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.
- 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 | ○ No |

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.

Applicant details

| • | | | |
|----------------------|---------------------|------------------------|----------|
| First Name | Last Name | | |
| | | | |
| | | | |
| Position | | | |
| Position | | | |
| | | | |
| | | | |
| Phone number * | | | |
| | | | |
| Must be an Australia | in phone number. | | |
| Email * | | | |
| | | | |
| Must be an email ad | dress. | | |
| Do you want to i | include a secondary | contact on this applic | ation? * |

Secondary contact details

| * | | | |
|---|--------------------------|--------------------------|------------|
| First Name | Last Name | | |
| | | | |
| Phone number * | | | |
| | | | |
| Must be an Australian p | hone number. | | |
| Email * | | | |
| | | | |
| Must be an email addre | SS. | | |
| Organisation det | ails | | |
| Organisation name Organisation Name | * | | |
| | | | |
| Registered busines | s name * | | |
| | | | |
| Organisation ABN | | | |
| | | | |
| | I be used to look up the | e following information. | Click Look |

up above to check that you have entered the ABN correctly.

| Information from the Australian Bus | siness 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 APN | |

Must be an ABN.

Organisation address *

| Address | | |
|--|---|---|
| | | |
| | | |
| Organisation Website | | |
| Must be a URL. | | |
| How many people receive s | ervices or benefit from you | r organisation each year? * |
| Must be a number. | | |
| How many volunteers conti | ribute to your organisation? | ? * |
| Must be a number. | | |
| Is your organisation an elig O Yes Non-eligible entities could include to this question, you will need to he the program guidelines for mo | O No government entities, and those w nave a project partner who satisfie | |
| Does your organisation bar ○ Yes | nk with us? * | |
| Previous funding | | |
| Has your organisation rece ○ Yes | ived funding from us in the No | last three years? * |
| 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

As you are a non-eligible entity, you're required to include the details of a Project Partner who holds an ABN.

The following information relates specifically to the project partner.

| Partner name * Organisation Name | |
|---|--|
| | |
| Registered business name * | |
| <u> </u> | |
| | |
| Partner ABN * | |
| The ABN provided will be used to look up check that you have entered the ABN co | the following information. Click Lookup above to |
| Information from the Australian Business Re | gister |
| ABN | |
| Entity name | |
| ABN status | |
| Entity type | |
| Goods & Services Tax (GST) | |
| DGR Endorsed | |
| | <u>formation</u> |
| ACNC Registration | |
| Tax Concessions | |
| Main business location | |
| Must be an ABN. | |
| Primary address * | |
| Address | |
| | |
| | |
| Dhana www.hau* | |
| 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 partn Attach a file: | er * |

| Letter will need to advise the delivery of the projec | | contribute or add value, and support the applicant in |
|--|-----------------------------|---|
| Project partner fina Attach a file: | ncial documentation | 1 * |
| | | |
| Please provide your proje | ect partner's financial sta | tements and/or bank statements. |
| Project partner co | ontact details | |
| We may contact this p | erson for additional inf | formation about this application. |
| Name * | | |
| First Name | Last Name | |
| | | |
| Phone number * | | |
| | | |
| Must be an Australian ph | one number. | |
| Email address * | | |
| Must be an email addres | | |
| Must be all ellial addres | 3. | |
| Danie de de Laterille | | |
| Project details | | |
| * indicates a required | field | |
| . | | |
| Project name * | | |
| | | |
| Please provide a sh | ort summary of your | r project * |
| | | |
| What are the funds for a | nd who will it benefit? Inc | clude your activities, and the outcomes you expect. |
| Start date * | | |
| | | |
| Must be a date. (future dates only) | | |
| • | | |
| End date * | | |

| Must be a date. | |
|---|--|
| Location * Address | |
| | |
| Suburb/Town, State/Province, Postcode, and | d Country are required. |
| Total project value * | |
| \$ Must be a dollar amount. This may be more than your grant request. | |
| Grant request * | |
| \$ Must be a dollar amount. | |
| months) * | nyments (eg. across multiple events, years or |
| ○ Yes | ○ No |
| Place list requested payment amounts | |
| application. | s and approximate dates for a multi payment |
| | Payment amount Must be a dollar amount. |
| application. Payment date | Payment amount Must be a dollar amount. |
| application. Payment date | Payment amount Must be a dollar amount. |
| Payment date Must be a date. | Payment amount Must be a dollar amount. \$ \$ |
| Payment date Must be a date. Objectives - who will benefit? | Payment amount Must be a dollar amount. \$ \$ Is and objectives? * |
| Payment date Must be a date. Objectives - who will benefit? What are your project primary goal | Payment amount Must be a dollar amount. \$ \$ Is and objectives? * |
| Payment date Must be a date. Objectives - who will benefit? What are your project primary goal Select up to 5 groups who'll benefit | Payment amount Must be a dollar amount. |

Explain why and how these groups will benefit *

| Does your project benefit Alindividuals? * | boriginal and/or Torres Strait islander communities or |
|--|---|
| ○ Yes | ○ No |
| | ve cannot fund the full amount? Explain how the it be impacted by reduced funding? * |
| Focus areas | |
| What are the primary areas | of focus? |
| want to be more specific. In this qu | elected. a of the list – all have equal value. Only select sub-categories if you usestion we want to know about the field of work (e.g. arts, sport, eople it will affect (e.g. young people, refugees) |
| Project outcomes - what | difference will your project make? |
| | expect to occur for the key recipients of your project/ with 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 | |
| | munity support? In particular, do the beneficiaries ities support the activities you are proposing? * ○ No |
| Community support evid | dence |
| Provide evidence that this proje | ect has community support. |
| Please upload letters of sup Attach a file: | pport |

Capacity to deliver

Demonstrate that you have sufficient resources and capacity (e.g. money, staff, equipment, facilities) to complete this project within the proposed timeframe. Include similar past work with links to further explanatory material if relevant.

| Describe your organisation's ability to complete the work de | scribed * |
|--|-----------|
| | |
| | |

| Delivery supporting documents (if appli Attach a file: | cable) |
|---|--------|
| | |

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

Total expenses

Grant request = Expenses - Income

| \$ | |
|--------------------------|----------------------------------|
| This number/amount is ca | alculated. |
| | |
| - Confirmed income | |
| \$ | |
| This number/amount is ca | alculated. |
| | |
| - Grant request | |
| \$ | |
| This number/amount is ca | alculated. |
| | |
| = Balance (must equ | ıal zero) |
| \$ | |
| This number/amount is ca | alculated. |
| 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 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.

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 s Attach a file: | statements and | l/or bank statements * |
|--|-------------------|---|
| | | |
| Financial documentat | ion | |
| Please provide a link to or at | tach a copy of y | our most recent annual report. |
| | clude a profit an | please provide us with your most recent do loss statement, statement of financial ent of financial position). |
| Financial documentation Attach a file: | * | |
| | | |
| Additional supporting | information | |
| All required licences, per O Yes | mits and insura | ances will be in place * O Not applicable |
| If your staff/volunteers a | re working witl | h children, have they obtained a Working |
| ○ Yes | ○ No | Not applicable |
| If your proposed project in plans/designs. Attach a file: | involves buildi | ng or refurbishment, please upload the |
| | | |
| Do you want to share any Attach a file: | files not alrea | dy attached? |
| More than one file can be uploa stakeholders, flyers, plans, fina | | nal letters of support from key community evidence of other funding, etc |

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 * ☐ I agree | | | | |
|-----------------------------|------------------|--|-------------------------------|------------------------------------|
| Applicant fee | edback | | | |
| | | pplication process. take a few moment | | your application and feedback. |
| How did you fi | nd the online a | pplication proces | ss? * | |
| Very easy | ○ Easy | Neutral | Difficult | Very difficult |
| How many min | utes in total di | id it take you to c | omplete this app | olication? * |
| Provide any su form. * | ggestions for i | improvements/ad | ditions to the ap | plication process/ |
| | | | | |