Applicant 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 based within, or provide services to, the residents of the City of Greater Dandenong.
- Is not employed by the City of Greater Dandenong Council.
- 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.
- 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 statements above are true and correct.) Applicant Details

Applicant name *
Organisation Name

Provide full name. If registered with Australian
Business Register or equivalent, please ensure
your name aligns with these registrations.

Postal address *
Address

Suburb State Postcode

Applicant we	ebsite					
Must be a	LIDI					
Must be a	JUNE.					
Contac	ct Details					
Applicant Co	ant Contact De	tails	Secondary of	dary Contact contact person * First Name	Last Name	
Title	This Name	Lust Name	Title	THISE NUME	Lust Nume	
		vill correspond with to be the applicant.		Please nominate a second person we can correspond with about this grant.		
Contact pho	ne number *		Relation to	Applicant *		
	an Australian phone clude the area code		e.g. Man Coordina		nber, Fundraising	
Contact ema	il address *		Contact pho	ne number *		
Must be a	an email address.		Must be	an Australian pho	one number.	
Must be a checked	an email address th regularly.	at is current and		clude the area co	ode.	
			Contact em	ail address *		
				an email address regularly.	s that is current and	
Artist	Profile					
* indicat	es a required field	d				
Artist I	Profile					
Please	tell us about yo	ur artist biogra	phy and ex	«perience. *		
Word co Must be b	unt: petween 10 and 150) words.				
Please in. *	list any Council	projects/activit	ies and/or	events you h	ave been involved	
Word co	unt: between 5 and 100	words.				

If applicable, have you obtained all required approvals for the proposed project? *

Word count:	
Must be between 5 and 100 words.	
Depending on the project you may n require an Event Permit or Planning I	
Government regulations and advice	
Do you have an ABN number?	• *
Yes	○ No
	-
ABN *	
ADN "	
The APN provided will be used to	look up the following informat
The ABN provided will be used to check that you have entered the	
Information from the Australian Busi	•
ABN	3
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	
I A I O CHAHLY I VDE	More information
	More information
ACNC Registration Tax Concessions	More information
ACNC Registration	More information
ACNC Registration Tax Concessions Main business location	More information
ACNC Registration Tax Concessions Main business location	More information
ACNC Registration Tax Concessions	More information
ACNC Registration Tax Concessions Main business location Must be an ABN.	
ACNC Registration Tax Concessions Main business location Must be an ABN. Individual Attachments	

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:

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 artistic practice? *

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 Support Officers on 8571 1000 or read the help sheets at www.ourcommunity.com.au/evaluation

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.	location is unknown	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.

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	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	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 200 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.	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.	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		
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 information about this project 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: *

Mord count:

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 capacity to undertake this work (e.g. staff, volunteers, expertise, etc).

Partnerships

Will any other individuals, 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 the grant funding	you are applying for be used to purchase or promote the
consumption of alcoho	or increase exposure to gaming activities?
○ Yes	○ No

Please describe the details o or more of the above mentio	f how funding received would be used to support one ned industries?
Project Budget	
* indicates a required field	
Please consider the below points	s before completing the project budget section:
covered by this grant applica Please provide clear and de Where possible break down expenses into unclear categ Provide clear descriptions for or "Business Sponsorship", of Where possible include the Hire \$20 per hour x 12 hours Do not include in-kind control listed separately in the In-King For organisations that are Governments Please round up your budge	or the entire project cost, not just the portion you wish to be ation. tailed information about your project income and expenses. larger expenses into smaller items. Do not combine ories (e.g. "Activity Expenses"). or each budget item (e.g. for income: "Entry Fees" or for expenses: "Venue Hire" or "Facilitator's Fee"). unit cost and quantity in the Expenses table (e.g. "Venue 5"). ibutions in the Income and Expenses tables. These can be
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.
EVENCEC	

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 Qua	uantity	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).	
		\$		
		\$		
		\$		

		\$		
		\$		
		\$		
TOTAL EXPENSES		\$		
INCOME				
Include any income inc click on 'Maximise" to e			this section. Please	
Income Description		Income Amount (\$)		
Grant Requested from the	e Medium Grants Program			
		\$ \$		
		<u>\$</u>		
		\$		
		\$		
TOTAL INCOME \$ INCOME LESS EXPENSES (This amount should be zero) \$				
IN-KIND SUPPORT				
What other resource	s will you need in ord	der to successfully ca	arry out this project?	
Non-financial inputs condonated materials, free support.				
We suggest that general and volunteer supervision may be valued at the p	ion can be valued at \$3			
In-Kind Item		Estimated Value (\$)		
		Must be a dollar amount.		
		\$		
		\$ \$		
		\$ \$		
		J. '		
TOTAL IN-KIND SUPP	ORT	\$		

Individual Artist Grants Application Form

	This number/amount is calculated.		
TOTAL PROJECT VALUE	\$		
	This number/amount is calculated.		
Please attach quotes for venue hire, equipment or services (catering company) expense items that will be paid from the	What is the minimum amount of funding from City of Greater Dandenong this program/project can be run with? *		
requested grant. Attach a file:	\$		
	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. 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 the individual applicant or an appropriately authorised person.

I am the applicant or authorised to complete this form on behalf of the applicant 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.

l agree *	0 . 22	○ Yes			
Name of authorised person *		First Name e a senior staff memore sed volunteer	Last Name nber, board member or appropriately		
Position *	Applica	nt or other authoris	ed position.		
Contact phone number *	Please i	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	e an email address.			
Date *	Must be	e a date.			
	review a confi form. If please	W button at the e page press SUBI rmation email wh f you haven't rece	red this form please click the end of this page. At the end of the MIT. Each applicant will receive en they successfully submit the eived the confirmation email munity Development Funding		

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 Neutral Difficult O Very difficult	
Social Messpaper advertisement Community Development E-Newsletter Council website Word of mouth Other:	Have you spoken to a Council Officer in the development of your application? * O Yes No	
Li otter.	Which Council Officer(s) did you speak with?	
Have you attended a grant information session this round? * ○ Yes ○ No	If yes, what aspect of the project/grant application did you discuss with the officer(s)?	

How many minutes in total did it take you to complete this application? * Estimate in minutes i.e. 1 hour = 60 minutes	☐ Grant round information/guideline ☐ Project idea ☐ Project design ☐ Budget and quotes ☐ Completing grant application ☐ Other:	es
Please provide any comments or feedbacand any suggestions for future improven		plication experience