

Our Sporting Future 2024/2025 Round 1 Form Preview

Pre-Application Requirements

* indicates a required field

You must contact the **Parks, Sport & Recreation Team at Council** to discuss your application **prior** to starting the submission.

Council staff will provide you with advice on:

- The most appropriate support for your application
- Guidance on development of your application

Contact details are as follows:

Sporting Clubs Officer Parks, Sport & Recreation Department
Phone number: (03) 5832 9754
Email: council@shepparton.vic.gov.au

Name of the Council Officer you have discussed this application with: *

Mandatory Requirements Checklist

The following information is required as part of this application. All documents must be attached at page 8 (Documents) of this application form.

Please ensure you do have all relevant documentation available upfront.

If you need any assistance in developing or sourcing any of the below documents please contact Council or Valley Sport on the details below:

Phone: (03) 5832 9754 Email: council@shepparton.vic.gov.au

Valley Sport Phone: (03) 5831 8456 www.valleysport.net.au

Have you got the following documents ready?

- Quotations for all works/costs as part of this project
- Evidence of the development and use of a Code of Conduct policy for players, spectators and officials
- Evidence of a Risk Management Plan
- Evidence of the development and use of an Access for All policy
- Financial Information (Audited Financial Statement and current bank statement)
- Public Liability Insurance Certificate (\$20M)
- Volunteers undertaking working with children checks (Mandatory for all Clubs that have children and youth involved in their activities)
- Liquor Licence
- Evidence of decreased participation levels (only mandatory for Junior and Youth Participation category)
- Other:

Contact Details

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Applicant Organisation

Organisation Name

Contact person

First Name

Last Name

Applicant Position Within Organisation

Address of the organisation

Address

Suburb State Postcode

Must be an Australian postcode, Please include club or organisation address

Applicant Phone Number

Must be an Australian phone number

Applicant Mobile Phone Number

Must be an Australian phone number

Applicant Email

Must be an email address

About Your Organisation

Has your club/
organisation approved
this application? *

- Yes
 No

What does your
organisation do?

Describe your organisation, what is your mission, activities etc.

How long has your
organisation been
established?

How many members are
in your organisation?

Must be a number

Has your organisation
received an Our Sporting

- Yes
 No

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Future Grant previously

*

If yes, what was the title of your previous project?

Year received?

Must be a number

Is your organisation a Community Asset Committee of Greater Shepparton City Council?

- Yes
 No

Is your organisation legally incorporated? *

- Yes
 No

Incorporated Organisations

* indicates a required field

Incorporation number

Does your group have an Australian Business Number (ABN)?

- Yes
 No - please contact the Council contact person before making an application

Applicant 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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

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Does your group have Public Liability Insurance that will cover your project? *

- Yes - please attach a copy to this application
 No - please contact the Council contact person before you submit the application

Auspice

If your group is not incorporated you need to find an organisation that is able to auspice your project.

You are required to submit a letter of approval from your Auspice Organisation with this application. It can be attached at the Documents Section.

Auspice Organisation Details

Auspice organisation

Organisation Name

Auspice Position

Auspice Primary Address

Address

Suburb State Postcode

Must be an Australian postcode

Auspice Phone Number

Must be an Australian phone number

Auspice Email

Must be an email address

Auspice Mobile Phone Number

Must be an Australian phone number

Incorporation number

Auspice 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.

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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

Does your organisation or the Auspice Organisation have Public Liability Insurance that will cover your project?

- Yes - please attach a copy to this application
 No - please contact the Council contact before submitting your application

Public Liability Insurance cover of at least \$20 Million is required

Project Description

* indicates a required field

Your Project

Funding category you are applying for *

- Minor grant up to \$15,000 with a \$1 to \$1 match
 Major grant up to \$30,000 with a \$1 to \$1 match
 Sports Aid grant up to \$5,000
 Womens and Girls up to \$10,000
 Junior and Youth Participation up to \$5,000

Project Title *

Short project description *

*

Provide a short description (100 words recommended) of your project - what are you hoping to achieve?

Start Date

Project start date must not be earlier than 11 August 2024.

End Date *

Project end date must not be later than 30 September 2025

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What are the planned activities? *

Briefly list (bullet points) the specific activities that will take place and where they will take place (up to 200 words)

Why does this work need to be done and what is the anticipated community benefit? *

Describe the specific issue or need you want to address (up to 200 words)

Who will benefit from the project? Is there evidence of effective consultation, networking and partnering? *

Describe the estimated number, gender, age, and location/region of those participating in the project (up to 150 words)

What are the expected outcomes of the project? Is the project inclusive of all members of the community? *

Describe three things you want the project to achieve in terms of benefits for participants and/or others (up to 200 words)

How will you know if these outcomes have been achieved? *

Describe three changes you will see if the expected outcomes of the project occur (up to 150 words)

Who will be involved in planning, overseeing and evaluating your project? *

If successful, is the project ready to go and will it be completed in the anticipated time frame? *

Is the project identified in a masterplan, strategic plan or community plan? *

Is your application for a Playground at a School?

- Yes
 No

Playgrounds on School Grounds

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Playground Assessment

Budget

* indicates a required field

Goods and Services Tax (GST)

If you have questions about your GST status, please contact the Council contact person before you submit your application.

All budgets should include figures that are exclusive of GST (do not include GST).

Is your organisation registered for GST? * Yes No

Total Grant Amount Requested *

\$

What is the grant amount you are requesting from Council in this application?

Total Project Cost *

\$

What is the total budgeted cost of your project?

Project Income and Expenditure

INCOME

Please detail all of your income including the grant you are seeking from Council, the club contribution and any other money you are receiving from other sources for this project.

EXPENDITURE

Please list all of the expenditure (cost) for this project. All expenditure must be validated with quotes to be attached.

INCOME and EXPENDITURE **MUST** be an equal amount to prove that the project is feasible.

Please list your budget EXCLUSIVE of GST.

If you have any questions about completing the budget table, please contact Council's Sporting Clubs Officer on (03) 5832 9754 or council@shepparton.vic.gov.au.

Income Description	\$ Amount	Expenditure Description	\$ Amount
CLUB CONTRIBUTION	\$		\$
GRANT AMOUNT REQUESTED	\$		\$

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OTHER INCOME	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

\$

This number/amount is calculated.

In-Kind Expenditure

ONLY USE THIS TABLE FOR IN KIND BUDGET TOWARDS YOUR MINORS PROJECT. ***If your project is not eligible for In Kind budget to be included please do not fill this form out.***

An In-Kind contribution is part of the project that would normally be paid for but is given to the project at no cost.

If you have volunteers working on the project, include their contribution valued at:

- \$25 per hour for unskilled labour
- \$40 per hour qualified trades person
- \$65 per hour machinery hire including driver

Please note In-Kind contributions cannot be more than 25% of the total project cost for the Minor category.

Please use this table to outline a list of the In-Kind works/items as part of the project.

\$ Value	Item Description
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
\$	
Must be a dollar amount.	

In-Kind Totals

Total In-Kind Income Amount

\$

This number/amount is calculated.

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Access and Inclusion

* indicates a required field

Access, Inclusion and Equity

Please outline how your project will ensure that it will be inclusive to all members of the community including those with disabilities, seniors, all genders and people from diverse cultural backgrounds.

*

Required Documents

* indicates a required field

MANDATORY DOCUMENTS MUST BE INCLUDED FOR YOUR APPLICATION TO BE ELIGIBLE.

If the required documents are not included your application and project will not be eligible for assessment by the assessment panel.

Attach Liquor Licence (if applicable)

Attach a file:

Attach evidence of your Club's Code of Conduct policy for players, spectators and officials *

Attach a file:

Attach evidence of a Risk Management Plan *

Attach a file:

Attach your Club's Access for All policy *

Attach a file:

Attach volunteers with Working With Children Checks *

Attach a file:

Attach Financial Information *

Attach a file:

Attach Certificate of Public Liability Insurance *

Attach a file:

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Attach evidence of the decrease in participation levels of 8-18 year olds over the past 1-3 years (if applicable)

Attach a file:

Only relevant to Junior and Youth Participation

Attach quotes for the project *

Attach a file:

A minimum of 1 file must be attached

Attach letter of approval from your auspice organisation (if applicable)

Attach a file:

Attach any plans or drawings (if applicable)

Attach a file:

Other documents as required

Attach a file:

Link to organisation website or social media about the project

Must be a URL

Declaration and Privacy Statement

* indicates a required field

Privacy Statement

Greater Shepparton City Council manages your personal information in accordance with its Privacy Policy and the Privacy and Data Protection Act 2014 (Vic). Your personal information is collected to communicate with you regarding your grant application. It is disclosed to council officers for review of your application and may be disclosed to other areas of Council to administer your grant application. If you do not provide the requested information we may be unable to process your application and keep you informed of the outcome of the application. Council may also use your personal information to contact you regarding future grant rounds. To opt out of future notification, gain access to or update your personal information please contact Council's Grants Coordinator on (03) 5832 9700.

Declaration

I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organisation.

I have read the accompanying guidelines for applicants provided with this application form.

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I agree that I will contact the Greater Shepparton City Council immediately if any information provided in this application changes or is incorrect.

I understand that the information above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge. I also agree to provide final acquittal reports as required.

Name *

Title

First Name

Last Name

Position

Organisation *

Date *

Must be a date

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.

Please indicate how you found the online application process:

Very easy Easy Neutral Difficult Very difficult

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

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

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

Info source

How did you find out about this grants round? *

Newspaper Other website Word of Mouth Facebook/Social Media
 Council website Council Staff Radio Other: