2025 Community Funding Request Small Scale
Form Preview

Thank you for applying through the Community Funding Request Program- Small-Scale Community Projects (up to $5000)

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.

- 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
☐ 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
☐ Other-please write name
At least 1 choice must be selected.

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

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

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

☐   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 elligible 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:

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 *

Anticipated end date *

Must be a date and no earlier than 1/7/2024.

Please provide a summary of your project *

Word count:
Must be no more than 150 words.

What are the expected outcomes of the project?

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?

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 achievved the expected outcomes.

Are you seeking funding across multiple years?
○ Yes
○ No
Must be exceptional circumstances whereby a strategic partnership has been established.

Strategic Partnerships

If a strategic partnership has been established, please provide the details around this.

Strategic Partnerships must align to the Council Plan and can often be offered by a singular organisation.

Strategic Alignment - weighting 25%

* indicates a required field

Alignment to Council Plan

How does your project align with the Council Plan?
☐ Healthy, Safe and Resilient Commuity
☐ 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, visit: https://www.wodonga.vic.gov.au/About-Council/Our-Organisation/Corporate-documents/Council-Plan-and-budget

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? *

Word count:
Must be between 150 and 400 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 150 and 500 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

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 abd linguistically diverse backgrounds
- ☐ People with a disability
- ☐ Older people
- ☐ People at risk of suffering poor health
- ☐ LGBTIQ+

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 100 and 400 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.

Evidence of support
Attach a file:

If you have evidence of support from the beneficiary or communities affected by the project, please add here.

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?

Participant details

How many activities or events are proposed?

How many participants do you anticipate your project will engage?

Capacity, Feasibility and Viability - weighting 25%

* indicates a required field

Total Amount Requested *

$

Must be a dollar amount and no more than 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?

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

For 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
		$	

		$	
		$	
		$	
		Inclusive of 5% contingency	

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.

Quotes

Please attach quotes for those expenditure (cost) items over $1000 *
Attach a file:

Partial Funding

Are you able to complete your project if partial funding is received? *
☐ Yes
☐ No

Comment

New Program

Is this program a new initiative? *
☐ Yes
☐ No

If this is a new initiative, please explain any operational costs that are proposed to be funded by this application.

Please refer to guidelines if you require more information

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 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.

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 improvements and/or additions to the application process/form that you think we need to consider.