

# Our Street NPK Grants Scheme Application Form

## Form Preview

### Organisation Name and Contact Details

\* indicates a required field

#### Important Information

Before completing this application form please read the Our Street NPK Grants Scheme Guidelines.

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

Please make sure your project is clear, specific and all supporting documents are provided. Incomplete applications will not be eligible to be considered for funding. Applications cannot be submitted after the closing date.

The Placemaking Team are here to help. We strongly recommend you speak to one of the team before proceeding. Please contact the **Placemaking and Revitalisation Team** on **(03) 8571 5394** or at **placemaking@cgd.vic.gov.au** before the application round closes.

When you have completed this form please click the **SUBMIT** button at the end of the form. If you do not receive a confirmation email, your application **has not been received**. Please check that you have completed all required questions before attempting to submit again.

#### Checklist

##### Form builder checklist:

Organisations, businesses and auspice organisations must:

- Ensure you have an up-to-date Financial Statement. This is a required attachment in the application.
- Auspice Organisation must supply a Support Letter for the application.

If your application is successful, you will need to ensure:

- If you do not have public liability insurance that you will be applying for grant funds to acquire it. This must be represented in your budget.
- That you carry out your project within the agreed timeline.
- That you are in communication with the Placemaking Team about your project.

#### Applicant Details

**Applicant name \***  
Organisation Name

Please use your individual, group or organisation's full name as registered with CAV, ABR, etc. where applicable.

**Applicant Status**

**Postal address \***  
Address

Suburb

State

Postcode

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**Applicant website**

Must be a URL.

**Do you require access support to complete the application?**

Please advise what support is required and if this is needed for one or both contact persons.

## Contact Details

### Primary Contact

**Primary contact person \***

Title

First Name

Last Name

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

**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 email address \***

Must be an email address. Please ensure this is an email address that is checked regularly.

### 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

**Contact phone number \***

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

**Contact email address \***

Must be an email address. Please ensure this is an email address that is checked regularly.

## 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 following applies to your organisation:**

☐ Sport club

☐ Environmental group

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- ☐ Hobby club
- ☐ Senior group
- ☐ Youth group
- ☐ Childrens and families group
- ☐ Cultural group
- ☐ Service club

- ☐ Social support group
- ☐ Artistry or performance group
- ☐ Educational institution
- ☐ Business
- ☐ Other:

**What is your organisation's legal structure? \***

If your organisation is unincorporated it must have an auspice organisation.

**Does your organisation have an ABN? \***

☐ Yes

☐ No

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

☐ Yes

☐ No

**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 for the last financial year?**

Must be a number.

**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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

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**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 or Journal of Transactions.

**Additional Attachments:**

Attach a file:

Any further information can be added here. Please note that this is not necessary.

## 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 see the [link](#).

**Does your organisation provide any services or facilities specifically for children, or engage (whether paid or unpaid) a child as a contractor, employee or volunteer. \***

☐ 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?**

☐ 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.

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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

### Individual Applicants

#### Why do you want to deliver this project? \*

Must be at least 20 characters.

Unincorporated organisations and individuals applying for a grant must be auspiced by an incorporated organisation, business or legal entity. 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 or business. 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

#### 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

#### Please explain your auspice arrangement. \*

Must be no more than 50 words.

Please explain your relationship and responsibilities between you and the auspice organisation.

#### 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 \*

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Entity name	
ABN status	Must be an email address
Entity type	
Goods & Services Tax (GST)	<b>Auspice organisation's legal structure *</b>
DGR Endorsed	
ATO Charity Type	<b>Auspice organisation's incorporation number or equivalent *</b>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

[More information](#)

## Attachments

**Please attach a copy of the Auspice Organisation's:**

**Auspice Financial Statement \***

Attach a file:

**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:**

Must be between 10 and 150 words.

Please provide a short, clear overview of your project. Include what you are planning to do, when, where, who and how many people will participate. For projects with multiple sessions include how many sessions will be held and number of participants per session. You can repeat key information provided in other questions.

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

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No more than 5 choices may be selected.

Please choose only the group/s that are at the very core of this project/program

### Project Activation Site

#### Where will your project take place? \*

- ☐ Copus Park
- ☐ Frank Street Open Space
- ☐ Noble Park Civic Space

### Activities

Tell us about the activities you will undertake in order to create change. List one per row.

Activity	Location	Start date	End date	Explanatory notes
One per row. Add more rows if you want to list additional activities.	Must choose one of the three eligible locations.	Leave blank if date is unknown or not relevant. Must be a date and between 15/4/2024 and 31/12/2024.	Leave blank if date is unknown or not relevant. Must be a date and between 15/4/2024 and 31/12/2024.	Add notes if you need to provide more context.

### Space Activation

Please explain how the project will:

- showcase the chosen location/s?
- build community awareness and encourage future use of these public space/s?
- promote safety in public space/s and improve perceptions of safety?
- encourage youth participation?

#### Space Activation Answer: \*

Word count:

Must be between 50 and 250 words.

### Community Benefit

Please explain how the project will:

- attract new audiences and be accessible and inclusive?
- help to create a village feel?
- encourage community buy in to run future events?
- foster inclusion or partnership of local Traders in the project?
- provide a community and cultural experience to its residents?

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- increase community connectedness?
- increase local pride and celebration of local community diversity?

### Community Benefit answer: \*

Word count:

Must be between 50 and 300 words.

### Applicant Capacity

- Please tell us about the type of activities/projects you have delivered in the in the past?
- Are you aware of any required approvals for the project?

### Applicant Capacity Answer: \*

Word count:

Must be between 10 and 100 words.

### Innovation and Creativity

#### Please explain how the project incorporates innovative or contemporary approaches, artistry or digital components? \*

Word count:

Must be between 20 and 200 words.

### Participation Numbers

A metric is a measurement designed to indicate whether or not progress towards an outcome is occurring, and quantify the extent to which it is occurring.

We have six required metrics listed and we require you to answer the target and collection method for these metrics for assessment. If successful, you will need to report on these metrics.

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	Add notes if you need to provide more context.



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		dataset (e.g. Census), other datasets.	
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			

## 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.

Organisation	Contact Person	How will they be involved?

## Project Budget (GST exclusive)

\* 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).

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### 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.

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).
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

### TOTAL EXPENSES

\$

## INCOME

Include any income including group contributions and other grants in this section.

Income Description	Income Amount (\$)
Grant Requested from the Our Street NPK Grant Scheme	\$
	\$
	\$
	\$
	\$
	\$

### TOTAL INCOME

\$

## 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?

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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 VALUE OF PROJECT (This amount should be zero)

\$

Please attach quotes for venue hire, equipment or services (catering company) expense items that will be paid from the requested grant.

Attach a file:

What is the minimum amount of funding 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.

## 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 Community Support Grant 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](http://www.greaterdandenong.com).

### Certification

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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 as the applicant or representative of the applying organisation or business 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 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

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

☐ Yes ☐ No

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- ☐ Newspaper advertisement
- ☐ Community Development E-Newsletter
- ☐ Council website
- ☐ Word of mouth
- ☐ Other:

**Have you attended a grant information session this round? \***

- ☐ Yes ☐ No

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

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

**Which Council Officer(s) did you speak with?**

**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
- ☐ Other:

**Please indicate how you found the online application process:**

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

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**

**Word count:**

Must be no more than 100 words.