

2025 Community Funding Request Medium Scale

Form Preview

Thank you for applying through the Community Funding Request Program- Medium-Scale Community Projects (\$5001-\$50,000)

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.

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- 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: *

☐ Yes ☐ No

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
- ☐ Juhn 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 Soroczynski - Team Leader Events
- ☐ Meg Muldeary- Business Engagement Officer
- ☐ Karen Walls-Smythe - Cultural Projects Coordinator
- ☐ Other - please write name

Other

Date you spoke to Council Officer

Must be a date.

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 [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by

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the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to [Wodonga Council — Privacy](#)

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

Applicant postal address

Address

Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Applicant website

Must be a URL.

Primary Contact Details

Primary contact for grant *

Title First Name Last Name

This is the person we will correspond with about this grant.

Position held in organisation *

e.g., Manager, Board Member or Fundraising Coordinator.

Primary contact landline number

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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?

☐ Yes
☐ No

Insurance

Does your organisation have public liability insurance? *

☐ Yes

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☐ No

Please upload a copy of the public liability insurance Certificate of Currency

Attach a file:

Auspice Information

*** indicates a required field**

Is your organisation auspiced by another organisation for the purpose of this grant? *

☐ Yes

☐ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If your organisation is unincorporated and does not have an auspice you will not be eligible for funding.

Auspice Organisation Details

Auspice organisation name *

Organisation Name

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.

Auspice primary address

Address

Auspice primary phone number *

Must be an Australian phone number.

Auspice email address *

Must be an email address.

Primary contact person at auspice organisation *

Title

First Name

Last Name

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

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

Attach a file:

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

Must be a date and no earlier than 1/7/2025.

Anticipated end date *

Must be a date and no later than 1/7/2026.

Please provide a concise summary of your project, including the planned activities *

Word count:

Must be no more than 450 words.

What are the expected outcomes of the project?

Word count:

Must be at least 100 words.

Describe three things you want the project to achieve in terms of benefits for participants and/or others (200 words recommended)

How will you know if these outcomes have been achieved? *

Word count:

Must be at least 100 words.

Describe three changes you will see if the expected outcomes of the project occur. Detail the source of information that you will use to determine if you have achieved the expected outcomes.

Has your project been identified as a potential strategic partnership by a Designated Council Officer? *

☐ Yes

☐ No

Must be exceptional circumstance whereby a strategic partnership has been established.

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Strategic Partnership

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 align to the Council Plan and can often only be offered by a singular organisation.

Key Performance indicator - Year 1

KPI	Target	Data Source
<input type="text"/>	<input type="text"/>	<input type="text"/>
KPI	Target	Data Source
<input type="text"/>	<input type="text"/>	<input type="text"/>

Key Performance Indicator - Year 2

KPI	Target	Data Source
<input type="text"/>	<input type="text"/>	<input type="text"/>
KPI	Target	Data Source
<input type="text"/>	<input type="text"/>	<input type="text"/>

Key Performance Indicator - Year 3

KPI	Target	Data Source
<input type="text"/>	<input type="text"/>	<input type="text"/>

Strategic Alignment - weighting 25%

* indicates a required field

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

How does your project align with the priorities set forth by the Wodonga Council and the overarching community vision articulated in the Wodonga Council Plan? *

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Word count:

Must be between 300 and 600 words.

To view the Wodonga Council Plan 2021-2025, visit: https://issuu.com/wodongacouncil/docs/council_plan_2021-2025

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 400 words.

You may focus on one or more the aspects listed.

Who are the expected beneficiaries of this project/program *

- ☐ Whole Community
- ☐ Children and young people
- ☐ Aboriginal and Torres Strait Islander people
- ☐ People on low incomes
- ☐ People from culturally and linguistically diverse backgrounds
- ☐ People with a disability
- ☐ Older people
- ☐ People at risk of suffering poor health
- ☐ LGBTQIA+
- ☐ Other:

Please choose only the group/s that are at the very core of the project/program. If your initiative is open to everyone, choose the first item - Whole Community

How do you intend to involve the selected beneficiaries (as selected above) in the planning and/or delivery of your initiative? *

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Word count:

Must be between 150 and 300 words.

Community Engagement and Participation - weighting 25%

* indicates a required field

Does this initiative have community support? In particular, do the beneficiary or communities affected by this project support the activities you are proposing? *

☐ Yes ☐ No ☐ Don't know ☐ Not Applicable

Evidence of community engagement and support is generally highly regarded as projects with community buy-in tend to be more successful.

What methods have been employed to gather input, feedback, and support from the community regarding the project? *

Word count:

Must be between 150 and 300 words.

Evidence of Support

Attach a file:

If applicable add any evidence of support from the beneficiary or communities affected by the project.

Who are your partners and/or stakeholders supporting this project?

Word count:

Must be no more than 150 words.

If applicable, please upload any letters of support for your proposed project

Attach a file:

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 you engage? *

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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 5000.

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**. Matching funds and/or co-contribution will be considered favourably.

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 Description	Income Type	Confirmed Income?	Income Amount (\$)	Notes
			\$	
			\$	
			\$	
			\$	

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 percent contingency in your budget to address any potential variances from submission to project commencement.

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Please note that 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 *

\$

This number/amount is calculated.

Total Expenditure Amount *

\$

This number/amount is calculated.

Income - Expenditure *

This number/amount is calculated.

Detailed Budget

Please attach a comprehensive budget breakdown for your project. *

Attach a file:

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.

**What other inputs will you need in order Confirmed?
to successfully carry out this project?**

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Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, and other types of support.

Can you outline your organisation's track record in successfully completing projects similar to the one proposed, and provide details about the relevant skills and prior experience that qualify your organisation/ group for this funding? *

Word count:

Must be between 300 and 500 words.

Include in this section information about your organisations resources, skills, prior experience and track record in completing similar projects

Partial Funding

Are you able to complete your project if partial funding is received ?

- ☐ Yes
☐ No

Comment

Supporting Documentation

Please provide a link to or attach a copy of your most recent Annual Report and Strategic Plan

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 Financial Position).

Upload Annual Report

Attach a file:

Provide web link:

Must be a URL

Upload Strategic Plan

Attach a file:

Provide web link:

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Must be a URL

Are you seeking funding for new infrastructure or infrastructure renewals?

*

- ☐ No
☐ Yes

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: Risk, Likelihood, Impact, Mitigation Strategies, Contingency Plans

New infrastructure and infrastructure renewals

If you are seeking funding for new infrastructure or renewing existing infrastructure, please submit site plans, concept designs, building permit approval, quantity surveying and any other supporting documentation.

Attach a file:

For entities that lease or rent a facility from another organisation, please upload written permission from the facility owner

Attach a file:

For entities with subtenants or organisations/groups utilising the facilities for which funding is being sought, please provide documentation confirming their endorsement of this project.

Attach a file:

Large scale events

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

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

Attach a file:

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For support with the request mentioned above, please 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:

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.

I agree *

☐ Yes

☐ No

Name of authorised person *

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.

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

Contact Email *

Must be an email address.

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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 the online application process.

☐ Very easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very difficult

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

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.