

2026/27 Community Impact Grants

Form Preview

Thank you for applying through the Community Funding Request Program - Community Impact Grants (Up to \$10,000)

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

1. Ensure you have thoroughly read and understood the [Community Funding Requests_Guidelines.pdf](#)
2. Please call the Volunteer and Community Officer on (02) 6022 9315 prior to starting your application.
3. Have a conversation with your allocated Designated Council Officer. They will contact you directly. Ensure to document the name of the council officer you speak to as you are required to supply this in your application form.

Eligibility

* indicates a required field

Confirmation of eligibility for the 26/27 Community Impacts Grants

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 understood the [Community Funding Requests_Guidelines.pdf](#) and,
- I have engaged in a discussion with a council officer and verified the eligibility of my organisation or group.

The organisation or group I am representing:

- Is an incorporated not-for-profit community;
- Is an unincorporated community group or organisation with an auspice from an incorporated not-for-profit organisation;
- Is not a political party or entity;
- Is not a religious group or entity, unless affiliated with an organisation that benefits the community as a whole;
- Has public liability insurance coverage with a minimum value of \$10 million;
- Has not received funding from Wodonga Council within the last 12 months; and
- Has completed acquittal processes from previous Wodonga Council funded projects.

Furthermore:

- I have discussed the project scope and application with the Council's Volunteer and Community Officer;
- I have obtained quotations from ABN registered suppliers;
- I have ensured the project or initiative aligns to the current Council Plan [Council Plan 2025_2029_final.pdf](#) and/or Municipal Public Health and Wellbeing Plan [Municipal Public Health and Wellbeing Plan_final.pdf](#) ;
- I can demonstrate how the project or initiative will directly benefit the residents of Wodonga;

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- I can demonstrate how funds are to be spent, providing evidenced information; and
- I understand that the project must be completed within twelve months from award of funds.

My initiative is not part of:

- A government entity; or functioning as an educational institute;
- A project that is inherently political or religious in nature;
- Works to a building that are managed and/or occupied by for-profit organisations;
- A project or initiative that is currently underway (funds cannot be awarded retrospectively);
- Works to a property that is owned or under the management of state or federal government agencies (note: property owned by Wodonga Council will be considered); and
- A project or initiative that will require ongoing funding from the council; and
- A project that is deemed offensive, inappropriate or contrary to law

The funding is not sought for the following purposes:

- Day-to day operational costs including equipment, wages, rent, insurance, utility bills (unless specifically forming part of a new initiative or pilot);
- Personal expenses such as petrol, phone bills or home costs which are incurred by an individual rather than a group;
- The purchase of alcohol, vapes, tobacco, fireworks or activities related to gambling; and
- International travel.

*Contact must be made to discuss the eligibility criteria, please contact
**the Volunteer and Community Officer on (02) 6022 9315 or email
communitygrants@wodonga.vic.gov.au***

I confirm I have read and understood the above eligibilty requirements. *

☐ Yes ☐ No

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

Have you spoken to the Volunteer and Community Officer?

☐ Yes
☐ No

Application cannot proceed until contact has been made with the Council's Volunteer and Community Officer.

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

Other

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Date you spoke to Council Officer

Must be a date.

Grant Conditions

- The application must meet all eligibility requirements and will be assessed against the scoring criteria.
- Funding is competitive, and if oversubscribed there is a possibility that no funding or partial funding, will be provided.
- Once allocated funds are exhausted, no additional funding will be available within the financial year.
- It is the applicant's responsibility to inform the council of any changes to key project contact details.
- The applicant must provide true and correct details, to the best of their knowledge, and have sought consent from the people and groups named in the application.
- Applications from entities leasing or renting a facility from another organisation must include written permission from that organisation.
- Applicants are responsible for obtaining all necessary permits and authorisations, including public liability insurance. Please note, council officers can provide guidance on these requirements.
- The applicant understands and consents to Wodonga Council collecting the personal information requested on the Application Form for the purpose of determining funding, and any secondary purposes associated with the conduct of this program.
- The council will only fund items or services that are purchased or provided post funds being formally awarded.
- The council encourages the applicant to source from suppliers within Wodonga.
- For **Community Impact Grants**, successful applicants must enter into a funding agreement with council and submit an invoice for 90 percent of the awarded amount within four weeks of notification of their successful application. The remaining 10 percent will be paid upon the successful completion and acquittal of the project.
- For **Sponsorship and Donations**, successful applicants must enter into a funding agreement with council and submit an invoice for 100 percent of the awarded amount within four weeks of notification of their successful application.
- Where funding is contingent upon a specific condition, the applicant must provide evidence of fulfilling the condition before grant funds will be released by Council.
- All grants are exclusive of GST. If the applicant is registered for GST, Council will add the GST component to the approved grant amount.
- The applicant must spend funds on the project as described in the application, or as directed in the funding agreement. Any funds not spent must be returned to Council by the applicant.
- If funds are approved and made available, the purchases must be made by the applicant within the agreed time frame.
- If there are any changes to your project outcomes, dates, costs, or location, you must notify Council by emailing the Volunteer and Community Officer. A Variation Request Form

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can be provided. Once submitted, your request will be reviewed, and you will be informed of the outcome.

- Information submitted to Council becomes the property of Wodonga Council to be used at its discretion and may be used in Council publications for the purpose of promoting the Community Impact Grants program.
- Community Impact Grant recipients acknowledge Wodonga Council as a funding source either by, using the council's logo in marketing and publicity materials, acknowledgement at events, and/or invitations to Councillors or Council representatives to attend events.
- An Acquittal Report (Final Report) must be completed by the applicant within one month of the project end date. The applicant must be able to list income and expenditure and provide receipts if requested for all goods and services purchased with Council grant funding. In addition, the applicant will be required to list project outcomes in the Acquittal Report.

I have read and understood the above Community Impact Grant Conditions

☐ 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 — FOI & 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

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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

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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

Note: public liability insurance must have coverage for \$10 million

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

An auspice is a formal arrangement when an incorporated organisation provides support to an informal community group without incorporation status. It supports smaller community groups by providing access to grant funding for project work.

Auspice Organisation Details

Auspice organisation name *

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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 Australian Business Register, Australian Securities and Investment Commission, Australian Charities and Not-for profits Commision or the Australian Taxation Office

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 *

Must be a date and no earlier than 1/10/2026.

Anticipated end date *

Must be a date and no later than 1/10/2027.

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

Word count:

Must be no more than 250 words.

What are the expected outcomes of the project? *

Word count:

Must be no more than 250 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 no more than 250 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.

1. Strategic Alignment - weighting 25%

*** indicates a required field**

How does your project align with the Council Plan? *

- ☐ Liveable and connected communities
- ☐ Thriving local economy
- ☐ Resilient infrastructure and environment
- ☐ Effective leadership and sustainable future

At least 1 choice must be selected.

To view the Wodonga Council Plan 2025 -2029 https://www.wodonga.vic.gov.au/Portals/0/Attachments/Council_Plan_2025_2029_final.pdf

How does your project align with the priorities articulated in the Wodonga Council Plan 2025-2029 and/or the Municipal Public Health and Wellbeing Plan 2025 -2029 ? *

Word count:

Must be no more than 250 words.

View the Wodonga Council Plan 2025 -2029 https://www.wodonga.vic.gov.au/Portals/0/Attachments/Council_Plan_2025_2029_final.pdf and the Municipal Public Health and Wellbeing Plan 2025 -2029 https://www.wodonga.vic.gov.au/Portals/0/Attachments/Municipal_Public_Health_and_Wellbeing_Plan_final.pdf

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

Word count:

Must be no more than 250 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.

2. Impact and Benefits- weighting 25 %

* indicates a required field

What is the social, cultural, economic or environmental impact your project will have on the community? *

Word count:

Must be no more than 250 words.

You may focus on one or more of the aspects listed.

What is the expected outcome and reach within the community, include it's immediate impact and long-term effects? *

Word count:

Must be no more than 250 words.

Consider who is helped by the project, how widely it reaches and what lasting changes or improvement it creates for the community.

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.

3. Community Engagement and Participation - weighting 25%

* indicates a required field

Does this initiative have community support? In particular, does 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 highly regarded as projects with community buy-in tend to be more successful.

How do you intend to meaningfully involve the selected beneficiaries in the project's design, delivery, planning and execution of your project? *

Word count:
Must be no more than 250 words.

In what ways has your project considered and supported accessibility for diverse or marginalised cohorts? *

Word count:
Must be no more than 250 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 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 engaging as part of your project? *

4. Capacity, Feasibility and Viability- weighting 25%

* indicates a required field

Capability

Can you outline your organisations 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 no more than 250 words.

BUDGET

Total Amount Requested *

\$

Must be a dollar amount and no more than 10000.
What is the total financial support you are requesting in this application. Amount requested must be exclusive of GST?

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 must 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 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
			\$	
			\$	

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			\$	
			\$	

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.

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 (\$) exc GST** **ABN of provider** **Quotes**

		\$		
		\$		
		\$		
		\$		
		Inclusive of 5% contingency Must be a dollar amount.		Please ensure each expense over \$1000 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:

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Should you require a template for a comprehensive budget, contact Council's Volunteer and Community Officer.

What other inputs will you need to successfully carry out this project?

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

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 organisation's 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

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Upload Strategic Plan

Attach a file:

Provide web link:

Must be a URL

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

Are you seeking funding for a large scale event? *

- ☐ Yes
☐ No

Large-scale events are defined as those with over 1,000 attendees.

Large scale events

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

- Event Management Plan -typically should include security arrangements, waste and toilet facilities, consumptions of alcohol and food offerings.
- Risk Management Plan
- Traffic Management Plan
- Site plan or event site layout
- Public Liability (\$10 million)

Event Management Plan

Attach a file:

For support with the request mentioned above, please contact our Events team (02) 6048 4509

Risk Management Plan

Attach a file:

Traffic Management Plan

Attach a file:

Site plan or event site layout

Attach a file:

Public Liability COC

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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's organisation (may be different to the contact person listed earlier in this application form).

I confirm the accuracy of the statements in this application is to the best of my knowledge. I confirm a 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's 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

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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.