or,
- Functioning as an educational institute.

The funding is not sought for the following purposes.

- · Operational funding;
- Works on buildings managed and occupied by for-profit organisations;
- Works on buildings primarily used for religious or political purposes;
- Works on property owned or managed by state or federal government agencies (excluding property owned by Wodonga Council, which will be considered);
- Standard equipment such as team uniforms, balls, etc., unless it specifically contributes to a new initiative.

If you have any questions in regards to these eligibility criteria, please contact the Volunteer and Community Officer on (02) 6022 9315

Please select below: * O Yes You must confirm that all statements above are true and correct.				
Have you spoken to the Volunteer and Community Officer? ○ Yes ○ No				
Name of the Council Officer you were referred to further discuss your project? Jenna O'Hara - Community Development Coordinator Cassie Elliott - Population Health Coordinator John Luftensteiner - Team Leader Design, Projects and Assets Andrew Griffiths-Team Leader parks and Natural Resources Michael Power - Team Leader Gardens Ryan McNamara - Team Leader Sport and Recreation Matthew Sorocyznski - Team Leader Events Meg Muldeary - Business Engagement Officer Karen Walls-Smythe - Cultural Projects Coordinator				
Will your project be delivered in Wodonga's local government area? * ○ Yes ○ No				
Contact Details				
* indicates a required field				
Privacy Notice				
We pledge to respect and uphold your rights to privacy protection under the <u>Australian Privacy Principles</u> (APPs) as established under the <i>Privacy Act 1988</i> and amended by the <i>Privacy Amendment (Enhancing Privacy Protection) Act 2012.</i> To view our privacy statement, go to <u>Wodonga Council — Privacy</u>				
Applicant Details				
Name * Organisation Name				

Organisation or group. For organisations, please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Applicant primary address Address
Address
Applicant postal address Address
Address
Applicant primary phone number *
Must be an Australian phone number.
Applicant email address *
Must be an email address.
Applicant website
Much he e LIDI
Must be a URL.
Primary Contact Details
•
Primary contact for grant * Title First Name Last Name
Title Flist Name Last Name
This is the person we will correspond with about this grant.
g g
Position held in organisation *
e.g., Manager, Board Member or Fundraising Coordinator.
Primary contact landline number
Must be an Australian phone number.
Primary contact mobile number
Primary contact email address *

This is the address we will use to correspond with you about this grant.
Organisation Details
* indicates a required field
Does your organisation have an ABN? * ○ Yes ○ No
Applicant 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 More information
ACNC Registration
Tax Concessions
Main business location
Is your organisation registered for GST? O Yes O No
Insurance
Does your organisation have public liability insurance? * □ Yes □ No
Please upload a copy of the public liability insurance Certificate of Currency Attach a file:

Auspice Information

* indicates a required field

Is your grant?		spiced by another organisation for the purpose of this
Yes		○ No
Unincorp		applying for a grant must be auspiced by an incorporated organisation. rporated and does not have an auspice you will not be elligible for
Auspic	e Organisatio	n Details
	e organisation na ation Name	ame *
		full name. Make sure you provide the same name that is listed in officia with the ABR, ACNC or ATO.
Auspice Address	e primary addres	is .
Auspice	primary phone	number *
Must be a	an Australian phone	number.
	,	
Auspice	e email address	k .
Must be a	an email address.	
Must be a	an eman address.	
Primary Title	contact person First Name	at auspice organisation * Last Name
Title	riist Naille	Last Name
We may	contact this person t	to verify that the auspice arrangement is valid and current.
-	•	
	ement is valid ar	rom the auspice organisation confirming that the auspice and current. *
ALLACII d	ille.	
	r must be signed by name, position, signa	an authorised person (e.g., Manager, CEO or Board Chair) and must ature and date.

Project Details

* indicates a required field	
Project title	
Provide a name for your project/program/initiative.	Your title should be short but descriptive
Anticipated start date *	Anticipated end date *
Must be a date and no earlier than 1/7/2025.	Must be a date and no later than 1/7/2026.
Please provide a summary of your project	rt *
Word count: Must be no more than 200 words. Provide a concise description, encompassing a brief	of overview the objectives, and planned activities.
What are the expected outcomes of the	project? *
Word count: Must be between 100 and 300 words. Describe three things you want the project to achie others	eve in terms of benefits for participants and/or
How will you know if these outcomes have	ve been achieved? *
Word count: Must be between 100 and 300 words. Describe three changes you will see if the expected information that you will use to determine if you have	d outcomes of the project occur. Detail the source of ave achieved the expected outcomes.
Has your project been identified as a pot Designated Council Officer? * ☐ Yes ☐ No Must be exceptional circumstance whereby a strate	
Strategic Partnership	egie partifership has been established.

Are you seeking funding across multiple years? *

○ Yes

○ No

If a strategic partnership has been established please provide the details around this. *				
Strategic Partnerships must aligr organisation.	to the Council Plan and can often	only be offered by a singular		
Key Performance Indica	ator- Year 1			
KPI	Target	Data Source		
Key Performance Indica	ator - Year 2			
KPI	Target	Data Source		
Key Performance Indica	ator - Year 3			
KPI	Target	Data Source		
Strategic Alignment - * indicates a required field	weighting 25%			
How does your project align with the Council Plan? * ☐ Healthy, Safe and Resilient Community ☐ Sustainable and Forward - Looking ☐ Thriving and Vibrant Community ☐ Connected and Engaged Community At least 1 choice and no more than 4 choices may be selected. To view the Wodonga Council Plan 2021 - 2025 https://issuu.com/wodongacouncil/docs/council_plan_2021-2025				
	in with the priorities set for nunity vision articulated in t	th by the Wodonga Council he Wodonga Council Plan? *		
Word count: Must be between 300 and 600 w To view the Wodonga Council Pla council_plan_2021-2025	ords. nn 2021-2025, visit: <u>https://issuu.cc</u>	om/wodongacouncil/docs/		

What specific community need or priority does this project aim to address? *

Word count: Must be between 300 and 600 words. Tell us why your initiative is needed, and why you believe the activities you propose will produce the outcomes you seek. Provide statistics/evidence (where available) of both the local need and the link between the work you will do and the outcomes you seek.
Impact and Benefits - weighting 25%
* indicates a required field
How does the project contribute to the social, cultural, economic or environmental well-being of the community, and what methods will be employed to assess its impact over both the short term and long term? *
Word count: Must be between 150 and 500 words.
You may focus on one or more of the aspects listed.
Who are the expected primary beneficiaries of this project/program? □ Whole Community □ Children and young people □ Aboriginal and Torres Strait Islander people □ People on low incomes □ People form culturally and linguistically diverse backgrounds □ People with a disability □ Older people □ People at risk of suffering poor health □ LGBTQIA+ □ Other:
How do you intend to involve the selected beneficiaries (as selected above) in the planning and/or delivery of your inititive? *
Word count: Must be between 150 and 300 words

What outcome and outputs do you anticipate from this project?

Outputs are the immediate, obvious and (usually countable changes a project generates. Examples could include the number of trees to be planted, the number of people expected to attend an event or the number of volunteers to be engaged for a new program.

Number	wno or wnat	Activity	Timerrame
	<u> </u>		
	1	1	1
(Approximate or looks		a a trained in first sid.	a a cycy life of programs
(Approximate, or leave blank if unknown)	e.g. parents; trainees; trees: books	e.g. trained in first aid; planted; delivered	e.g. over life of program; per annum; per month
DIATIK II UITKITOWIT)	trees, books	planted, delivered	per annum, per monum
Community Eng	agement and Pai	rticination - weig	hting 25%
Community Eng	agement and rai	recipation - weig	Titing 25 /0
* indicates a required	field		
indicates a required	neid		
Door this initiative I			a tha hanafisiam.
	have community supp		
	ommunities affected	by this project supp	ort the activities you
are proposing? *	o N	o D 11.1	
○ Yes	○ No	○ Don't know	 Not Applicable
	engagement and support i	s generally highly regarde	ed as projects with
community buy-in tend to	o be more successful.		
What methods have	been employed to g	ather input, feedbac	k and support from
the community rega	rding the project? *		
Word count:			
Must be between 150 and	d 400 words.		
Evidence of Support			
Evidence of Support Attach a file:	•		
Attach a nie:			
If applicable add any evid	dence of support from the	heneficiary or communit	ies affected by the project.
ii applicable add arry evic	defice of support from the	beneficiary of community	ies affected by the project.
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			! *
wno are your partne	ers and/or stakeholde	ers supporting this p	roject? *
Word count:			
Must be between 150 and	d 300 words.		
Please upload any le	etters of support for	your proposed proied	ct
Attach a file:		, , , , , , , , , , , , , , , , , , , ,	
, acadir a micr			

2025 Community Funding Requests Large Scale

If you do have a partner or stakeholder, you are expected to provide a letter of support. How many activities or events are proposed? * How many participants do you anticipate your project, specific to this funding, will engage? In alignment with principles of equity and inclusivity, how does your project or event contribute to promoting equal opportunities and fostering a safe environment for individuals of all genders, abilities, and backgrounds? * Word count: Must be between 50 and 250 words. How does the program take into account the different needs, interests, and circumstances? Capacity, Feasibility and Viability - weighting 25% * indicates a required field **Total Amount Requested** Must be a dollar amount and at least 50000. What is the total financial support you are requesting in this application? **Total Project/Program** Cost * What is the total budgeted cost (dollars) of your project? Income (GST exclusive) Please outline your project budget in the income and expenditure tables below, including this grant and details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST exclusive. Provide clear descriptions for each budget item in the Income and Expenditure columns, Examples of income could include trivia fundraising night, company X sponsorship or ticket sales. Please **do not add commas** to figures – ie. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly. **Income Type** Confirmed **Income Amount Notes** Income Description Income? (\$) \$

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		Ψ	

Expenditure

For individual expense items over \$1000, quotes will need to be provided in the file upload area below the budget tables.

We advise incorporating a 5 per cent contingency in your budget to address any potential variances from submission to project commencement.

Please note that the council will not assume responsibility for any project overruns or additional expenses beyond the budgeted amount.

Applicants must confirm commitment to underwrite cost escalations necessary for delivering the scope outlined in the application.

Unused funds cannot be repurposed and must be returned to the council upon the completion and acquittal of the project.

Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Notes	Quotes
		\$		
		\$		
		\$		
		\$		
		Inclusive of 5% contingency		Please ensure each expense over \$1,000 has a quote attached

Budget Totals

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

Total Income Amount *	Total Expenditure Amount *	Income - Expenditure *
\$	\$	
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.

Detailed Budget

Please attach a comprehensive budget breakdown of your project. Should you require a template for a comprehensive budget, contact the Volunteer and Community Officer. If you are seeking funding across multiple years, please ensure the budget encompasses the total income and expenditure for the entire multi year period. *

Attach a file:		

What other inputs will you ne to successfully carry out this	
, ,	
Non-financial inputs could include statime/expertise, equipment, facilities, in-kind contributions, advocacy, and support.	pro bono or
projects similar to the one pro	ation's track record in successfully completing oposed and provide details about the relevant skills alify your organisation/ group for this funding? *
Word count: Must be between 100 and 450 words Include in this section information ab track record in completing similar pro-	out your organisations resources, skills, prior experience and
Partial Funding	
Are you able to complete you O Yes O No	r project if partial funding is received? *
Comment	
Supporting Documentatio	n
	Please provide a link to or attach a copy of your most recent annual report.
	If you do not produce an annual report, please provide us with your most recent financial statements (may include a Profit and Loss Statement / Statement of Financial Performance and a Balance Sheet / Statement of Financia Position).
Upload Annual Report	Attach a file:

Provide web link:	Must be a URL
Upload Strategic Plan	Attach a file:
Provide web link	
Are you seeking for new infrastructure or infrastructure renewals?	NoYes
Are you seeking funding for a large scale event? *	○ Yes○ No
Please upload a project plan and risk plan.	Attach a file: Project plan should include- goals and scope, timeline and milestones, responsibilities and deliverables. Risk plan should include: Risks, Likelihood, Impact, Mitigation Strategies, Contingency Plans
New infrastructure and in	frastructure renewals
infrastructure, please submit	r new infrastructure or renewing existing any site plans, concept designs, building permit and any other supporting documentation.
For entities that lease or rentwritten permission from the factor a file:	t a facility from another organisation, please upload facility owner
	or organisations/groups utilising the facilities for t, please provide documentation confirming their

Large scale events

For large scale events, please submit an event management plan and risk assessment, that includes details on the following.

- Event Management Plan should include Traffic management, security arrangements, waste and toilet facilities, consumption of alcohol and food offerings.
- Risk Assessment
- Site plan or event site layout
- Public Liability

Attach a file:	
For support with the request mentioned above, ple	ease contact our Events team (02) 6048 4509
Attach a file: Attach a file:	
Attach a file: Attach a file:	
Attach a file.	
Attach a file:	
Attach a file:	

Certification and Feedback

* indicates a required field

Certification

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 confirm the accuracy of the statements in this application to the best of my knowledge. I confirm commitment to underwrite cost escalations necessary for delivering the scope outlined in this application. I acknowledge that, if our organisation is granted this funding, we will be obliged to adhere to the specified terms and conditions outlined in the funding agreement.

l agree *	○ Yes		○ No	
Name of authorised person *	Title	First Name	Last Name	
		Must be a senior staff member, board member o authorised volunteer		
Position *				
	Position	held in applicant o	rganisation (e.g. CEC), Treasurer)

Contact phone number *	Must be an Australian phone number We may contact you to verify that th by the applicant organisation		
Contact Email *			
	Must be an email address.		
Date *			
	Must be a date		
Applicant feedback (optional)			
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 indicate how you found ○ Very easy ○ Easy	d the online application proces O Neutral O Difficult	SS. O Very difficult	
How many minutes in total did it take you to complete this application?			
Estimate in minutes in 1 have 60			
Estimate in minutes i.e. 1 hour = 60			
Please provide us with your suggestions about any future improvements and/or additions to the application process/form that you think we need to consider.			
	·		