**2009 Victorian Bushfires Commemoration and Community Development Grants Scheme**

**Application Form**

**Definitions used throughout this application**

|  |  |
| --- | --- |
| **Activity** | What you will spend the grant funds on – could be an event, restoration or rejuvenation of existing memorial, activity, etc. |
| **Community Group** | Your group, club, organisation, association, etc |

**Application Deadlines**

You must complete, sign and submit your application to Council by **5pm,   
8 October 2018.** Please contact Council on 5772 0333 to discuss your application with the Grants Coordinator. Applications should be submitted to [grants@murrindindi.vic.gov.au](mailto:grants@murrindindi.vic.gov.au)

### Caretaker Conventions

As the Victorian State election will be held on Saturday 24 November 2018, the Victorian Government will assume a caretaker role from 6:00 pm on 30 October 2018 until such time that either it becomes clear that the incumbent government will be returned, or when a new government is commissioned.

Applicants should be aware that, should grants not be awarded or funding agreements not fully executed by this time, the incoming government may decide to not proceed with this grant process. In line with caretaker conventions, the incoming government will determine whether to proceed with this grant process and award grants or enter into contracts after the caretaker period.

**Eligibility Criteria**

|  |  |  |
| --- | --- | --- |
| Is your application for: |  |  |
| * A commemorative event organised by a community group or council | Yes | No |
| * Restoration or rejuvenation of an existing memorial to the 2009 bushfire events | Yes | No |
| * Community development activities supporting communities within the 21 local government areas impacted by the 2009 Victorian bushfires | Yes | No |
| Is your community group or activity located within the municipality that you are submitting this application to | Yes | No |
| Is your application for $5,000 or less | Yes | No |
| Do you have a completed budget for this activity | Yes | No |

**Community Group Details**

|  |  |
| --- | --- |
| Community Group Name: |  |
| Australian Business Number (ABN)  if applicable:  *Check the ABN at http://www.abr.business.gov.au/* |  |
| Incorporation Number (if applicable): |  |
| Is the group registered for GST? | Yes / No |
| Postal Address: |  |
| Town/Suburb: |  |
| Postcode: |  |
| State: | Victoria |

**Primary Contact for the Activity**

|  |  |
| --- | --- |
| Contact’s Name: |  |
| Position: |  |
| Telephone: |  |
| Email: |  |

**Activity Overview**

**Give your activity a name:** *(in 10 words or less)*

|  |
| --- |
|  |

**Describe your activity:** *(in 50 words or less)*

|  |
| --- |
|  |

**Where will your activity take place?** *(Please provide a specific location)*

|  |
| --- |
|  |

**When will your activity take place?**

|  |  |
| --- | --- |
| Activity Start Date: |  |
| Activity End Date: |  |

**What will the grant pay for?**

|  |
| --- |
|  |

**Who will be involved in this activity?**

*(Please tell us which other groups may be involved in the planning of or participation in this activity)*

|  |
| --- |
|  |

**What benefits will this activity provide to the community?**

In the table below please indicate the extent to which the activity will assist the community with its recovery from the 2009 bushfires or strengthen the local community.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **This project will have the following benefits that support recovery and strengthen community** | **not at all** | **a little bit** | **quite a bit** | **a lot** |
| Create or renew connections to people |  |  |  |  |
| Create or renew connections to place |  |  |  |  |
| Support each other through difficult times |  |  |  |  |
| Provide opportunity to reflect and remember |  |  |  |  |
| Acknowledge an important milestone |  |  |  |  |
| Promote community health and wellbeing |  |  |  |  |
| Work together towards a shared goal |  |  |  |  |
| Reflect community experience through creative expression |  |  |  |  |
| Preserve the existing memorials that represent our memory |  |  |  |  |
| Build, promote and strengthen a sense of community identity |  |  |  |  |

|  |  |
| --- | --- |
| Have you spoken to the Grants Coordinator about your application? | Yes / No |
| Date of discussion: |  |

Please tell us a little more about your event.

|  |  |
| --- | --- |
| Have you contacted Council to discuss any type of permit for this activity? | Yes / No |
| If yes, please provide details of permit(s) and your contact’s name. |  |

|  |  |
| --- | --- |
| Have you contacted Council to discuss any Council services you might need for this activity? | Yes / No |
| If yes, please provide details of Council service(s) and your contact’s name. |  |

|  |  |
| --- | --- |
| **If you answered no to the questions above, that’s okay. The information in this form and your answers to the questions below will help us decide if you need a permit or Council service. We will contact you if you need one or both.** | |
| How many people are expected to attend/how big is the event? |  |
| Do you have Public Liability insurance to cover this event? |  |
| Will there be any temporary structures erected? If yes:   * will the area be fenced off? * what is the size in square meters of the temporary structure (eg stage, marquee, pre-fabricated building, spectator stand)? |  |
| Will there be food and/or beverages involved or available?   * simple sausage sizzle * BBQ or other meat products (eg egg and bacon rolls, meat rolls) * packaged foods (eg cakes, bottles, jams, biscuits, tea, coffee) * any other type of product |  |
| Will there be any alcohol?   * supplied * consumed |  |
| Will any roads need to be closed?  If yes, please name the road/street to be closed. |  |
| Will there be an impact on Council toilets?  Will extra cleaning or supplies be needed? |  |
| Will you require additional garbage or recycling bins for the event?  If yes, how many will you require? |  |

Is there anything else you would like to tell us about your event or project?

|  |
| --- |
|  |

Project Budget

Please provide specific details of the total budget for the project. This may include details on labour costs, materials, equipment, venue hire, etc.

Income and expenditure totals must be equal.

Income

|  |  |
| --- | --- |
| Item | Amount |
| Amount requested from this program | $ |
| Contribution from your group | $ |
| In kind or volunteer contributions from your group | $ |
| Other (please specify) | $ |
|  | $ |
|  | $ |
|  | $ |
| Total Income for the Activity | $ |

Expenditure

|  |  |
| --- | --- |
| Item | Amount (including GST) |
| In kind expenditure (should match your in kind contributions) | $ |
| Other (please specify) | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| Total Expenditure for the Activity (incl GST) | $ |

Declaration

I have read the guidelines relating to the 2009 Victorian Bushfires Commemoration and Community Development Grants Scheme and certify to the best of my knowledge that the information provided in this application is true and correct.

I understand that this application may not necessarily result in approval of funding.

I have the authority to submit this application on behalf of my community group.

If this application is approved:

We will sign a letter of offer and return it to Council indicating our acceptance of the grant.

We will spend the funds for the purpose described in this application or seek written approval to make changes to the purpose.

Using the form Council provides to us, after the activity is complete we will provide Council with a summary of our event or project and a list of expenditure by Monday, 15 April 2019.

We will return unspent funds to Council to return to the Victorian Government.

Name

Position

Signature Date

Name

Position

Signature Date