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.

Applicant Details

| Organisation Name * Organisation Name | | Address | ess * | | |
|--|-------------------|--------------|----------------|--------------|----------------|
| | | | | | |
| Provide full name registered w | | | | | |
| Affairs Victoria, Australian Bus | iness Register or | Suburb | State | Postcode | |
| equivalent. | | Suburb | State | rostcode | |
| Applicant website | | | | | |
| | | | | | |
| Must be a URL. | | | | | |
| Contact Details | | | | | |
| | | _ | | | |
| Primary Contact Primary contact person * | | | dary Cor | | |
| Title First Name | Last Name | Title | First Name | • " | Last Name |
| | | | | | |
| This is the main person we wil | I correspond with | | | | son we can |
| about this grant. | | correspo | nd with ab | out this gra | int. |
| Position held in organisation * | | Position hel | d in organisat | ion * | |
| | | | | | |
| e.g. Manager, Board Member, | Fundraising | e.g. Man | ager, Boar | d Member, | Fundraising |
| Coordinator | | Coordina | tor | | |
| Contact phone number * | | Contact pho | ne number * | | |
| · | | · | | | |
| Must be an Australian phone r | number. | Must be | an Australi | an phone n | umber. |
| Please include the area code. | | | | area code. | |
| Contact email address * | | Contact em | ail address * | | |
| | | | | | |
| Must be an email address. | | Must be | an email a | ddress that | is current and |
| Must be an email address that checked regularly. | 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.

| Please indicate which one of the □ Sport club □ Hobby club □ Senior group □ Youth group □ Childrens and families group □ Cultural group □ Service club □ Environmental group | e following applies to your organisation: * ☐ Artistry or performance group ☐ Educational institution ☐ Social Support Services ☐ Religious or faith-based institution ☐ Interfaith ☐ Peak body ☐ Social enterprise ☐ Other: |
|---|---|
| ☐ Social support group | |
| Where does your organisation conduct most of its m activities? * Address | eetings / How long have you provided services in the City of Greater Dandenong? * |
| Address | |
| Address Line 1, Suburb/Town, State/Pro Postcode are required. Country must be | |
| What is your organisation's legal structure? * | |
| Unincorporated Organisations must be order to be eligible for this grant. | auspiced in |
| Does your organisation have an ABN? * ○ Yes ○ No | |
| What is your incorporation num | ber or equivalent? * |
| ABN * | |
| The ABN provided will be used to lo check that you have entered the AB | ok up the following information. Click Lookup above to BN correctly. |
| Information from the Australian Busine | ss Register |
| ABN | - |
| Entity name | |
| ABN status | |
| Entity type | |
| Goods & Services Tax (GST) | |
| DGR Endorsed | |
| ATO Charity Type M | ore information |
| ACNC Registration | |
| Tax Concessions | |

| Main business location | |
|---|---|
| Must be an ABN. | |
| Is your organisation faith base ○ Yes | ed, faith affiliated or politically affiliated? * O No |
| O Yes The Medium Grants Guidelines prohib | ecific political or religious views? O No Dits Council funding to be used on projects that promote specific ntact the Funding Team for advice before proceeding. |
| What steps is your organisation to promote religious or politic | on taking to ensure that Council funding is not used cal views? * |
| | ties that promote specific political or religious views are ineligible. For grants, as long as the activity is not used to promote religious |
| Attachments | |
| Please attach a copy of your o | organisation's documents below: |
| Most recent Annual Financial Statement * | 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 Stand | lards |
| | ovide services or facilities to children are required by law ndards. Information is available in multiple languages, mation. |
| | de services or facilities to children or engage oyees or volunteers whether paid or unpaid? * O No who is under the age of 18 years |

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

| ○ Yes | ○ No |
|--------------------------------|---|
| Child means a child or young p | 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://ccvp.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. *

O 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 | ABN of auspicing organisation |
|--|--|
| Organisation Name | |
| | The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly. |
| Auspicing organisation's postal address * Address | Information from the Australian Business Register |
| | ABN |
| | Entity name |
| Suburb State Postcode | ABN status |
| | Entity type |
| | Goods & Services Tax (GST) |
| Auspicing organisation's website | DGR Endorsed |
| Must be a URL | ATO Charity Type <u>More information</u> |
| | ACNC Registration |
| Please explain your auspice arrangement. * | |

| | | | Tax Concessions | |
|---|--|--|--|----------------------|
| | no more than 50 word | | Main business location | |
| Please explain your relationship and responsibilities between you and the auspice | | | Must be an ABN | |
| organisat | | | | |
| | | | | |
| Primary cont | tact person at auspicing org | ganisation * | Contact email address * | |
| Title | First Name | Last Name | | |
| We may o | contact this person to | o verify that this | Must be an email address | |
| | arrangement is valid | | Auspice organisation's legal structure * | |
| Decition hale | d in average tion * | | Auspice organisation s legal structure | |
| Position neit | d in organisation * | | | |
| e.g. Mana | ager, CEO | | Auspice organisation's incorporation number or | equivalent * |
| | | | | |
| Contact prim | nary phone number * | | | |
| Must be a | an Australian phone r | number. | | |
| | clude the area code. | | | |
| A 1 1 I- | | | | |
| Attach | ments | | | |
| | | | | |
| Please a | attach a coby of | the Auspice Orga | anisation's: | |
| Please a | attacn a copy of | the Auspice Org | anisation's: | |
| | Annual Financial Statement | | Letter from the auspicing organisation confirming is valid and current * | ng this arrangement |
| Most recent | | | Letter from the auspicing organisation confirming | ng this arrangement |
| Most recent Attach a file: Your finar | Annual Financial Statement | t* Id include a Profit | Letter from the auspicing organisation confirmir is valid and current * Attach a file: | |
| Most recent Attach a file: Your finan and Loss | Annual Financial Statement | ld include a Profit ent of Financial | Letter from the auspicing organisation confirmir is valid and current * Attach a file: Letter must be signed by an appropriauthorised person (e.g. manager, CE) | riately EO, Board |
| Most recent Attach a file: Your finan and Loss | Annual Financial Statement ncial statement shou Statement / Statement nce and a Balance SI | ld include a Profit ent of Financial | Letter from the auspicing organisation confirmir is valid and current * Attach a file: Letter must be signed by an appropri | riately EO, Board |
| Most recent Attach a file: Your finar and Loss Performa | Annual Financial Statement ncial statement shou Statement / Statement nce and a Balance SI | ld include a Profit ent of Financial | Letter from the auspicing organisation confirmir is valid and current * Attach a file: Letter must be signed by an appropriauthorised person (e.g. manager, CE Chair) and must include, name, posi | riately EO, Board |
| Most recent Attach a file: Your finar and Loss Performa Financial | Annual Financial Statement ncial statement shou Statement / Statement nce and a Balance SI Position. | ld include a Profit ent of Financial heet / Statement of | Letter from the auspicing organisation confirmir is valid and current * Attach a file: Letter must be signed by an appropriauthorised person (e.g. manager, CE Chair) and must include, name, posi | riately EO, Board |
| Most recent Attach a file: Your finar and Loss Performa Financial | Annual Financial Statement ncial statement shou Statement / Statement nce and a Balance SI | ld include a Profit ent of Financial heet / Statement of | Letter from the auspicing organisation confirmir is valid and current * Attach a file: Letter must be signed by an appropriauthorised person (e.g. manager, CE Chair) and must include, name, posi | riately EO, Board |
| Most recent Attach a file: Your finar and Loss Performal Financial | Annual Financial Statement ncial statement shou Statement / Statement nce and a Balance SI Position. | ld include a Profit ent of Financial heet / Statement of | Letter from the auspicing organisation confirmir is valid and current * Attach a file: Letter must be signed by an appropriauthorised person (e.g. manager, CE Chair) and must include, name, posi | riately EO, Board |
| Most recent Attach a file: Your finar and Loss Performa Financial Projec * indicat | Annual Financial Statement ncial statement shou Statement / Statemen nce and a Balance SI Position. et Information ees a required field | ld include a Profit ent of Financial heet / Statement of | Letter from the auspicing organisation confirmir is valid and current * Attach a file: Letter must be signed by an appropriauthorised person (e.g. manager, CE Chair) and must include, name, posi | riately EO, Board |
| Most recent Attach a file: Your finar and Loss Performa Financial Projec * indicat | Annual Financial Statement ncial statement shou Statement / Statement nce and a Balance SI Position. | ld include a Profit ent of Financial heet / Statement of | Letter from the auspicing organisation confirmir is valid and current * Attach a file: Letter must be signed by an appropriauthorised person (e.g. manager, CE Chair) and must include, name, posi | riately EO, Board |
| Most recent Attach a file: Your finar and Loss Performa Financial Project * indicat Project | Annual Financial Statement ncial statement shou Statement / Statemen nce and a Balance SI Position. et Information ees a required field | ld include a Profit ent of Financial heet / Statement of | Letter from the auspicing organisation confirmir is valid and current * Attach a file: Letter must be signed by an appropriauthorised person (e.g. manager, CE Chair) and must include, name, posiand date. | riately EO, Board |
| Most recent Attach a file: Your finar and Loss Performa Financial Project * indicat Project | Annual Financial Statement ncial statement shou Statement / Statement nce and a Balance SI Position. et Information less a required field t Brief Outline | ld include a Profit ent of Financial heet / Statement of | Letter from the auspicing organisation confirmir is valid and current * Attach a file: Letter must be signed by an appropriauthorised person (e.g. manager, CE Chair) and must include, name, posiand date. | riately EO, Board |
| Most recent Attach a file: Your finar and Loss Performa Financial Project Project Must be r | Annual Financial Statement ncial statement shou Statement / Statemen nce and a Balance Si Position. et Information es a required field t Brief Outline title - What is th | it* Ild include a Profit ent of Financial heet / Statement of the stateme | Letter from the auspicing organisation confirmir is valid and current * Attach a file: Letter must be signed by an appropriauthorised person (e.g. manager, CE Chair) and must include, name, posiand date. | riately EO, Board |
| Most recent Attach a file: Your finar and Loss Performa Financial Project Project Must be r | Annual Financial Statement ncial statement shou Statement / Statemen nce and a Balance SI Position. et Information es a required field t Brief Outline title - What is th | it* Ild include a Profit ent of Financial heet / Statement of the stateme | Letter from the auspicing organisation confirmir is valid and current * Attach a file: Letter must be signed by an appropriauthorised person (e.g. manager, CE Chair) and must include, name, posiand date. | riately EO, Board |
| Most recent Attach a file: Your finar and Loss Performa Financial Project * indicat Project Must be r Your title | Annual Financial Statement ncial statement shou Statement / Statemen nce and a Balance Si Position. et Information es a required field t Brief Outline title - What is th | it* Ild include a Profit ent of Financial heet / Statement of the stateme | Letter from the auspicing organisation confirmir is valid and current * Attach a file: Letter must be signed by an appropriauthorised person (e.g. manager, CE Chair) and must include, name, posiand date. | riately EO, Board |
| Most recent Attach a file: Your finar and Loss Performa Financial Project * indicat Project Must be r Your title | Annual Financial Statement Incial statement shou Statement / Statement Ince and a Balance Statement Ince and a Balance Statement Ince are quired field It Brief Outline It title - What is the should be short but incessed in the statement of the should be short but incessed in the statement income than 10 word should be short but incessed in the statement income than 10 word should be short but income that the should be short but income the should be short but income that the should be sho | it* Ild include a Profit ent of Financial heet / Statement of the stateme | Letter from the auspicing organisation confirmir is valid and current * Attach a file: Letter must be signed by an appropriauthorised person (e.g. manager, CE Chair) and must include, name, posiand date. | riately EO, Board |
| Most recent Attach a file: Your finar and Loss Performa Financial Project * indicat Project Must be r Your title | Annual Financial Statement Incial statement shou Statement / Statement Ince and a Balance Statement Ince and a Balance Statement Ince are quired field It Brief Outline It title - What is the should be short but incessed in the statement of the should be short but incessed in the statement income than 10 word should be short but incessed in the statement income than 10 word should be short but income that the should be short but income the should be short but income that the should be sho | it* Ild include a Profit ent of Financial heet / Statement of the stateme | Letter from the auspicing organisation confirmir is valid and current * Attach a file: Letter must be signed by an appropriauthorised person (e.g. manager, CE Chair) and must include, name, posiand date. | riately EO, Board |

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. | is unknown or not relevant. Must be a date and | 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 <u>clicking here</u>.

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

| 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. | Please explain how your project activities contributes to achieving the outcome. Must be between 10 and 150 words. |
|---|---|
| You must select at least 1 outcome. You can add up to a maximum of 5. No more than 1 choice may be selected. | |
| | |

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 | How did you identify the need for this project? |
| the project will address? | Must be between 10 and 250 words. |
| 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. | |
| 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 | | | |

| Number of paid staff | | | | | |
|--|--|--|--|--|--|
| involved in the project | | | | | |
| 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 infor confidence that the work of and within budget. Include are going to manage poten | described in thi e your organisa | s application cation to the second care to the seco | an be | completed on time | |
| | | | | | |
| Word count: Must be between 10 and 150 wo Include in this section informatio within the proposed timeline. Proyour organisation's capacity to u expertise, etc). | n about how you w vide information a | lso about any past | work th | nat may demonstrate | |
| Partnerships | | | | | |
| Will any other groups or orga | nications contribu | ito to or assist w | | | |
| so please provide details in the to full screen. | | | | | |
| so please provide details in th | | ease click on 'Ma | aximise | | |
| so please provide details in the to full screen. | ne table below. Pl | ease click on 'Ma | aximise | " to expand the table | |
| so please provide details in the to full screen. | ne table below. Pl | ease click on 'Ma | aximise | " to expand the table | |
| so please provide details in the to full screen. Organisation | Contact Perso | ease click on 'Ma | aximise | " to expand the table | |
| so please provide details in the to full screen. | Contact Perso | ease click on 'Ma | aximise | " to expand the table | |
| so please provide details in the to full screen. Organisation | Contact Personal Contac | community orga engaging with th ing away from su s. By doing this, and grant applica | nisation e Comportir | ill they be involved? Ins and grant applicants munity Grants and harmful industries I can create an | |
| Supporting Healthy Particular of Greater Dandenong is towards creating healthier partnersh such as alcohol, tobacco and environment where communication for the following such as alcohol, tobacco and environment where communications in the following such as alcohol, tobacco and environment where communications in the following such as alcohol, tobacco and environment where communications in the following such as alcohol, tobacco and environment where communications in the following such as alcohol, tobacco and environment where communications in the following such as alcohol, tobacco and environment where communications in the following such as alcohol, tobacco and environment where communications is also alcohol. | Contact Personal Contac | community orga engaging with th ing away from su s. By doing this, and grant applica d projects. | nisation nisation ne Comportin Counci | ns and grant applicants munity Grants ng harmful industries I can create an ek healthier local | |

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 Amo | unt Req | uested |
|-----------|---------|--------|
|-----------|---------|--------|

Expanse Description Quantity

\$

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.

Expanse Amount (¢) Eunding Source

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 (\$) runding 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). |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

| | \$ | | |
|----------------|----|--|--|
| | \$ | | |
| | | | |
| 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) | \$ |
|-----------------------------|------------------------------|----|
| | , | Ψ |

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. | |

TOTAL PROJECT VALUE

This number/amount is calculated.

Please attach quotes for large budget items:

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

Quotes for venue hire, equipment or services (such Must be a dollar amount. as catering, etc) expense items that will be paid from the requested grant are strongly encouraged. amount. Only change if you CAN run with

If you need full amount, just type full grant 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.

| I agree * | ○ Yes | | | |
|-----------------------------|---|---|--------------------|---------------|
| Name of authorised person * | Title Must be a | First Name | Last Name | appropriately |
| Position * | authorised | | | |
| Contact phone number * | Please incl | a Australian phone nu ude the area code. W ation is authorised by | Ve may contact you | |
| Contact Email * | D. C. | | | |
| Date * | Must be an | email address. | | |
| | 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 | Please indicate how you found the online application process: * O Very easy O Reutral O Difficult O Very difficult |
|--|---|
| □ Newspaper advertisement □ Community Development E-Newsletter □ Council website | Have you spoken to a Council Officer in the development of your application? * O Yes No |
| ☐ Word of mouth ☐ Other: | |
| | Which Council Officer(s) did you speak with? |
| Have you attended a grant information session this round? * | |
| O Yes O No | If yes, what aspect of the project/grant application did you discuss with the officer(s)? Grant round information/quidelines |
| How many minutes in total did it take you to complete this application? $\mbox{*}$ | Project idea Project design Budget and quotes Completing grant application |

| Estimate in minutes i.e. 1 hour = 60 minutes | □ Other: |
|---|--|
| Please provide any comments or feedba and any suggestions for future improve | ack regarding your application experience ements: |
| Word count: Must be no more than 100 words | |