Before starting your application

* indicates a required field

Notice to Applicant

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**

Application Category

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

This application is for improvements to local facilities such as:

- Kitchen improvements (eg. oven, stove, plumbing, electrical)
- Scoreboards
- Community gardens
- Replacement or upgrades to flooring or internal fitout
- Access upgrades such as ramps, handrails, tactile surfaces
- Improvements to playgrounds or outdoor spaces

I confirm that this application is for a West Gate Neighbourhood Fund Transforming neighbourhoods grant - up to $50,000 for individual improvements or up to $100,000 for multiple improvements to facilities that improve quality, usability or accessibility of local environments, community centres or sport and recreation facilities. *
○ 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 ($20M) and Certificate of Incorporation (required)**
- **Annual report including financial statements (required)**
- **Quotes for all items >$1,000 (required)**
- **Project/Program and Risk Management plan (required)**

- **Asset owner evidence of consent (required)**
- **Evidence of asset ownership or current land/building lease (required)**
- **Letters of support (required)**
- Evidence of co-funding (required where applicable)

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.
- 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

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	Grant program name	Grant round name

This field is read only.
The identification number or code for this submission.

This field is read only.
The program this submission is in.

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 *

Word count:
Must be no more than 25 words.
Provide a name for your project/program/initiative. Your title should be short but descriptive.

Funding amount requested from WGNF *

$

Must be a whole dollar amount (no cents) and between 50000 and 100000.
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 8.

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

Provide a short description (150 words recommended) 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? *

Must be no more than 150 characters.

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
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. *

○ Aboriginal
○ Aged/Seniors
○ Arts and crafts
○ Childcare/Preschool
○ Community/Civic

○ Education
○ Environment
○ Health
○ Local Government
○ Multicultural

○ Social
○ Sports
○ Veterans
○ Youth
○ Other:

○ Disability Services
○ 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:

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 organisation details

Name of auspice organisation *
Organisation 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.

Auspice primary address *
Address

[   ]

[   ]

Address Line 1, Suburb/Town, State/Province, and Postcode 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:

[   ]

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? *
Attach a file:

[   ]

Criteria responses

* indicates a required field

Criteria responses - community connectedness and community need

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 250 words.
Describe how your project will increase the connections that individuals have with others in their community and/or how the initiative will increase the sense of togetherness and bonding that exists between members of the community.

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:

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

Word count:
Must be no more than 250 words.
Please elaborate on how the project will address the selected priority area(s)

Criteria response - organisational capacity to deliver

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 200 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?
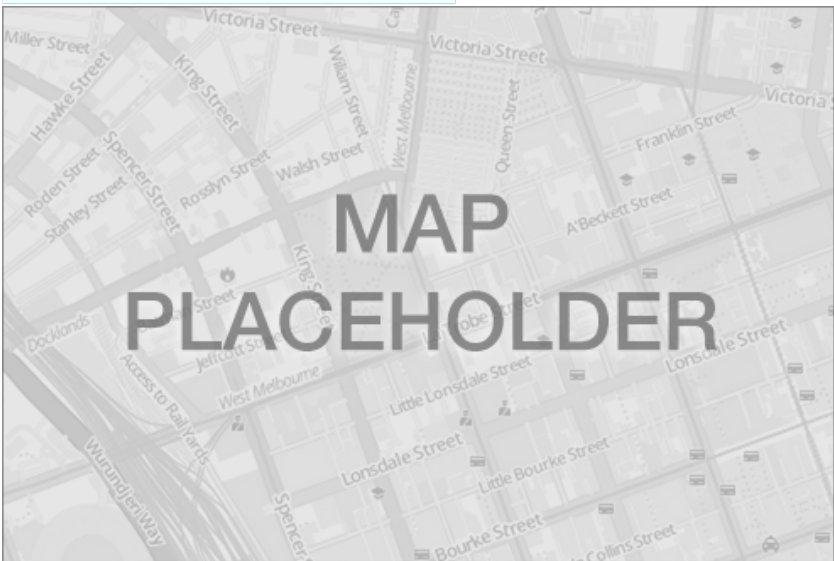
Project details

* indicates a required field

What is the address where the project will take place? *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia
Street address if applicable

Project timeframes

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 *

Your project cannot start prior to an announcement on funding

Proposed project end date *

Your project cannot end prior to an announcement on funding

Timeline - Milestones

*This section is required.

What are the major milestones involved in delivering your project?

Milestone category	Details	Start Date	Finish Date	Notes
	What will be delivered	Provide approximate date. Must be a date.	Provide approximate date. Must be a date.	

Are there any factors that could delay implementation of 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.

Supporting information and attachments

What evidence do you have that the project will improve community connectedness and cohesiveness for members of the above communities? *

Word count:
Must be no more than 250 words.
This could include statements or requests from the community or media articles. What is the community need? How do you know?

What evidence do you have that this project/program has community support? *

Word count:
Must be no more than 250 words.
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 required for Transforming neighbourhoods grant applications). *
Attach a file:

A minimum of 1 file and a maximum of 5 files may be attached.
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 required for Transforming neighbourhoods grant applications). *

Attach a file:

A minimum of 1 file and a maximum of 10 files may be attached.
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

Please attach any other documents that may support your application, such as project designs or technical documents.

Attach a file:

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

If Crown land, please provide details of ownership:

Are you able to demonstrate consent of the asset-owner to undertake this project? *
○   Yes I have consent
○   No I do not have consent
Consent of the asset-owner must be demonstrated

Please attach evidence of relevant approvals or asset-owner consent (as per the grants and partnerships guidelines, evidence of asset-owner consent as well as evidence of a current lease/asset ownership is required for Transforming neighbourhoods partnership applications). *
Attach a file:

A minimum of 1 file must be attached.

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

Must be a date.

Other approvals

Does your proposed project require approval from local council or another agency? *
○   Yes
○   No
○   Unsure

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
○   Approval not required

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

Permits

Will your project require building/construction permits, planning permits, or any other type of permit requiring an application to local council or the State Government? *
○   Yes
○   No
○   Unsure

Please attach evidence of relevant permits, or evidence of lodged permit applications.
Attach a file:

Project Budget

* indicates a required field

This section is required.

Before you fill in this section, you should understand what types of project costs you will incur, how much you will spend, how much you expect the WGNF will cover and what (if any) co-contributions you will bring.

You must include at least 1 expenditure item, which will be funded by WGNF. 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

Total Project Cost *

$

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

Total funding amount requested from WGNF

$

This number/amount is calculated.
This figure is read only.

Budget - Expenditure

Breakdown and detail all types of expenses that are part of the project.

- All amounts should be input excluding GST.
- Do not bundle together expenses from different categories.

- The total expenditure should include all costs to deliver your project, including those to be met with WGNF funding, those met with organisation co-contributions, and those met with in-kind support.
- Quotes must be attached for any expenditure items >$1,000 (excl GST).

Expenditure Category	Expenditure detailed description	Expenditure Amount ($ excl GST)	How will you pay for these items?	Please attach quotes for any expenditure over $1,000 (excl GST)	Notes
		$			
		$			
		$			
		$			
		$			
		$			
		Must be a whole dollar amount (no cents).			

Budget - Income

The total income from all sources must be sufficient to cover your total project costs.

Do not include in-kind support, this can be provided in the next section.

Income Type	Income Description	Confirmed Funding?	Income Amount ($)	Notes
Select from dropdown list	Please list all income sources	Please select	Must be a whole dollar amount (no cents).	
Government Grants Philanthropic Grants Donations Organisation Cash Contribution Other Income	West Gate Neighbourhood Fund	Confirmed Unconfirmed	$	
	e.g. Other government funding		$	
	e.g. Organisational funds		$	
	e.g. Fundraising		$	
			$	
			$	

In-kind support

Where you include in-kind support, such as labour costs or professional fees, the costs associated with these items should also be reflected in the expenses section of the budget, so that your overall budget balances.

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	Must be a whole dollar amount (no cents).	Please select	A maximum of 5 files may be attached.
		$		
		$		

Demonstration of confirmed funding

If you have listed any confirmed funding above, please provide further details below.	Please attach evidence of confirmed funding sources
This question is applicable if you have identifed any confirmed funding in your budget. (Insert N/A if not applicable.)	Eg. a letter from the funding body

Unconfirmed funding

If you have listed any unconfirmed funding above, please provide further details below.	Anticipated date funding will be confirmed
This question is applicable if you have identifed any unconfirmed funding in your budget. Insert N/A if not applicable. Must be no more than 75 words.	Must be a date.

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

Word count:
Must be no more than 100 words.
Insert N/A if not applicable.

Budget Totals

Total Income Amount	Total In-kind Income Amount	Total Expenditure Amount	Income - Expenditure
$	$	$	
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated. This number/amount must be zero.

Other supporting documents

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

Attach a file:

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 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

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 *

Title   First Name   Last Name

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.

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