

Medium Grants Application Form

Form Preview

Organisation Name and Contact Details

* indicates a required field

Important Information

Before completing this application form please read the [Medium Community Grants Program Guidelines](#).

For certain projects, additional compliance with events, permits and insurances may be required. Please consider the Victorian Government regulations and advice regarding [COVID Safe Events](#).

When you have completed your application form, please ensure you click **SUBMIT** at the end of the form. You will receive a confirmation email to confirm your application has been received.

The Community Funding Team are here to help. We encourage you to speak to our team if you need support or assistance with your application. The Community Funding Team can be contacted on (03) 8571 1432 or via commgrants@cgd.vic.gov.au.

All the best on behalf of the Community Funding Team!

Confirmation of Eligibility

I confirm that the applicant:

- Has read and understands the program guidelines.
- Is a not-for-profit incorporated association or similar incorporated legal entity, or be auspiced by another not-for-profit incorporated organisation or similar legal entity.
- Is based within, or provides services to, the residents of the City of Greater Dandenong.
- Has complied with the conditions and reporting requirements of all previous grants and funding provided by the City of Greater Dandenong.
- Will implement their proposal within the Medium Grants Program project period.
- Applications from schools will only be considered for activities that are outside of the school's core responsibilities and are open to, and benefit, the wider community (core responsibilities include curriculum activities, school concerts, camps, inter-school sports, and similar regular activities undertaken by schools).
- Government-affiliated local volunteer groups providing a civic service (such as Country Fire Authority or Victorian State Emergency Services) are eligible for community engagement and awareness raising activities beyond the scope of the Statutory Authority's support.
- If projects have demonstrated evidence of a high achievement of intended outcomes they may be considered for repeat applications beyond two consecutive years of funding.
- If successful, will be required to show evidence of appropriate Public Liability Insurance.

Please select below: *

☐ Yes

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

Medium Grants Application Form

Form Preview

Applicant Details

Organisation name *

Organisation Name

Provide full name registered with Consumer Affairs Victoria, Australian Business Register or equivalent.

Postal address *

Address

Suburb

State

Postcode

Applicant website

Must be a URL.

Contact Details

Primary Contact

Primary contact person *

Title

First Name

Last Name

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

Secondary Contact

Secondary contact person *

Title

First Name

Last Name

Please nominate a second person we can correspond with about this grant.

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Contact phone number *

Must be an Australian phone number. Please include the area code.

Contact phone number *

Must be an Australian phone number. Please include the area code.

Contact email address *

Must be an email address.
Must be an email address that is current and checked regularly.

Contact email address *

Must be an email address that is current and checked regularly.

Organisation Status and Eligibility

* indicates a required field

What is the purpose of your organisation? *

Word count:

Must be between 10 and 100 words.

If your organisation has a Statement of Purpose please include this.

Medium Grants Application Form

Form Preview

Please indicate which one of the following applies to your organisation: *

- | | |
|---|---|
| <input type="checkbox"/> Sport club | <input type="checkbox"/> Artistry or performance group |
| <input type="checkbox"/> Hobby club | <input type="checkbox"/> Educational institution |
| <input type="checkbox"/> Senior group | <input type="checkbox"/> Social Support Services |
| <input type="checkbox"/> Youth group | <input type="checkbox"/> Religious or faith-based institution |
| <input type="checkbox"/> Childrens and families group | <input type="checkbox"/> Interfaith |
| <input type="checkbox"/> Cultural group | <input type="checkbox"/> Peak body |
| <input type="checkbox"/> Service club | <input type="checkbox"/> Social enterprise |
| <input type="checkbox"/> Environmental group | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Social support group | |

Where does your organisation conduct most of its meetings / activities? *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia

How long have you provided services in the City of Greater Dandenong? *

What is your organisation's annual revenue? *

- ☐ Less than \$50,000
☐ \$50,000 or more, but less than \$250,000
☐ \$250,000 or more, but less than \$1 million
☐ \$1 million or more, but less than \$10 million
☐ \$10 million or more.

What is your organisation's legal structure? *

Unincorporated Organisations must be auspiced in order to be eligible for this grant.

Does your organisation have an ABN? *

☐ Yes ☐ No

What is your incorporation number or equivalent? *

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	

Medium Grants Application Form

Form Preview

Main business location

Must be an ABN.

Is your organisation faith based, faith affiliated or politically affiliated? *

☐ Yes ☐ No

Does your project promote specific political or religious views?

☐ Yes ☐ No

The Medium Grants Guidelines prohibits Council funding to be used on projects that promote specific political or religious views. Please contact the Funding Team for advice before proceeding.

What steps is your organisation taking to ensure that Council funding is not used to promote religious or political views? *

Word count:

Must be between 10 and 50 words.

Under the program guidelines, activities that promote specific political or religious views are ineligible. Faith based organisations can apply for grants, as long as the activity is not used to promote religious views.

Attachments

Please attach a copy of your organisation's documents below:

Most recent Annual Financial Statement *

Attach a file:

Your financial statement should include a Profit and Loss Statement/Statement of Financial Performance and a Balance Sheet/Statement of Financial Position. If your organisation is newly formed please attach a year-to-date Financial Statement. For more information on Financial Statements and auditing requirements for incorporated associations, please check out the Consumer Affairs Victoria by clicking [here](#).

Victorian Child Safe Standards

All Victorian organisations that provide services or facilities to children are required by law to comply with the Child Safe Standards. Information is available in multiple languages, please click [here](#) for further information.

Does your organisation provide services or facilities to children or engage children as contractors, employees or volunteers whether paid or unpaid? *

☐ Yes ☐ No

Child means a child or young person who is under the age of 18 years

Will children ever attend activities/events that you organise? *

Medium Grants Application Form

Form Preview

☐ Yes

☐ No

Child means a child or young person who is under the age of 18 years

As your activity involves working with any person under the age of 18, you agree to be compliant with legislation and regulations relating to child safety including but not limited to the Worker Screening Act 2020 and the Working with Children Regulations 2016. In addition, you agree to work in compliance with the Victorian Child Safe Standards <https://ccyp.vic.gov.au/child-safety>.

If your organisation is not yet fully compliant with the Child Safe Standards, you agree to be actively working towards compliance to the satisfaction of the Commission for Children and Young People and will report progress towards this to the City of Greater Dandenong as requested.

Please note, successful applicants may be requested by Council to provide evidence of compliance with Child Safe Standards.

Organisation agrees to be compliant with relevant legislation. *

☐ Yes

Auspice Organisation

* indicates a required field

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you are not incorporated and do not have an auspice organisation, you are not eligible to apply for this grant.

An auspice organisation needs to be an eligible incorporated entity. Please ensure that the auspice organisation meets the applicant eligibility criteria.

Name of auspicing organisation *

Organisation Name

Auspicing organisation's postal address *

Address

Suburb

State

Postcode

Auspicing organisation's website

Must be a URL

Please explain your auspice arrangement. *

ABN of auspicing organisation

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

ACNC Registration

[More information](#)

Medium Grants Application Form

Form Preview

Must be no more than 50 words.
Please explain your relationship and responsibilities between you and the auspice organisation.

Tax Concessions

Main business location

Must be an ABN

Primary contact person at auspicing organisation *

Title

First Name

Last Name

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

Position held in organisation *

e.g. Manager, CEO

Contact primary phone number *

Must be an Australian phone number.
Please include the area code.

Contact email address *

Must be an email address

Auspice organisation's legal structure *

Auspice organisation's incorporation number or equivalent *

Attachments

Please attach a copy of the Auspice Organisation's:

Most recent Annual Financial Statement *

Attach a file:

Your financial statement should include a Profit and Loss Statement / Statement of Financial Performance and a Balance Sheet / Statement of Financial Position.

Letter from the auspicing organisation confirming this arrangement is valid and current *

Attach a file:

Letter must be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and must include, name, position, signature and date.

Project Information

* indicates a required field

Project Brief Outline

Project title - What is the name of your project? *

Must be no more than 10 words.
Your title should be short but descriptive.

Project summary *

Word count:

Medium Grants Application Form

Form Preview

Must be between 10 and 150 words.

Provide a short clear overview of your project. Include what you are planning, where it will be held (location), how many people will attend and who will participate.

Who are the primary beneficiaries of this project/program? *

No more than 5 choices may be selected.

Choose the main group/groups who will receive the most benefit from this project.

What are the primary areas of focus for this project/program? *

No more than 5 choices may be selected.

List the main area this project relates to e.g. Arts, Sport, Health, Community Development.

What will be the benefits/changes for participants and/or your organisation? *

Must be between 10 and 150 words.

Think about the project outcomes - the effects that a project/program has on the people, businesses, community or environment that are involved in or acted upon by a particular intervention. If you need help understanding what outcomes are please talk to one of our Community Funding Officers.

Activities

Tell us about the activities you will undertake in order to create change. List one per row. Please click on 'Maximise' to expand the table to full screen.

Activity	Location	Start date	End date	Explanatory notes
One per row. Add more rows if you want to list additional activities.	Where will your activity occur? Leave blank if location is unknown or not relevant. Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.	Leave blank if date is unknown or not relevant. Must be a date and between 1/7/2025 and 30/6/2026.	Leave blank if date is unknown or not relevant. Must be a date and between 1/7/2025 and 30/6/2026.	Add notes if you need to provide more context.

Outcomes

Please click on 'Maximise' to expand the table to full screen. Further information on Outcomes can be found by [clicking here](#).

Which of the program outcomes will your project aim to achieve/progress towards? How will your project activities help to achieve/make progress towards this outcome?

Medium Grants Application Form

Form Preview

Which of our outcome goals will your project contribute to? If multiple apply, pick the most relevant. If you would like to add more outcomes, please click the plus sign at the end of the row or the "Add More" button in the bottom right corner. You must select at least 1 outcome. You can add up to a maximum of 5. No more than 1 choice may be selected.	Please explain how your project activities contributes to achieving the outcome. Must be between 10 and 150 words.

Project Rationale

Please click on 'Maximise' to expand the table to full screen.

Rationale	Evidence
What is the need or desire in the community that the project will address? Must be between 10 and 250 words.	How did you identify the need for this project? Must be between 10 and 250 words.

Participation

A metric is a measurement designed to indicate the level of progress towards achieving an outcome. Each project is required to address six mandatory metrics listed below. If successful you will need to report on these metrics. Please click on 'Maximise' to expand the table to full screen.

Metric	Target	Collection method	Explanatory notes
One per row. Add more rows if you want to list additional metrics. This question is read only.	Identify a target for this metric - an estimated total for your project. Must be a number.	How will you collect and verify the data? E.g. Attendance count, survey, interviews/case studies, focus groups, administrative data (e.g. case management data), observation/estimation, government or public dataset (e.g. Census), other datasets. Must be no more than 50 words.	Add notes if you need to provide more context.
Total Number of participants who benefit from the project			
Number of participants who are Greater Dandenong residents			
Number of volunteers involved in the project			
Number of volunteers from the City of Greater Dandenong			
Estimated total number of volunteer hours contributed			

Medium Grants Application Form

Form Preview

Number of paid staff involved in the project			
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Capacity and Risk

Now that we know about your project/program, we want to find out more about your ability to undertake the work you propose.

Please provide some information about your organisation that will give confidence that the work described in this application can be completed on time and within budget. Include your organisation's experience/expertise and how you are going to manage potential projects risks: *

Word count:

Must be between 10 and 150 words.

Include in this section information about how you will make sure to complete the project/program within the proposed timeline. Provide information also about any past work that may demonstrate your organisation's capacity to undertake the work described in this application (e.g. staff, volunteers, expertise, etc).

Partnerships

Will any other groups or organisations contribute to or assist with delivery of the project? If so please provide details in the table below. Please click on 'Maximise' to expand the table to full screen.

Organisation	Contact Person	How will they be involved?

Supporting Healthy Partnerships

City of Greater Dandenong is looking to guide community organisations and grant applicants towards creating healthier partnerships when engaging with the Community Grants Program. Healthier partnerships promote moving away from supporting harmful industries such as alcohol, tobacco and gaming industries. By doing this, Council can create an environment where community organisations and grant applicants seek healthier local options to support their community events and projects.

Will this grant be used to purchase or promote the consumption of alcohol, tobacco or increase exposure to gaming activities? *

☐ Yes

☐ No

Please describe the details of how funding received would be used to support the consumption of alcohol, tobacco or increase exposure to gaming activities? *

Medium Grants Application Form

Form Preview

Word count:

Must be between 5 and 100 words.

Project Budget

* indicates a required field

Please consider the below points before completing the project budget section:

- Budget to be GST exclusive
- Please provide full details for the entire project cost, not just the portion you wish to be covered by this grant application.
- Please provide clear and detailed information about your project income and expenses.
- Where possible break down larger expenses into smaller items. Do not combine expenses into unclear categories (e.g. "Activity Expenses").
- Provide clear descriptions for each budget item (e.g. for income: "Entry Fees" or "Business Sponsorship", or for expenses: "Venue Hire" or "Facilitator's Fee").
- Where possible include the unit cost and quantity in the Expenses table (e.g. "Venue Hire \$20 per hour x 12 hours").
- Do not include in-kind contributions in the Income and Expenses tables. These can be listed separately in the In-Kind Support table.
- For organisations that are GST registered all amounts should be GST exclusive.
- Please round up your budget items to 'whole' dollar amounts.
- Your budget **MUST** balance (INCOME LESS EXPENSES should equal \$0).

Total Amount Requested

*

\$

How much is the grant that you are requesting from Council?

Note: This is referring to cash only not in kind. This should be the same as the first line of the Income section of the Project Budget.

EXPENSES

Please indicate in the expense description which items are being covered by this grants. You can do this by placing "CGD" behind your expense item. Please click on 'Maximise' to expand the table to full screen.

Expense Description	Quantity	Expense Amount (\$)	Funding Source
E.g. Catering, food, equipment, venue hire, staffing, facilitator, etc.			Please tell us where the funding will come from (either Council, In Kind or other income source).
		\$	
		\$	
		\$	
		\$	

Medium Grants Application Form

Form Preview

		\$	
		\$	

TOTAL EXPENSES

\$

INCOME

Include any income including group contributions and other grants in this section. The Grant Amount requested under this income section must be the same as the *Total Amount Requested*. Please click on 'Maximise' to expand the table to full screen.

Income Description	Income Amount (\$)
Grant Requested from the Medium Grants Program	\$
	\$
	\$
	\$
	\$
	\$

TOTAL INCOME

\$

INCOME LESS EXPENSES (This amount should be zero)

\$

IN-KIND SUPPORT

In kind refers to goods, services, and transactions not involving money or not measured in monetary terms. What in-kind contributions have been made toward the project?

Non-financial inputs could include staff time, volunteer labour, borrowed equipment, donated materials, free use of facilities, or other pro bono or in-kind contributions and support. We suggest that general volunteer labour is valued at \$43 per hour. Project management, supervision or donated professional services may be valued at the prevailing market rate.

In-Kind Item	Estimated Value (\$)
	Must be a dollar amount.
	\$
	\$
	\$
	\$

TOTAL IN-KIND SUPPORT

\$

This number/amount is calculated.

Medium Grants Application Form

Form Preview

TOTAL PROJECT VALUE

\$

This number/amount is calculated.

Please attach quotes for large budget items:

Attach a file:

Quotes for venue hire, equipment or services (such as catering, etc) expense items that will be paid from the requested grant are strongly encouraged.

What is the minimum funding amount from City of Greater Dandenong this program/project can be run with? *

\$

Must be a dollar amount.

If you need full amount, just type full grant amount. Only change if you CAN run with minimum.

Additional Attachments:

Attach a file:

Any further information can be added here. This includes videos, support letters, etc. Please note that this is not necessary.

Certification and Feedback

* indicates a required field

Privacy Collection Statement

The personal information is being collected by the by Greater Dandenong City Council for the sole purpose of Council's Medium Grants Program. Your personal information will be held securely and used solely for the purpose it is collected for or a directly related purpose. It will not be disclosed to any external party without your written consent, unless required or authorised by law. If you fail to provide the requested information, Council may be unable to process your application. If you wish to access or amend your personal information, or if you believe your personal information has been breached, please contact Council's Information Privacy Officer on 8571 1000. Greater Dandenong City Council is strongly committed to the responsible handling of personal information and is compliant with the Privacy and Data Protection Act 2014 and the Health Records Act 2001. A copy of Council's Privacy and Personal Information Policy is available on Council's website at www.greaterdandenong.com.

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 am authorised by my group/organisation to complete this form and I certify that to the best of my knowledge the statements made within this application are true and correct and I will inform Council about any inaccuracies or changes. I understand that if City of Greater Dandenong approves a grant, I will be required to accept the conditions of the grant as outlined in the grant application, policy and/or letter of approval.

Medium Grants Application Form

Form Preview

I agree *

☐ Yes

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.

Please include the area code. 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.

When you have completed this form please click the **REVIEW** button at the end of this page. At the end of the review page press **SUBMIT**. Each applicant will receive a confirmation email when they successfully submit the form. If you haven't received the confirmation email please contact the Community Development Funding Officer on (03) 8571 1432.

Application Support and Feedback

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 on the application process and support provided. Your feedback is highly regarded and welcomed.

How did you learn about the Council's Community Grants Program? *

- ☐ Previous applicant
- ☐ Information provided by Council officer
- ☐ Social Media
- ☐ Newspaper advertisement
- ☐ Community Development E-Newsletter
- ☐ Council website
- ☐ Word of mouth
- ☐ Other:

Please indicate how you found the online application process: *

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

Have you spoken to a Council Officer in the development of your application? *

- ☐ Yes ☐ No

Which Council Officer(s) did you speak with?

Have you attended a grant information session this round? *

- ☐ Yes ☐ No

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

If yes, what aspect of the project/grant application did you discuss with the officer(s)?

- ☐ Grant round information/guidelines
- ☐ Project idea
- ☐ Project design
- ☐ Budget and quotes
- ☐ Completing grant application

Medium Grants Application Form

Form Preview

Estimate in minutes i.e. 1 hour = 60 minutes

☐ Other:

Please provide any comments or feedback regarding your application experience and any suggestions for future improvements:

Word count:

Must be no more than 100 words.