Paynesville Grant Application form

Eligibility

* indicates a required field

Before you begin

Please read the program guidelines before completing the application form.

You must submit your completed application by the closing date.

Please contact us if you have any questions about the eligibility criteria.

Confirmation of eligibility

I confirm that:

- I have read and understand the program guidelines
- I can demonstrate alignment between the project and the aims of this program
- we are an eligible incorporated company or not-for-profit organisation
- I can provide a valid ABN or have an eligible project partner that meets these requirements
- I have a valid Australian bank account preferably with Community Bank Paynesville & District, or be willing to move their banking business
- the project will be delivered and will benefit the local area

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		0	No	

Criteria, rules and guidelines as applied to applications for support:

- A representative from your group/organisation must attend the grant/sponsorship information evening to apply in the corresponding round
- contributions should enhance and promote infrastructure, services and development within the community

- be non-political
- be allocated to organisations who are preferably Community Bank Paynesville & District customers, or are willing to move their banking business to Community Bank Paynesville & District
- applicants should be incorporated, either as associations or companies and be able to demonstrate an appropriate level of fiscal responsibility
- where the project involves the purchase of a specific items of equipment or erection of a specific facility, the applicant must provide means of attaching the Enterprise's signage acknowledging the contribution of the Bank
- projects must have a definite starting and completion date

Unfortunately, we are **unable** to consider any application which falls into any of the areas listed below:

- take place outside of the Paynesville & District unless it clearly demonstrates direct benefits for the community members in our district
- support any activity that is political or sectarian in nature
- is for the sole benefit of an individual
- is commercial in nature
- events or programs that denigrate, exclude or offend minority groups
- events that create environmental hazards
- programs that may represent a hazard to the community
- programs sponsored by competitor Banks
- third party funding
- support the cost of wages/administration costs for an ongoing or long-term position

I have read and understand these expectations *

Yes

Sorry, you are not eligible for the program. Please review our guidelines or review the program for more information.

Information you'll need to attach to your application

- Before you begin, save any supporting documents to your desktop. You can find details about required documents in the grant guidelines on our program page.
- If you are not an eligible entity (see eligibility criteria above), you'll need to provide a letter of support and financials from a project partner with a valid ABN.
- Depending on the amount you're requesting, you may also need to demonstrate your ability to deliver the project on time and within budget by providing items such as:
 - project costings and quotes
 - financials for your organisation/project partner.
 - copies of permits, insurances and project designs
 - letters of support from other not-for-profit organisations
 - a project plan (if applicable)

Contact details

* indicates a required field

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.

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*		
First Name	Last Name	
Position		
Phone number *		
Must be an Australian pl	none number.	
Email *		
Must be an email addres	SS.	
Do you want to incl ○ Yes	ude a secondary con	tact on this application? *
Secondary conta	ct details	
*		
First Name	Last Name	
Phone number *		
Phone number *		
Must be an Australian pl	none number.	
Email *		

Must be an email address.		
Organisation details		
Organisation name * Organisation Name		
Registered business name *		
Organisation ABN		
The ABN provided will be used to check that you have entered the	look up the following information. ABN correctly.	Click Lookup above to
Information from the Australian Busi	ness Register	
ABN		
Entity name		
ABN status		
Entity type		
Goods & Services Tax (GST)		
DGR Endorsed		
ATO Charity Type	<u>More information</u>	
ACNC Registration		
Tax Concessions		
Main business location		
Must be an ABN.		I
Organisation address * Address		
Organisation Website		
Must be a URL.		
How many people receive serv	vices or benefit from your orga	nisation each year? *
Must be a number.		
How many volunteers contribu	ute to your organisation? *	

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Must be a number.			
	include government enti need to have a project par	○ No ties, and those without an tner who satisfies these ro	
Does your organisat O Yes	ion bank with us? *	○ No	
Previous funding			
Has your organisation O Yes Including organisations of		t funding in the last t	three years? *
Previous funding			
Click "Add More" or "+'	' to add more rows.		
	What was/were your previously funded	·How much did you receive?	What was the date of funding?
Who was the	What was/were your	receive?	
Who was the	What was/were your previously funded	receive?	of funding? Approximate month/year
Who was the	What was/were your previously funded project/s?	receive? Must be a dollar amount.	of funding? Approximate month/year
Who was the funder?	What was/were your previously funded project/s?	must be a dollar amount.	of funding? Approximate month/year Must be a date.
Who was the funder? Project partner de As you are a non-eligib	What was/were your previously funded project/s? tails le entity, you're require	Must be a dollar amount. \$ ed to include the details	of funding? Approximate month/year Must be a date.
Who was the funder? Project partner de As you are a non-eligib who holds an ABN.	What was/were your previously funded project/s? tails le entity, you're require	Must be a dollar amount. \$ ed to include the details	of funding? Approximate month/year Must be a date.
Who was the funder? Project partner de As you are a non-eligib who holds an ABN. The following informati Partner name *	What was/were your previously funded project/s? tails le entity, you're require	Must be a dollar amount. \$ ed to include the details	of funding? Approximate month/year Must be a date.
Who was the funder? Project partner de As you are a non-eligib who holds an ABN. The following informati Partner name *	What was/were your previously funded project/s? Ptails Ile entity, you're require on relates specifically to	Must be a dollar amount. \$ ed to include the details	of funding? Approximate month/year Must be a date.
Who was the funder? Project partner de As you are a non-eligib who holds an ABN. The following informati Partner name * Organisation Name	What was/were your previously funded project/s? Ptails Ile entity, you're require on relates specifically to	Must be a dollar amount. \$ ed to include the details	of funding? Approximate month/year Must be a date.

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 Busi	ness 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	
Treasite .	
Must be a URL.	
Letter of support from project Attach a file:	t partner *
	Partner will contribute or add value, and support the applicant in
the delivery of the project.	
Project partner financial docu	mentation *
Attach a file:	
Please provide your project partner's	financial statements and/or bank statements.

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

Project partner contact details

Name *	Look Name		
First Name	Last Name		
Phone number *			
Must be an Australian ph	one number.		
Email address *			
Must be an email address	S.		
Project details			
* indicates a required	field		
Project name *			
Please provide a she	ort summary of your	project *	
What are the funds for ar	nd who will it benefit? Inc	lude your activities, and t	he outcomes you expect.
Start date *			
Must be a date. (future dates only)			
End date *			
Must be a date.			
Location * Address			
Suburb/Town, State/Prov	ince, Postcode, and Coun	atry are required.	
Total project value	•		
\$ Must be a dellar amount			
Must be a dollar amount. This may be more than y			

Grant request *	
\$	
Must be a dollar amount.	
Does this grant require multiple months) *	payments (eg. across multiple events, years or
○ Yes	○ No
Please list requested payment amou application.	unts and approximate dates for a multi payment
Payment date	Payment amount
Must be a date.	Must be a dollar amount.
	\$
	\$
Objectives - who will benefit	:?
What are your project primary g	oals and objectives? *
Select up to 5 groups who'll ben	efit most from this project? *
3 1 3 1 3	
No more than 5 choices may be selected	4
No more than 5 choices may be selected	۸.
Approximately how many people	e will benefit? *
Must be a number.	
	m the selected key groups, not the total population.
	дорожно, устронования ророжного
Explain why and how these grou	ps will benefit *
Does your project benefit Aborig individuals? *	ginal and/or Torres Strait islander communities or
○ Yes ○ No	O Not applicable
Will the project proceed if we ca delivery of the project might be	nnot fund the full amount? Explain how the impacted by reduced funding? *
Focus areas	

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What are the primary areas of	f focus?
want to be more specific. In this ques	tted. If the list – all have equal value. Only select sub-categories if you stion we want to know about the field of work (e.g. arts, sport, ble it will affect (e.g. young people, refugees)
Project outcomes - what d	lifference will your project make?
	xpect to occur for the key recipients of your project/ the outcomes of this program (see guidelines for details).
What are your intended outcomes? *	No more than 1 choice may be selected. If multiple apply, pick the most relevant.
How will your project achieve this intended outcome? *	
	Word count:
Community support	
	unity support? In particular, do the beneficiaries es support the activities you are proposing? * ○ No
Community support evide	nce
Provide evidence that this project	has community support.
Please upload letters of suppo Attach a file:	ort
Capacity to deliver	
	ient resources and capacity (e.g. money, staff, equipment, within the proposed timeframe. Include similar past work naterial if relevant.
Describe your organisation's a	ability to complete the work described *

Delivery supporting documents (if applicable) Attach a file:

Budget

* indicates a required field

Expenses

Please list the expenses for your project (materials, promotions, wages etc).

Click the "Add More" button to add rows.

Expense description \$ Expected cost Must be a dollar amount. \$

Confirmed income

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

Click the "Add More" button to add rows.

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

In-kind support and unconfirmed income

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)

Unconfirmed income should include any pending grant applications.

Income Type	Provider:	Brief description:	Value
	e.g. council	e.g. materials, labour, other grants	Must be a dollar amount.
			\$

Budget Check

Grant request = Expenses - Income

Total expenses

\$

This number/amount is calculated.

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\$

This number/amount is calculated.
- Grant request
This number/amount is calculated.
= Balance (must equal zero)
This number/amount is calculated. Unconfirmed income and in-kind support is not included.
BUDGET BALANCE DOES NOT EQUAL ZERO
Sorry, you don't have enough funds allocated to deliver your project or the income total i 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. $\ \ \ \ \ \ \ \ \ \ \ \ \ $
Project quotes
Please upload quotes for this project, including any line 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 provide a link to or 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 supporti	ng information	
All required licences, ○ Yes	permits and insura	nces will be in place * O Not applicable
If your staff/volunteer with Children Check?		children, have they obtained a Working
○ Yes	○ No	Not applicable
If your proposed projeplans/designs. Attach a file:	ect involves buildin	g or refurbishment, please upload the
Do you want to share Attach a file:	any files not alread	dy attached?
		al letters of support from key community vidence of other funding, etc

Terms & Conditions

* indicates a required field

If successful, the following criteria MUST be met by your group in order to promote Community Bank Paynesville & District's grant:

- ✓ Invite a Community Bank representative to speak with your community organisation about banking services available
- ✓ A representative from your group must attend the Community Bank AGM and/or a Grant recipient event. Attendance will be taken into account when considering future applications
- ✓ Verbally acknowledge grant at activity / presentations and to all members of your group
- ✓ Provide group members with a weblink to the Community Bank Paynesville & District webpage on your website and/or social media
- ✓ Complete and return a Grant Final Acquittal to the CIP committee (if grant received is over \$500)*
- ✓ Allow Paynesville & District Community Bank the opportunity to provide an insurance quote if your successful grant includes the purchase of equipment*
- *Grants funded via Community Enterprise Foundation are not subject to these conditions.

I have read and understand these Terms & Conditions *

○ Yes
If successful, what else will your organisation do to promote the Community Bank
grant? □ Feature Community Bank logo and signage at event (collect and return from Community
Bank Branch) — Feature Community Bank on advertising material, webpage and grant
acknowledgements including social media □ Event / prize naming rights
 □ Issue a press release to the local media detailing your activity and mentioning the grant □ Provide Community Bank with high resolution digital images from your event for use in any of its advertising, promotional or other material, including social media □ Place permanent signage featuring Community Bank logo at your organisation □ Authorise the Community Bank to promote this grant within internal and external marketing, including social media
NB: any press release using the Community Bank logo would require the Board approval.
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 agreement.
Certification * □ lagree
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? * O Very easy O Easy O Neutral O Difficult O 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. *