Form Preview

Before starting your application

* indicates a required field

Applicants please note

Before starting this application, read the *Thriving Communities Local Community Sponsorship Guidelines*

If you have any questions about your eligibility or the questions in this application form, please contact the GWW grants and sponsorships team on 13 44 99 or email sponsorship@gww.com.au

Confirmation of Eligibility

- I have read and understood the sponsorship guidelines
- the applicant organisation is an incorporated, non-profit organisation or has an auspice arrangement for this grant
- the project or activity is located in the GWW service area
- the project has not already been undertaken and is as described in this application
- the applicant organisation does not owe money to GWW as a result of previous funding, grants or other service charges

| The above statements are true for the organisation | on |
|--|----|
|--|----|

Yes

Applicant details

Organisation name *

Organisation Name

Organisation 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 Bus | ness Register |
|-------------------------------------|------------------|
| ABN | |
| Entity name | |
| ABN status | |
| Entity type | |
| Goods & Services Tax (GST) | |
| DGR Endorsed | |
| ATO Charity Type | More information |
| ACNC Registration | |
| | |

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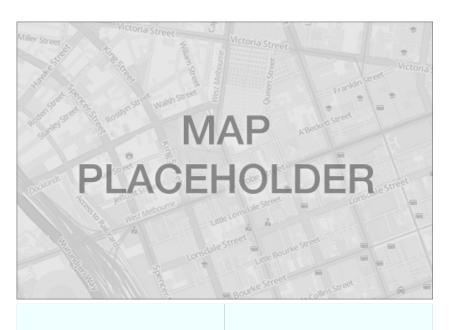
| Tax Concessions | | |
|--|--|--------------|
| Main business location | | |
| Must be an ABN. | | |
| Our organisation is not incorp | orated and requires an auspic | e |
| O Yes | | |
| Organisation admin contact * Organisation Name | | |
| | | |
| Organisation primary address Address | * | |
| | | |
| | | |
| Address Line 1, Suburb/Town, State/P | rovince, Postcode, and Country are re- | quired. |
| Organisation phone number * | | |
| | | |
| Must be an Australian phone number. | | |
| Organisation postal address * Address | | |
| Address | | |
| | | |
| Address Line 1, Suburb/Town, State/P | rovince, Postcode, and Country are re | quired. |
| Organisation email * | | |
| | | |
| Must be an email address. | | |
| Organisation website | | |
| | | |
| Must be a URL. | | |
| Auspice Information | | |
| Auspice organisation | | |
| Organisation Name | | |
| | | |
| Auspice ABN | | |
| | | |
| The ABN provided will be used to check that you have entered the A | | Click Lookup |

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| Information from the Aug | etralian Business Degister |
|--|----------------------------|
| ABN | tralian Business Register |
| | |
| Entity name ABN status | |
| | |
| Entity type | CT) |
| Goods & Services Tax (G DGR Endorsed | 51) |
| ATO Charity Type | More information |
| ACNC Registration | More information |
| Tax Concessions | |
| Main business location | |
| Must be an ABN. | |
| Must be all Abiv. | |
| Auspice project cont | |
| First Name | Last Name |
| | |
| Auspice primary add Address | ress |
| | |
| | |
| Auspice primary emands Must be an email address | |
| riast be an eman address | • |
| Auspice primary web | osite |
| Must be a URL. | |
| Auspice postal addre Address | ess |
| | |
| | |
| | |
| Project outline | |
| * indicates a required f | ield |
| | |
| Project or activity na | ame * |
| | |

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| Short project description * |
|--|
| |
| Ward acust |
| Word count: Must be no more than 200 words. Provide a short description of your project - what are you out to do? |
| Start date * |
| Must be a date and between 1/7/2025 and 30/6/2026. |
| End date * |
| |
| Must be a date and between 1/7/2025 and 30/6/2026. |
| Expected number of participants |
| |
| estimate only required |
| Total amount requested * |
| \$ |
| Must be a dollar amount and no more than 5000. What is the total financial support you are requesting in this application? |
| Total project cost |
| s |
| Must be a dollar amount. What is the total budgeted cost (dollars) of your project? |
| Project or activity location * |
| Address |
| |
| |
| |



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

GWW Local Government Area *

- □ Brimbank
- ☐ Hobsons Bay
- □ Maribyrnong
- □ Melton
- ☐ Moonee Valley
- □ Wyndham
- □ Yarra
- ☐ Hume
- □ Macedon Ranges
- ☐ Melbourne
- ☐ Moorabool

Project detail

* indicates a required field

Please note

In answering the questions below, please remember we are specifically looking for projects that meet at least two of the following criteria:

- the project supports the community to thrive by supporting **equity, opportunity** and **inclusivity**
- the project addresses a community need
- the project is **locally-led** and supports GWW's diverse community groups to succeed.

You can refer back to the sponsorship guidelines at anytime <u>here</u>. Remember to save your form as you go.

Applicant tips and hints.

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For each question we have provided extra hints and tips that are there to help you in answering the question. There are provided as a guide only and are not an exhaustive list.

Question 1: Who is this project for? Why is it needed? What is the benefit?

In answering this question, you could consider

- how does the project improve equity, opportunity and/or inclusivity?
- how does your project help your community to thrive?
- can you demonstrate strong links between your project and community?
- who is your target audience/ participants?
- what is the specific issue or need you are wanting to address?

| * | | |
|---|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |

Word count:

Must be no more than 300 words.

Must be no more than 200 words.

Question 2: What activities are planned as part of the project?

In answering this question, you could consider

- do you have a timetable of events?
- where are the activities taking place?
- what local networks and resources are you using to help deliver the project
- other community groups/ events as part of the project?

You are welcome to use bullet points to answer this question.

| * | | | | |
|---|------------|--|--|--|
| | | | | |
| | | | | |
| W | ord count: | | | |

Question 3: What do you expect to achieve?

In answering this question, you could consider

- what does the project hope to achieve for it participants?
- what are the wider benefits to the community?
- how many people are you expecting to attend your activity?
- what are the key measures for your project?

J.

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| Word count: | |
|---------------------------------|--|
| Must be no more than 150 words. | |

Question 4: Explain how your organisation will deliver a successful project

In answering this question, you could consider

- does your organisation have previous experience delivering similar projects?
- do you have a project/ event plan? (you can attach an example in supporting documents)
- are you confident you can deliver your project on time and on budget?
- are you partnering with other local organisations?

| * | | | |
|-------------|--|--|--|
| | | | |
| | | | |
| Word count: | | | |

Must be no more than 150 words.

Budget

In this section you have the option to use the budget table provided **or** if you have a more detailed project budget, you can skip this section and add in a budget in the 'supporting documents' page.

Have you included a detailed budget in supporting documents?

○ Yes

O No

Budget

Please outline your project budget and clearly outline the GWW contribution. You should outline any other project funding sources (cash and in kind) and whether they are confirmed or unconfirmed.

Funding is exclusive of GST and amounts should reflect this.

| Income | \$ Expenditure | \$ |
|---|-------------------|----|
| item description Must be at least 2 characters. | item description | |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

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Budget Totals

| Total Income Amount | Total Expenditure Amount | Income - Expenditure |
|-----------------------------------|-----------------------------------|-----------------------------------|
| \$ | \$ | \$ |
| This number/amount is calculated. | This number/amount is calculated. | This number/amount is calculated. |

Additional funding (if applicable)

| Are any other funding sources confirmed? If not, how will th | is affect your project? |
|--|-------------------------|
| | |
| | |
| | |
| | |

Supporting documentation

This section allows you to provide further information to support your application, if required. Examples of documentation you could provide include;

- · detailed project plan
- letters of support
- detailed project budget
- previous event plans
- permissions for land use

Only provide relevant documentation. Providing supporting documentation is optional and may not be necessary.

Uploading supporting documents

Supporting documentation should directly reflect the project or organisation, such as support letters, quotes, project plans, reports etc

| Item | File Upload |
|------|-------------|
| | |
| | |
| | |
| | |

Certification and Acknowledgement

* indicates a required field

Privacy

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GWW is committed to protecting your privacy. The information collected in this form is for the purpose of assessing and managing the grants and sponsorships program.

Personal information will be shared with assessment panel members for the purpose of assessing your application.

By submitting an application, you consent to GWW publishing successful applicants name, project name, description and funded amount on the GWW website. This information may be used to promote the GWW grants and sponsorship program more generally.

You can view GWW's Privacy Policy on our website.

Declaration

I acknowledge that to the best of my knowledge the information provided within this application and supporting documents are true and correct. I understand that if the applicant organisation is approved for funding, we will be required to accept the terms and conditions as outlined in the funding agreement.

| I am authorised to c ○ Yes | omplete this applica | ation * | |
|---|------------------------|-------------------------------|------------------|
| Authorised person's | name * | | |
| First Name | Last Name | | |
| | | | |
| . | | | |
| Position | | | |
| | | | |
| Date * | | | |
| | | | |
| Must be a date. Date | | | |
| Your feedback | | | |
| Before you hit REVIEW | and SUBMIT, please t | ake the time to provide us wi | th some feedback |
| How did you hear all program? | oout the Thriving Co | mmunities grants and spo | nsorship |
| | | | |
| How easy was it to f ☐ Very Easy ☐ Easy ☐ Okay ☐ Difficult | ill out this applicati | on form? | |

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| □ Very Difficult | |
|---|-------------|
| Any comments or feedback about the form or process before | you submit? |