

Participation Equipment 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 confirm you are applying for the correct category for your initiative:

This application is for participation equipment initiatives, some examples are:

Uniforms/Jerseys Sporting equipment Musical instruments Art supplies Scout equipment Educational toys for Neighbourhood Houses

I confirm that this application is for a West Gate Neighbourhood Fund Participation Equipment grant - up to \$5,000 to support community participation in local sport, art or recreation activities. *

Yes

I confirm that there will be no fees charged for the community to access the equipment or uniforms. *

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)**
- Evidence of co-funding (required where applicable)

Conflict of Interest Declaration

Participation Equipment application form - 2024

Form Preview

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.

Applicant contact details - the person completing this form

Participation Equipment application form - 2024

Form Preview

Primary contact person *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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 *

Participation Equipment application form - 2024

Form Preview

Word count:

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 whole dollar amount (no cents) and no more than 5000.

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 5.

Project summary - what equipment will you buy with funds obtained from the West Gate Neighbourhood Fund? *

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.

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	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information

Participation Equipment application form - 2024

Form Preview

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.

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 | <input type="text"/> |

Please choose the option(s) that best applies to your organisation.

Supporting Documentation

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

Attach a file:

Please attach 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.

Participation Equipment application form - 2024

Form Preview

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	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Participation Equipment application form - 2024

Form Preview

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 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:

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

Must be a date.

Participation Equipment application form - 2024

Form Preview

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 and meet a community need.

Provide details on how the project will increase the connections that individuals have with others in their community and/or how the project will increase the sense of togetherness and bonding that exists between members of the community. Please elaborate on how the project will address the selected priority area/s (ticked below). *

Word count:

Must be no more than 200 words.

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

Must be a number.

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
- 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:

Participation Equipment application form - 2024

Form Preview

2. Please provide information about your organisation and its capacity to deliver the project.

Do you see any reason why your project couldn't be delivered as intended? *

Word count:

Must be no more than 100 words.

Project timing

Projects must be able to be completed within 12 months of the funding announcement date.

Has the project already started? *

- No
 Yes- projects that have already started are ineligible for funding

If you're successful in obtaining a grant, when do you expect to purchase your equipment by? *

Equipment costs

* indicates a required field

Advice on filling out this section

This section is required.

Please detail what equipment you intend to buy, and the source of funds that will be used towards the purchase of that equipment. You must include at least one item which will be funded by WGNF. The maximum amount you can apply for under this grant category is \$5,000.

Please input amounts excluding GST and 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.

Equipment costs

Please list the equipment you intend on buying.

What are you going to buy?	\$ cost excl GST	Please upload a quote for your items
Eg. 25 footballs, playing uniforms,	Must be a whole dollar amount (no cents).	
	\$	
	\$	
	\$	
	\$	

Participation Equipment application form - 2024

Form Preview

Total Equipment Cost *
 \$
 This number/amount is calculated.

Amount requested from WGNF
 \$
 This number/amount is calculated.

Organisation Co-contribution
 \$
 This number/amount is calculated.

Where the total equipment cost exceeds the amount being requested from the WGNF, the applicant organisation will be expected to fund the shortfall via a co-contribution. Please ensure any co-contribution is included in the table below.

How are you funding the equipment purchases?

Please list the sources of funds you'll be using to fund your equipment purchases.

How will you pay for these \$ amount items?

Please upload evidence of any co-contribution

Select from dropdown list	Must be a whole dollar amount (no cents).	
West Gate Neighbourhood Fund	\$	
Other grants		
Organisation cash		
Donations		
Fundraising		
Other income		
	\$	
	\$	

Total Funding Sources
 \$
 This number/amount is calculated.

Budget balance

 This number/amount is calculated.
 Your budget must equal zero.

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.

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

Participation Equipment application form - 2024

Form Preview

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"/>
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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.

We may contact you to verify that this application is authorised by the applicant organisation

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"/>
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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 *

Participation Equipment application form - 2024

Form Preview

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