Balnarring Grant Application Form
Form Preview

Before you begin

* indicates a required field

Please read our Community Investment Guidelines before completing the application form.

I confirm that I have read and understood the Community Investment Guidelines and that our organisation/group applying for funds is an eligible entity. *
○ Yes ○ No

Do you have an eligible Project Partner to support your application *
○ Yes ○ No

I confirm that the project does not:

- claim retrospective funding for costs already incurred
- attempt to change the law/direct political donations
- break any laws
- operate purely for commercial gain
- involve gambling
- exclude or offend any part of the community
- encourage violence or involve the use of weapons
- mistreat, exploit or harm animals
- create environmental hazards
- present a danger to public health or safety
- contribute to modern slavery

I confirm that all statements above are true and correct *
○ Yes ○ No

Privacy notice

Bendigo Bank will respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the Privacy Act 1988 and amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012.

View our privacy statement here.

It seems your application may not meet our funding guidelines. Please contact our Community Engagement team on 0414 515 287 to discuss further.

Supporting documentation

Please have supporting documents ready to upload, this may include:

- project costings and quotes
- financials and/or bank statements for your organisation / project partner (if applicable)
- copies of permits, licences, a project plan or project designs
- current public liability insurance
- letters of support from project partner or community groups (if applicable)
- proof of other funding proposed or confirmed

Contact details

* indicates a required field

Applicant details

Details below is for the individual registering the application as this will be the person to receive all communication, and accept any online agreements and acquittal reports.

*
First Name Last Name

Position

i.e President, treasurer, committee member

Phone number *

Must be an Australian phone number.

Email *

Must be an email address.

Do you want to include a secondary contact on this application? *
○ Yes ○ No

Secondary contact details

This person is the secondary contact for all communications.

*
First Name Last Name

Position

i.e President, treasurer, committee member

Phone number *

Must be an Australian phone number.

Email *

Must be an email address.

Organisation details

Organisation name *
Organisation Name

Registered business name (if different to organisation name and entity name [below])

Organisation ABN (please enter the number, not text)

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	
Main Business Location	

Must be an ABN.

Organisation address *
Address

Organisation Website (optional)

Must be a URL.

How many people receive services or benefit from your organisation each year? *

Must be a number.

How many volunteers contribute to your organisation? *

Must be a number.

Does your organisation bank with Community Bank Balnarring & District? *

○ Yes ○ No

Are you willing to consider as as your bank of choice? *

○ Yes ○ No

Please state the reasons why not *

Previous funding

Has your organisation received funding from us in the last three years? *

○ Yes ○ No

Previous funding

Click "Add More" or "+" to add more rows.

What was/were your previously funded project/s?	How much did you receive from us?	What was the date of funding?
	Must be a dollar amount.	Approximate month/year Must be a date.
	$	

Project partner details

The following information relates specifically to the project partner.

Partner name *
Organisation Name

Registered business name (if different to organisation name and entity name [below])

Partner ABN (please enter the number, not text) *

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	
Main Business Location	

Must be an ABN.

Primary address *
Address

Phone number *

Must be an Australian phone number.

Email address *

Must be an email address.

Website

Must be a URL.

Letter of support from project partner *
Attach a file:

Letter will need to advise how project partner will contribute or add value, and support the applicant in the delivery of the project.

Project partner financial documentation *
Attach a file:

Project partner's financial statements i.e. Profit and loss ; Balance Sheet

Project partner contact details

We may contact this person for additional information about this application.

Name *
First Name Last Name

Phone number *

Must be an Australian phone number.

Email address *

Must be an email address.

Project details

* indicates a required field

Project name *

Project location *
Address

Suburb/Town, State/Province, Postcode, and Country are required.

Start date *

(future dates only)

Expected end date *

Please note an acquittal report will be required following this date.

Has the project already been delivered and/or funded? *
○ Yes ○ No

Total project value *
$
Must be a dollar amount.
This may be more than your Community Investment funding request.

Community Investment funding request *
$
Must be a dollar amount.

Will the project proceed if we cannot fund the full amount requested? Please explain how the delivery of the project might be impacted by reduced funding. *

Does this grant require multiple payments (eg. across multiple events, years or months) *
○ Yes ○ No

Please list requested payment amounts and approximate dates for a multi payment application.

Payment date	Payment amount
Must be a date.	Must be a dollar amount.
	$
	$

Project objectives

Please provide a short summary of your project and how it will be delivered - Including its purpose, background, what our funds will be used for and who will benefit. *

What are the project's primary goals/objectives? *

Expected outcomes

Outcomes are the changes you expect to occur for the key recipients of your project/ audience.

Select the single most relevant expected outcome from the drop-down list. *

No more than 1 choice may be selected.
Which of our outcomes will your project contribute to? If multiple apply pick the most relevant.

Capacity to deliver

Demonstrate you have sufficient resources and capacity (e.g. money, staff, equipment, facilities) to complete this project within the proposed timeframe. Include examples where your organisation has delivered similar projects previously. Please include links to explanatory material if applicable.

Describe your organisation's ability to complete the work. *

Delivery supporting documents (if applicable)
Attach a file:

Beneficiaries

Select up to five groups who'll benefit most from this project. *

No more than 5 choices may be selected.
Please choose only the group/s that are at the very core of this project.

Explain how these groups will benefit. *

Considering these key groups, how many will benefit? *

Must be a number.

Briefly explain how you arrived at the above number. *

Please estimate the percentage (%) of indigenous beneficiaries. *

Must be a number and between 0 and 100.
If there are none, enter 0.

How many organisations, including your own, will directly benefit from the project? *

Briefly explain how you arrived at this number. *

Community Impact

Which of our Community Impact Priorities does your project align? *

☐ Community connection and resilience
☐ Environment
☐ Social inclusion
☐ Education
☐ Housing and homelessness

No more than 1 choice may be selected.
Refer to our Community Impact Priorities

How will your project support the selected impact priorities? *

Focus area

What is the primary areas of focus for this project? *

No more than 1 choice may be selected.
We want to know the field of work (e.g. arts, sport) rather than those who benefit (e.g. young people)

Target audience

Which of the following groups best describes your target audience? *

☐ Young couples and singles
☐ Established families
☐ Empty nesters/retirees
☐ Direct business
☐ Small to medium businesses
☐ Industry - rural
☐ Other

Budget

* indicates a required field

Expenses

Please list the expenses for your project (materials, marketing, labour, etc).

Click the "Add More" button to add rows.

Expense description	$ Expected cost

	Must be a dollar amount.
	$

Income

Please include any income items such other grants or your own contribution.

Any pending grants should be marked as **No** under **Confirmed**.

Click the "Add More" button to add rows.

Income from:	Provider:	Brief description:	$ Amount:	Confirmed
	e.g. council	e.g. grant	Must be a dollar amount.	
			$	

Please attach any documents supporting your confirmed income item/s as entered above.
Attach a file:

In-kind support

In-kind support includes anticipated materials, services and labour (calculated at an hourly rate multiplied by number of hours eg. $45 an hour x 3 hours =$135)

Type:	Provider:	Brief description:	$ Value:
			Must be a dollar amount.
In-kind support			

Budget Check

Your Grant request should equal your Expenses minus any Income i.e.

Community Investment request = Expenses - Income

Total expenses

$

This number/amount is calculated.

- Income

$

This number/amount is calculated.

- Community Investment request

$

This number/amount is calculated.

= Balance (must equal zero)

$

This number/amount is calculated.

BUDGET BALANCE DOES NOT EQUAL ZERO

Sorry, you don't have enough funds allocated to deliver your project or the income total is too high.

Go back to the tables above and check the following: **Grant request = Expenses - Income**

Hint: You may need to adjust the grant request amount you entered on page 1 of this application.

(If the balance has not calculated correctly, clicking into another field will refresh the form and the calculation, allowing you to submit.)

Form validation *

Project quotes

Please upload quotes for this project, including any individual budget items that are greater than $5,000 *

Attach a file:

If you are applying for funding for wages, please attach a position description and relevant award. If you have conducted this project/program before, copies of receipts/invoices that substantiate this request from previous expenditure may be acceptable.

Financial documentation

Please provide financial statements and/or bank statements *

Attach a file:

Financial documentation

Please attach a copy of your most recent annual report.

If you have not provided audited financials, please provide us with your most recent financial statements (may include a profit and loss statement, statement of financial performance and a balance sheet or statement of financial position).

Financial documentation *

Attach a file:

Additional supporting information

If your proposed project involves building or refurbishment, please upload the plans/designs.
Attach a file:

Are all required licences, permits and insurances are in place? *
○ Yes ○ No ○ Not applicable

Please upload relevant licences, permits and insurances
Attach a file:

Please upload any other supporting documentation
Attach a file:

More than one file can be uploaded. (e.g. additional letters of support from key community stakeholders, flyers, plans, financial information, evidence of other funding, etc

Promotional opportunities

Are you willing to acknowledge the support of Community Bank Balnarring & District? *
○ Yes ○ No

Please select the benefits provided in return for our Community Investment: *
☐ Networking opportunities ☐ Logo placement ☐ Website promotion
☐ Presentation opportuntities ☐ Signage ☐ Social media promotion
☐ Tickets to events ☐ Branded marquee/banner/ flags displayed ☐ Photo opportunities

Please outline any other opportunities for our involvement. *

Are you following Community Bank Balnarring & District's social media accounts? *
○ Yes ○ No

Certification and feedback

* indicates a required field

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that, if this grant is approved, we will be required to accept the terms and conditions of the grant as outlined in the grant/funding agreement.

Certification *
☐ I agree

Applicant 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.

How did you find the online application process? *
○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

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

Provide any suggestions for improvements/additions to the application process/ form. *