

Celebrating Neighbourhoods application form - 2024

Form Preview

Before starting your application

* indicates a required field

Applicants please note:

Before completing this application form, you should have read the [West Gate Neighbourhood Fund - Grants Guidelines](#).

Applications must be completed and submitted by **3pm Tuesday 30 July 2024**. Awarding of grants and advice to recipients will occur in September 2024.

If you have any questions, please contact the West Gate Tunnel Project on **1800 105 105** or email **info@wgta.vic.gov.au**

Please ensure you are applying for the correct category for your initiative:

This application is for projects such as festivals, events, and installations that bring local people together, some examples include:

- Community festivals
- Cultural events
- Concerts

I confirm that this application is for a West Gate Neighbourhood Fund Celebrating neighbourhoods grant - up to \$20,000 for festivals, events, and installations that bring local people together. *

Yes

What you'll need

Before you start your application, it is recommended that you download a preview of the form to understand what information is required. Please note that you will be required to upload supporting documents to assist with assessment of your application - the list below outlines the documents you'll be required to provide. If documents aren't provided at the time of submitting your application it may result in your application not being eligible for funding.

- **Public Liability Insurance and Certificate of Incorporation (required)**
- **Annual report including financial statements (required)**
- **Quotes for all items >\$1,000 (required)**
- **Project/Program and Risk Management plan (strongly recommended)**
- Evidence of co-funding (required where applicable)
- Asset owner evidence of consent (required where applicable)
- Evidence of asset ownership or current land/building lease (required where applicable)
- Letters of support (recommended)

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Conflict of Interest Declaration

This information helps West Gate Neighbourhood Fund staff to determine who can review your application during the assessment phase.

Are you, or anyone involved in the preparation of this application employed at the Victorian Infrastructure Delivery Authority (VIDA) or at a division within VIDA?

- Yes No

Are you, or anyone involved in the preparation of this application employed by a Government Agency, including local councils within the West Gate Tunnel Project boundary (Hobsons Bay City Council or Maribyrnong City Council) or within State or Federal Government?

- Yes No

Are you, or anyone involved in the preparation of this application either an employee of, or related to any members of parliament or their staff?

- Yes No

If you answered yes to any of the above questions please provide further details in the box below.

Confirmation of Eligibility

I confirm that the applicant:

- has read and understands the program guidelines.
- is an incorporated not-for-profit community organisation; or is auspiced by a not-for-profit community organisation.
- is located in the Hobsons Bay or Maribyrnong local government areas, and/or is proposing a project where the majority of participants are residents of Hobsons Bay or Maribyrnong local government areas.
- is able to demonstrate financial viability.
- does not have a debt or outstanding acquittal owing to the State Government Authority where the project will be undertaken.
- has the appropriate type and level of insurance.
- does not derive income from gambling, and is not proposing to promote gambling through this project.

Additionally, I confirm that the proposed project:

- has not commenced, and is not already fully funded by Local Government, the Victorian Government, or the Australian Government.
- can be completed within 12 months of the funding announcement.

The above statements are true for my organisation *

- Yes

You must confirm that all statements above are true and correct.

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Applicant contact details - the person completing this form

Primary contact person *

Title First Name Last Name

This is the person we will correspond with about this grant

Primary contact person's email address *

This is the address we will use to correspond with you about this grant - please make sure it's entered correctly.

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number *

Must be an Australian phone number.

Back-up phone number *

Must be an Australian phone number.

Privacy Notice

We pledge to 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*. To view our privacy collection statement, click [here](#).

Application details

* indicates a required field

Application number

This field is read only.

The identification number or code for this submission.

Grant program name

This field is read only.

The program this submission is in.

Grant round name

This field is read only.

The round this submission is in.

Application summary

Applicant organisation name *

Organisation Name

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Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Project title *

Must be no more than 25 words.

Provide a name for your project. Your title should be short but descriptive.

Funding amount requested from WGNF *

Must be a dollar amount and no more than 20000.

What is the total financial support you are requesting from the WGNF in this application? Please ensure this is no more than total project cost and aligns with the budget information provided in section 7.

Project summary - tell us what you'll be delivering *

Word count:

Must be no more than 100 words.

Provide a short description of your project. This is the first thing assessors read - be descriptive but concise.

Which specific costs associated with your project will the funds from the West Gate Neighbourhood Fund cover? *

Organisation details

* indicates a required field

Organisation status

Is your organisation an incorporated not-for-profit? *

- Yes
 No

Which Local Government Area is your organisation located in? *

- Hobsons Bay
 Maribyrnong

Applicant ABN details

Does your organisation have an ABN? *

- Yes No, I'm using an Auspice 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 Business Register |
|---|
| ABN |

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| |
|---|
| 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

Organisation primary address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
Cannot be a PO Box

Organisation postal address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Organisation website *

Must be a URL

Select the relevant organisation type. *

- | | | |
|---|--|--------------------------------|
| <input type="radio"/> Aboriginal | <input type="radio"/> Education | <input type="radio"/> Social |
| <input type="radio"/> Aged/Seniors | <input type="radio"/> Environment | <input type="radio"/> Sports |
| <input type="radio"/> Arts and crafts | <input type="radio"/> Health | <input type="radio"/> Veterans |
| <input type="radio"/> Childcare/Preschool | <input type="radio"/> Local Government | <input type="radio"/> Youth |
| <input type="radio"/> Community/Civic | <input type="radio"/> Multicultural | <input type="radio"/> Other: |

- | | |
|---|---------------------------------|
| <input type="radio"/> Disability Services | <input type="radio"/> Religious |
|---|---------------------------------|

Please choose the option that best applies to your organisation.

Supporting documentation

Please attach a copy of your organisation's certificate of incorporation *

Attach a file:

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Please provide a copy of your organisation's certificate of currency for Public Liability Insurance (please ensure it is the appropriate level of insurance) *

Attach a file:

What is the current expiry date of your Public Liability Insurance *

Must be a date.

Please attach a copy of your most recent Annual Report including financial statements. *

Attach a file:

Auspice information

The organisation listed in this section is the auspice organisation, and must be a non-profit entity, such as an incorporated association or a registered charity. If your application is successful, the auspice will be responsible for ensuring all requirements of the grant are met.

You will need to provide evidence of an appropriate agreement or exchange of letters between the applicant and the auspice organisation in order to be considered for funding.

If you do not have an auspice for your funding application, you will not be able to complete this section of the form.

Will your group be auspiced by another organisation? *

- Yes
- No - organisations without an ABN or auspice are ineligible to apply

Auspice organisation details

Name of auspice organisation *

Organisation Name

Please use the auspice organisation's full name.

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.

| Information from the Australian Business Register |
|---|
| ABN |
| Entity name |
| ABN status |
| Entity type |

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Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type [More information](#)

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

Auspice primary address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Auspice postal address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Auspice primary phone number *

Must be an Australian phone number.

Auspice primary email *

Must be an email address.

Auspice website

Must be a URL.

Please upload a copy of your Auspice agreement *

Attach a file:

A maximum of 2 files may be attached.

Please upload a copy of your Auspice organisation's Incorporation Certificate *

Attach a file:

A maximum of 2 files may be attached.

Please upload your Auspice organisation's copy of the certificate of currency for Public Liability Insurance. *

Attach a file:

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What is the current expiry date of your Auspice organisation's Public Liability Insurance *

Must be a date.

Project details

* indicates a required field

Criteria responses - community connectedness, community need and organisational capacity to deliver

1. Describe how your project will improve community connectedness and cohesion.

Provide details on how the project will increase the number of connections that an individual has with others in their community and/or improve the sense of togetherness and bonding that exists between members of a community. *

Word count:

Must be no more than 200 words.

Will you be charging a fee for people to participate in your event? If so please provide details. *

Please select which of the following priority areas your project addresses (select all that apply) *

- Connectivity - creating opportunities, activities and environments which bring communities together
- Health and Wellbeing - supporting programs and opportunities which promote healthy living and wellbeing
- Innovation - supporting projects and events which help the community to solve future challenges
- Environment and Sustainability - enhancing and conserving green spaces and the environment
- Mobility - making it easier for communities to travel and explore their local area
- Leadership - supporting and training future leaders to advocate for their community
- Education and Skills - providing information, skills and new opportunities to members of the community
- Diversity - supporting social inclusion for diverse populations
- Beautification - supporting opportunities to improve the aesthetics and facilities of the community

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- Arts and Culture - celebrate culture and build positive community perceptions
- Heritage - celebrating history and creating links between the past and present within the community
- Other:

2. Describe how your project will meet a community need. Please elaborate on how the project will address the selected priority area/s ticked above. *

Word count:

Must be no more than 200 words.

Please elaborate on how the project will address the selected priority area(s)

3. Please provide information about your organisation and its capacity to deliver the project on time and within budget. *

Word count:

Must be no more than 150 words.

E.g. Previous successful project delivery, What staff/volunteers will be deployed to the project? What experience and qualifications do they have? How much time per week (hours/FTE) will they allocate to the project?

Project timelines

Please provide the expected timeframes of your project. Projects must be able to be completed within 12 months of the funding announcement date.

Has the project already started? *

- No
- Yes - projects already in delivery are ineligible for funding

Proposed project start date *

Must be a date.

Proposed project end date *

Are there any factors that could delay the project? If so, what are they? *

Word count:

Must be no more than 100 words.

For example: building material shortages, weather delays, delays obtaining permits/approvals, etc.

Timeline - Milestones

*This section is required.

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What are the major steps / stages (i.e. milestones) involved in delivering your project?

| Milestone | Start Date | Finish Date | Location (if relevant) | Notes |
|---|---|---|---|-----------------------------------|
| e.g. planning; major activities; evaluation | Provide approximate date. Must be a date. | Provide approximate date. Must be a date. | (e.g. add address, suburb, region if known; otherwise type 'unknown' or 'not applicable') | Add explanatory notes if required |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Additional information and attachments

What evidence do you have that the project will improve community connectedness and cohesiveness, and that the project has community support? *

Word count:

Must be no more than 150 words.

This could include statements or requests from the community or media articles. What is the community need? How do you know? Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu7> if you need some ideas about how to frame your response.

Please upload any letters of support (as per the Grants Guidelines, letters of support are recommended for Celebrating neighbourhoods grant applications).

Attach a file:

A maximum of 5 files can be attached

Please attach a project plan and risk management plan (as per the Grants Guidelines, the inclusion of a project and risk plan is strongly recommended for Celebrating neighbourhoods grant applications).

Attach a file:

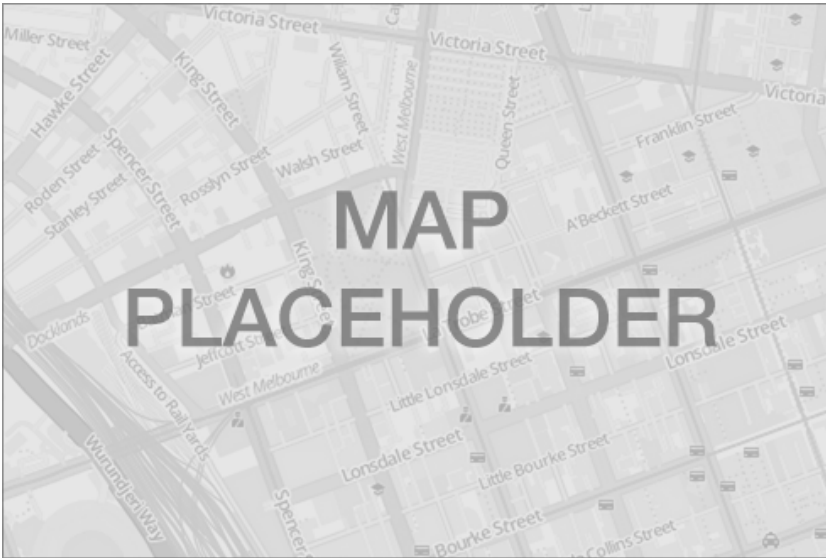
An example project plan and risk management plan can be found at <https://bigbuild.vic.gov.au/library/west-gate-tunnel-project/west-gate-neighbourhood-fund-templates>

What is the address where the project will take place? This should be the physical location of where your project will take place. *

Address

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Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Project Outcomes

How will you measure the success of your project? *

Word count:

Must be no more than 100 words.

Describe at least three changes you will see if the expected outcomes of the project occur.

Approximately how many community members will benefit from, or participate in, your project or event? *

Must be a number.

Approvals and Permissions

* indicates a required field

Asset-owner approvals

Who is the owner or manager of the land where the project will take place? *

- Owned or managed by local council
- Owned or managed as Crown land
- Owned by the applicant
- Privately owned
- Other:

Please note, if your application is shortlisted, you will be asked to seek formal agreement from the landowner

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If Crown land, please provide details of ownership:

Do you have the consent of the asset-owner to undertake this project? *

- Yes I have consent
 No I do not have consent

Consent of the asset-owner means that the owner gives their permission to undertake the project on their asset.

If the property is subject to a lease, what is the date of expiry of the lease?

Must be a date.

Please attach evidence of relevant approvals, permits or asset-owner consent (as per the Grants and Partnerships Guidelines, evidence of asset-owner consent, or evidence of a current lease/asset ownership is required for Celebrating neighbourhoods grant applications). *

Attach a file:

A minimum of 1 file must be attached.

Other approvals and permits

Does your project require approval from local council or another agency? *

- Yes
 No
 Unsure

New Section

If yes, which council or agency will you need to seek approval from?

What is the status of this approval?

- Approval has been obtained
 Approval will need to be obtained

If approval is yet to be obtained, how long do you estimate this will take?

Will your project require an event permit, or other type of permit requiring an application to local council or the State Government?

- Yes
 No
 Unsure

Project Costs

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* indicates a required field

This section is required

Before you fill in this section, you should already have an understanding of what types of costs your event will incur, how much you will spend, how much you expect the WGNF will cover and what (if any) co-contributions you will bring. This section will be used to acquit your overall project costs on completion of your project.

You must include at least 1 expenditure item, which will be funded by WGNF. The maximum you can apply for under this grant category is \$20,000. Any other costs which will be met by co-contributions or in-kind contributions can be included in the relevant sections.

- All amounts should be input excluding GST.
- Provide clear descriptions for each expenditure item.
- **For individual budgeted expense items over \$1,000 (excl GST) quotes must be provided.**

Please do not add commas to figures e.g. type \$1000 not \$1,000 - this will ensure your figures for each table total correctly.

Funding sources

Will you be providing any co-contribution towards this project? *

- Yes
 No

Co-contributions can be things like organisation cash, fundraising, donations, or other State, Federal, Local council or philanthropic grants. Do not include in-kind contributions here.

Will you be providing any in-kind contribution towards this project? *

- Yes
 No

In-kind costs could include staff/volunteer time/expertise, equipment, facilities, pro bono marketing or advocacy.

Project costs to be funded by WGNF

Please list the project costs you expect the West Gate Neighbourhood Funding will cover. The total should equal the amount you requested in Section 2 and cannot be more than \$20,000.

Organisation co-contributions and in-kind costs are in the sections below.

| Expenditure type | Expenditure detail | \$ cost excl GST | How will you pay for these items? | Please upload quotes for your items |
|-------------------------------|-------------------------------|------------------|-----------------------------------|-------------------------------------|
| Choose from the dropdown list | Detailed description of costs | | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |

Total project costs to be funded by WGNF

Total Expenditure Amount

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\$

This number/amount is calculated.

Project costs to be funded by co-contributions

Please list the project costs you expect co-contributions will cover. Co-contributions could include other grant funding, organisation cash, fundraising, donations. Do not include in-kind contributions in this section.

| Expenditure type | Expenditure detail | \$ cost excl GST | How will you pay for these items? | Status of the co-contribution |
|-------------------------|---------------------------|-------------------------|--|--------------------------------------|
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |

Evidence of co-contributions

Please upload evidence of your confirmed co-contributions.

Attach a file:

If you have listed any unconfirmed co-contributions above, please provide further details below, including anticipated date of funding confirmation.

If unconfirmed co-funding is unsuccessful, how could the project be re-scoped to provide a community benefit within the same timeframe?

Total project costs to be funded by co-contributions

Total Expenditure Amount

\$

This number/amount is calculated.

Project costs provided in-kind

Please list the project costs you expect will be covered in-kind. In-kind costs could include staff/volunteer time/expertise, equipment, facilities, pro bono marketing or advocacy.

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| What 'in-kind' support is being provided towards the project? | Who is providing the in-kind support? | \$ value of in-kind support | Confirmed? | Please attach evidence of any in-kind contributions. |
|---|---------------------------------------|-----------------------------|------------|--|
| Eg. staff/volunteers time/expertise, equipment, facilities, and other types of support. | Eg. Club volunteers, local business | | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |

Total project costs provided in-kind

Total Expenditure Amount

\$

This number/amount is calculated.

Other supporting documents

Please attach any other documents you may have to support the numbers in your budget (i.e. excel budget breakdown, quotes).

Attach a file:

Budget Totals

Funding request WGNF

\$

This number/amount is calculated.

Funding from co-contributions

\$

This number/amount is calculated.

Funding from in-kind

This number/amount is calculated.

Total project costs

\$

This number/amount is calculated.
What is the total budgeted cost (dollars) of your project?

Certification and acknowledgement

* indicates a required field

Certification and acknowledgement by authorised person

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (this may be different to the contact person listed earlier in this application form). This person will be the first signatory to a funding deed should your application be successful.

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I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this funding, we will be required to accept the terms and conditions as outlined in the funding agreement, including obtaining all permits, approvals, licences or other consents necessary to deliver the proposed project. *

Yes

I acknowledge that I may be requested by the West Gate Neighbourhood Fund to provide the assessment panel with additional information relating to the application, prior to a decision on funding being made. *

Yes

First authorised signatory

Please provide the name of a first authorised person in your organisation. This person will be the first signatory to a funding deed should your application be successful.

Name of authorised person *

Title First Name Last Name

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.

Contact Email *

Must be an email address.

Date *

Must be a date.
Please insert today's date.

Second authorised signatory

Please provide the name of a second authorised person in your organisation. This person will be the second signatory to a funding deed should your application be successful.

Name of authorised person *

Title First Name Last Name

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

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Contact Phone Number *

Must be an Australian phone number.

Contact Email *

Must be an email address.

Date *

Must be a date.
Please insert today's 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?

Please provide us with your suggestions about any improvements and/or additions to the application process.

How did you find out about the West Gate Neighbourhood Fund? *

- Local paper advertisement
 Email to your organisation
 Social media advertising
 Online advertising
 Local council
 Local MP
 Google