Introduction

* indicates a required field

All applicants must read the <u>Guidelines and Assessment Criteria form.</u> Applications **MUST** be submitted 21 days prior to your event and/or activity.

After reading the Guidelines & Assessment Criteria, and prior to completing the application form please contact the **Grants Officer 1300 366 244** to seek feedback and assistance.

All eligible applicants should address the following weighted assessment criteria in their applications - <u>sample answers for grant applications is available to assist with writing your application.</u>

Application scoring breakdown: Planning and Capacity 45% Community Benefits 45% Contribution 10%

** Please note your event or project will be referred to as 'activity' in the Assessment Criteria and Guidelines, Application Form, Funding Agreement and Acquittal Report.

I have read and ur O Yes	iderstood the funding guidelines. *
	s application is submitted less than 21 days prior to my event dication will be deemed ineligible. *
I have contacted t	he Grants Officer - phone: 1300 366 244 *

The application form will provide more detail, however to help with preparation, here is a list of documents that is required for your application to be accepted for a Wellington Shire Council grant: - current Public Liability Insurance Certificate - You are required to provide current insurance cover to support your activity. Event organisers please be aware that the event activity (i.e. market, festival, etc) MUST be listed under the business activity section of the Certificate of Currency. - All activities, if applicable, Landowner permission or consent must be supplied. - Additional planning and building permits may be required; call Planning Department 1300 366 244. - All events please call the Event Coordinator 1300 366 244. - Items over \$1,000 will require a quote to be attached in the expenditure table of the activity budget

Public Events in Victoria

Public events in Victoria can take place under COVIDSafe settings, please access information in website link below: https://www.coronavirus.vic.gov.au/public-events

Contact Details

* indicates a required field

Conflict of Interest Declaration

	the project/progran		meone involved in the ionship with a council
This does not exclude yo	u from applying		
You have answered	yes to above questi	on - please provide (details
Organisation and	Applicant Details		
Applicant Organisat Organisation Name	ion *		
Applicant Organisat	ion Website		
Must be a URL.			
Applicant's name * First Name	Last Name		
Applicant's Organisa	ation position: *		
Applicant email *			
All Correspondence will b	pe sent to this email addre	ess	
Applicant contact pl	none number		
Must be an Australian ph	one number.		
Postal address Address			
Does your organisat O Yes	ion have an ABN? *	○ No	

Is your organisation O Yes	n incorporated? *	○ No	
is a centralised ent affiliated sub-group An organisation tha	n part of an umbrella ity that oversees and os, typically sharing a at consolidates admir te roles and function	coordinates the act common purpose, r distrative duties and	ivities of multiple nission, or interest. expenses while still
Applicant ABN *			
	be used to look up the entered the ABN correct		Click Lookup above to
Information from the Au	ustralian Business Register	•	
ABN			
Entity name			
ABN status			
Entity type			
Goods & Services Tax (GST)		
DGR Endorsed			
ATO Charity Type	More informa	<u>ation</u>	
ACNC Registration			
Tax Concessions			
Main business location			
Must be an ABN.			•
Applicant organisat	tion incorporation nu	mber *	
Auspice Details			
provide the details of		n. The auspice will rece	N you will be required to ive the grant funding on
Auspice Organisatio Organisation Name	on *		
Auspice Project Cor			
First Name	Last Name		

Auchica Primary Phana Num	hor*
Auspice Primary Phone Num	ner "
Must be an Australian phone number	er.
Auspice Mobile Phone Numb	er *
Much be an Australian about a supple	
Must be an Australian phone number	er.
Auspice Primary Email *	
Must be an email address.	
Auspice Postal Address *	
Address	
Auspice ABN *	
The ABN provided will be used t	o look up the follow
check that you have entered the	e ABN correctly.
Information from the Australian Bu	e ABN correctly.
Information from the Australian Bu ABN	e ABN correctly.
Information from the Australian Bu ABN Entity name	e ABN correctly.
check that you have entered the Information from the Australian Bu ABN Entity name ABN status	e ABN correctly.
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Umbrella Organisation Details

Tax Concessions

Main business location

If your organisation is **not incorporated** or **does not have an ABN but is a sub-group of an umbrella organisation,** you will be required to provide the details of the umbrella organisation.

Umbrella Organisat Organisation Name	ion *		
organisation name			
Umbrella Project Co First Name			
riist Naine	Last Name		
Umbrella Organisat	ion Primary Phone N	lumber *	
_	-		
Must be an Australian ph	none number.		
Umbrella Organisat	ion Primary Email *		
Ombrena Organisat	ion Filmary Eman		
Must be an email addres	SS.		
Umbrella Organisat Address	ion Postal Address *		
Address			
Address Line 1 Suburb	Town State/Province Pos	tcode, and Country are re	quired
Address Line 1, Suburb,	rown, state/rrovince, ros	accode, and country are re	quirea.
Umbrella Organisat	ion ABN *		
	be used to look up the entered the ABN correc	e following information.	Click Lookup above to
	istralian Business Registe]
ABN	isti aliani business Registe	:1	
Entity name			
ABN status			
Entity type			
Goods & Services Tax (GST)		
DGR Endorsed	331,		
ATO Charity Type	More inform	nation	
ACNC Registration	inore inform	<u>iddioii</u>	
ACINC Registration			

Must be an ABN. Umbrella Organisation incorporation number * Is your Umbrella Organisation GST registered? * Yes **Application Details** * indicates a required field Title of your activity * Tell us briefly what your activity is in 50 words or less. * Word count: Must be no more than 50 words. Your answer will be used for promotional purposes; explain what you will be using the funds for. Activity start date * Must be a date. Applications must be received 3 weeks prior to the commencement of your activity. Activity end date * Must be a date. I understand if this application is submitted less than 21 days prior to my activity/ event start date, my application will be deemed ineligible. * Yes Please view the Guidelines and Assessment Criteria form. Category Choose a category - see category descriptions below to assist with choice - if unsure call, the Grants Officer 1300 366 244 * ○ EVENT FUNDRAISING EVENT O FACILITY IMPROVEMENT - ensure you have landowner permission & you have made contact with WSC Planning Department 1300 366 244 PROJECT

OTHER

EVENT Festival, Agricultural Show, Family Fun Day, Food & Wine Festival, community get together, market, fireworks display, fishing competition, local or national celebrations, Triathlon, Fun Run, Walkathon, Rail Trail event.

FUNDRAISING EVENT Please note you will be asked to identify additional community outcomes on page 4.

FACILITY IMPROVEMENT

Air conditioner install, floor resurfacing, oven upgrades, hot water surface replacement/ install, fencing, interior/exterior painting, solar panel system install, LED globe replacement, water tank purchase, cricket net repair, football goal nets, netball changeroom renovation, specialist oval repair.

PROJECT

YesNo

Equipment purchase such as chairs, tables, computer equipment, tools, uniforms, sports equipment. Specialised equipment - equipment that is vital for the function of your activity. Planning documents such as Strategic plans, Marketing plans, Feasibility study, building plans, concept plans, Event Management plans, Risk Management plans, Support services, such as Food Relief, carer support.

The committee have read the <u>'Climate Change and Sustainability Guidance Sheet'</u> and are aware of opportunities of how to achieve Sustainable activities and our activity is in accordance with <u>Council's Climate Change and Sustainability Objectives</u>.

Activity location
List all locations if more than one by selecting add more buttor
* Address
Is your location a Licensed venue? * ○ Yes ○ No

Licensed Venues information

Please note: A member of Council's Social Planning team will be in touch to discuss your chosen venue and consideration for activities held at licensed venues.

Planning, Capacity and Community Benefit Assessment Questions

* indicates a required field

Please refer to the <u>Guidelines and Assessment Criteria</u>. Sample Answers for Grant Applications

Tell us about your organisation and/or committee

In December 2023 the Wellington Shire Council adopted a <u>Fair Access Policy</u> (the Policy) that seeks to address known barriers experienced by women and girls in accessing and using community and sporting infrastructure. The Policy aims to progressively build capacity and capabilities of Wellington Shire Council in the identification, and elimination of systemic causes of gender inequality in policy, programs, communications, and delivery of services in relation to community sports infrastructure. The Policy is designed to comply with the Gender Equality Act 2020, and the wider Victorian Government gender equality strategy and the Wellington Shire Council Gender Equality Action Plan (GEAP).

Council will undertake take the necessary and proportionate steps towards implementation of the Fair Access Policy which includes collecting and analysing data to ensure diverse representation on Committee's.

The community group/committee purpose and committee numbers questions are mandatory, remaining gender and diversity questions are optional. Responses are not used as part of the application assessment but will help inform industry training to committees and sporting clubs in partnership with key stakeholder including Change Our Game, GippSport and Gippsland Women's Health to inform them of Council's Fair Access Policy.

What is your organis	sation's community purpose. *
Tell us something sp	pecial about your committee *
How many committe	ee members in total *
Tion many committee	
Must be a number.	
Number of executive	e committee members who are men
Must be a number.	
Number of executive	e committee members who are women
Must be a number.	

Number of executive	e committee membe	rs who are gender di	iverse
Must be a number.			
Number of non-exec	utive committee me	mbers who are men	
Must be a number.			
Number of non-exec	utive committee me	mbers who are wom	en
Must be a number.			
Number of non-exec	utive committee me	mbers who are gend	er diverse
Must be a number.			
How often does you	r committee meet - (choose from the list	provided. *
		from previous activi have skills that will	
_			
Are you working wit			nvolved in the activity
Upload any addition Attach a file:	al information abou	t your committee, if	applicable.
Committee or Organisation	on Strategic plan, project	plan, Committee Mission	statement

Tell us what you will do with the funding

Please Note: the information you provide in the below question - 'Describe WHAT you are doing, WHY you are doing it and HOW you are going to do it' is 45% of your total assessment score. We suggest you provide as much information as possible to then ensure the assessment panel get a clear picture of you activity. If you require assistance Sample Answers for Grant Applications are handy to understand what is required and the Grants Officer is available to assist on 1300 366 244.

Describe WHAT you are doing, WHY you are doing it and HOW you are going to it. *	do
Upload any additional information, letters of support, if applicable. Attach a file:	
Activities that are primarily for the purpose of fundraising are require to demonstrate the Community benefits in addition to the fundraisin outcome.	
Tell us the community benefit of your activity other than fundraising	
Attendance / Participation	
Tick the target age range for attendance/participation * Young Children (0 - 5) Primary School Age (6 - 12) Youth (13 - 17) Young Adults (18 - 25) Adults (up to 60) Older Adults (over 60) Woman and Girls Men and Boys People who are socio-economically disadvantaged	
Tick any specific groups that this funding will focus on ☐ Aboriginal and/or Torres Strait Islander People ☐ LGBTQIA+ ☐ Culturally and Linguistically Diverse ☐ Living with a Disability	
Tick the home location of participants likely to attend ☐ Wellington Shire locals ☐ People from outside of Wellington Shire ☐ Interstate visitors	

Tell us how you will let the community know about your activity

Helpful links: <u>Marketing Toolkit Wellington Shire Council logo Middle of Everywhere logo</u> **Please note:** All marketing is required to include Council acknowledgement and keep a copy of all publicity it is required to be submitted with your Acquittal Report.

What type/s of promotion and marketing are you going to use? □ Social Media - explain what you would do and provide an example □ Community newspaper □ Commercial newspaper - provide costing & quote in budget section □ Television - provide costing & quote in budget section □ Radio - provide costing & quote in budget section □ Signs, Banners, etc - where will you place the signage, will it have maximum exposure, etc □ Other
Provide details of each marketing option chosen above
Upload marketing example/s, marketing plan or schedule here Attach a file:
Tell us how you will know if your activity is successful
Evaluation of your activity is important to understand if your activity was successful and will assist with your grant Acquittal Report (an Acquittal Report is a condition of Wellington Shire Council grant funding).
Which evaluation tool will you use to measure success? * □ Surveys or feedback forms - provide an example □ Assessment of contractors and/or providers and suppliers - how will you do this? □ Collect data ie ticket sales, entry numbers □ Project review - how will you do this, who would attend? □ Other
Provide details of each evaluation tool option you have chosen above *
Upload your evaluation examples here Attach a file:

Access and Inclusion

All Activities must ensure inclusivity, social connectedness and accessibility has been considered.

Please take this opportunity to look at the <u>7 Principles in Universal Design especially</u> 'Equitable Use'

Another resource that is very helpful and insightful: <u>How do I Make my Activity more Inclusive?</u>

Please tick the Accessibility consideration	
☐ Inclusivity – can all people, of any ability,	
☐ Affordability - do you have cost or ticket p	
$\ \square$ Accessible parking - have you considered	people with prams, walking frames, crutches
wheelchairs?	
☐ Do you have wide, clear pathways and cle	
☐ Are handrails provided on stairs and ramp	
☐ Do you have visual information available:	
☐ Are all your signs and information provide	
☐ Do you have accessible information on yo	
	nnouncements eg. visible displays, hearing
loops and AUSLAN interpreters?	shada provisiona for assistance animala i a
dog guides, hearing & assistance dogs.	shade provisions for assistance animals i.e.
☐ Do you provide quiet spaces, seating and	rost areas?
☐ Will you have placement of information st	
☐ Will you have notification of flash photogr	
will you have notification of hash photogr	apily and scrobe lighting, le warning signs:
Tell us how you are considering access a guide.	nd inclusion - use the above list as a
Do you have an Accessible Action Plan? O Yes https://pwd.org.au/wp-content/uploads/2019/09/Cr WEB-and-PDF.pdf	○ No
Upload copy of Accessible Action Plan Attach a file:	
In the second section of the section of the second section of the section of the second section of the section	1-2 *
Is your activity open to the general publ ○ Yes	○ No
O res	O NO
Please explain why your event is not ope	en to the general public *

Insurance, Permits and Budget - please note information provided impacts application eligibility

* indicates a required field
Public Liability Insurance
All applicants MUST provide a copy of a current Public Liability Certificate. If certificate is not supplied your application will not be accepted.
Please attach a current Public Liability Insurance Certificate * Attach a file:
Event organisers please be aware that the event activity (i.e. market, festival, etc) MUST be listed under the business activity section of the Certificate of Currency.
Landowner permission must be provided
Who owns the land on which the activity will be held?
Attach written permission from the landowner Attach a file:
If you have not supplied landowner permission, please explain why
Have you contacted Council Planning department?
Please call 1300 366 244, the Planning Department will advise you on any permits or approvals required for your activity.
* O Yes O No
Please give details of who you spoke with and if applicable, list the permits or approvals required for your activity.
Attach a copy of permits or approvals secured Attach a file:
Explain why you have not called the planning department?

INCOME

Please note there is no set amount of contribution required for this application.

Income details - examples below can be Income amount \$ edited

	Must be a dollar amount
Council funding - how much are you requesting	\$
EG. Your organisation contribution - how much money are your contributing	\$
EG. Sponsorship - estimated amounts if not confirmed	\$
EG. Income from tickets - estimated amounts	\$
	\$
	\$

EXPENDITURE

Expenditure Details (local suppliers &	Expenditure amount \$
contractors perferred)	

contractors perferred,					
	Must be a dollar amount.				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				
	\$				

Budget Totals - Income and Expenditure must equal

Total Income Amount	Total Expenditure Amount	Income minus Expenditure must equal \$0.00
\$	\$	\$
This number/amount is	This number/amount is	This number/amount is
calculated.	calculated.	calculated.

Budget details

Upload all quotes here - mandatory for a Attach a file:	III expenses over \$1,000
A maximum of 10 files may be attached.	

Have you included all	quotes, if not please explain *	

Have you been able to use local Wellington Shire suppliers and/or contractors, if not please explain $\mbox{\ensuremath{^{\ast}}}$

Have you applied t	o another funding boo	dy? Please include al	II details *
Contribution Ass	essment questions	i	
How much are you			
How much is your g		the activity - this sh	ould be a the total of
\$ Must be a dollar amoun	nated goods, sponsors t.	snip, etc	
Please give details sponsorship, volun	about your contribut teer labour, etc	ion eg, how you are	contributing,
Please give details	if you are not contrib	uting to the activity	•
Valueing your Vo	olunteer Labour		
For your activity tell (if applicable)	us what tasks each of yo	ur volunteers are doing	g and how many hours.
Tasks to be completed	Estimate how long each task will take - note 30 mins is .5, 1hr is 1, etc	volunteers will be	Total volunteer labour hours of each task
	Must be a number	Must be a number.	This number/amount is calculated.
Total activity vol	unteer labour		

This number/amount is calculated.

Application Declaration and Authorisation

* indicates a required field

Harmful Industries Declaration

Harmful industries include any businesses deriving significant benefit or income from any one or more of the following: unhealthy foods (high in saturated fats, sugar, salt and/or energy), sugary drinks, alcohol, tobacco, e-cigarettes and vaping, and gambling) Council is collecting this information to help form educational opportunities on the impacts of harmful industries for wellington shire community groups.

Does your organisation have any current, planned or past (12 months) relationships (including sponsorship, promotions, signage) with businesses which derive income or benefit from tobacco, vaping, fast food, sugary drink, alcohol or gambling industries? * Yes No
For each sponsor (which comes under the Harmful Industries category) please name the sponsor and the type of promotion. If there is more than three, please detail the three largest sponsors.
Sponsor 1: (Name of Business)
Please select any elements which relate to this sponsor (select all that apply) Promoted on website Promoted on social media Naming rights Signage at the grounds or clubhouse Sporting equipment branding Vouchers Other
Please list other sponsor agreement
Do you have another business sponsorship? ○ Yes ○ No

For each sponsor (which comes under the Harmful Industries category) please name the sponsor and the type of promotion. If there is more than three, please detail the three largest sponsors.

Spc	onsor 2 : (Name o	f Business)		
		ements which relate	to this sponsor (sel	ect all that apply)
	Promoted on websi Promoted on social	_		
	Naming rights			
	Signage at the grou Sporting equipmen			
	Vouchers Other	J		
П	Other			
Ple	ase list other spo	nsor agreement		
Au	thorisation			
Res this	ponse Grant schem	e. I am authorised by r	best of my knowledge	the statements made in
□ proi	mote the financial of the second that second the second that second that second that second that second that second the second the second that second the second the second that sec	successful funding recip contribution made by C successful funding recip activity completion.	Council towards their ac	ctivity.
Na	ne *			
	t Name	Last Name		

PRIVACY STATEMENT

The personal information provided on this form will be used by Wellington Shire Council for the purpose of the Community Grants Scheme. The personal information will be used solely by Council for that primary purpose or directly related purposes and will not be transferred to another agency.

Event Notification Form

* indicates a required field

When organising an event, it is important to notify Council to ensure it complies with all current rules and regulations. Activities such as road closures, assembly of structures, food sales, etc, require a council permit.

The Events Coordination Team (**1300 366 244**) can also assist and will act as liaison between yourself (as event organiser) and relevant Council departments to ensure your event complies with Council requirements.

Information on how to navigate through the event organisation process can be found in the Events Guide located on our website; http://www.wellington.vic.gov.au/Enjoying-Wellington/Events/Hosting-an-Event

Please Note: Some permits may attract fees.

Estimated expected numbers

For each day of the activity what are the estimated expected numbers? (If applicable)

Use drop box to choose from lis		Day 2	Day 3	Day 4
	Must be a number.			

Total numbers expected

Tota	al	Pā	art	ic	ipa	at	io	n	N	lu	m	b	er	S
This	nι	ıml	oer	/aı	no	ur	nt	is	Ci	alc	ul	at	ed	١.

How many toilets will be available on the day?

Have you arranged the required number of toilet facilities for patrons? (Please refer to Events Guide for ratio information)

ale U	nisex	Accessible
st be a number.	lust be a number.	Must be a number.

Event Details

Have you implemented an accessibility n plan? Please attach to this application.	eed plan, emergency or risk management
○ Yes	○ No

Attach a file:	tion. *
Will the event involve food stalls and ○ Yes	food preparation? No
Will alcohol be sold, served or consun O Yes	ned? * O No
Will there be fireworks or pyrotechnic ○ Yes	cs? *
Will there be amusement rides / carni	val entertainment vendors? *
If so, please provide examples	
Will your event impact on traffic or pa	rking? *
If so, please provide examples	
Will your event require road closures?	*
If so, please provide examples	
Will you be placing any signage on str ○ Yes	reets, roadsides, reserves or footp
Will there be busking? * ○ Yes	○ No
Will there be camping? * ○ Yes	○ No
Will there be an animal nursery? * ○ Yes	○ No
Will there be ground markings or the areas and anchoring marquees, etc? *	
○ Yes	○ No
I understand that it is my responsibili management. Has this been arranged ○ Yes	
Will there be loud noise (e.g. music, P O Yes	-

l understand that it is my resp my event and will do so. *	oonsibility to notify all local emergency service	es of
Yes	○ No	
	aniser I am responsible for this event, and I have provided is true and correct.	ereby

Considerations when Organising an Event

The below checklist will assist in ensuring you have all the relevant information required for organising a successful event:

- · All food traders listed on **Streatrader** https://streatrader.health.vic.gov.au/
- · Organised First Aid
- · Attained a Victorian Liquor Licence https://www.vcglr.vic.gov.au/
- · Organised a risk assessment/emergency plan
- · Informed Emergency Services
- · Contacted WorkSafe about **Fireworks** http://www.worksafe.vic.gov.au/pages/safety-and-prevention/health-and-safety-topics/explosives/fireworks
- · Contacted **VicRoads** about road closures, traffic impacts or signage https://www.vicroads.vic.gov.au/traffic-and-road-use/events-and-filming-on-our-roads
- · Included details of camping on private land
- · Organised appropriate number of **toilets** and **amenities** depending on the size and type of event. Refer WSC Event Guide, section 5.8, for ratios
- · Organised ground maintenance/rubbish removal
- · Contacted **EPA** about noise impacts http://www.epa.vic.gov.au/business-and-industry/guidelines/noise-guidance/outdoor-venue-noise
- · Contacted surrounding **neighbours** to advise of your event and possible impacts