2024-25 MRC Community Grants Application Form Round 1

Form Preview

Applicant Details

* indicates a required field

Organisation Name *

Organisation's ABN (IF APPLICABLE)

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 Address *

Address

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

Organisation Website

Must be a URL

Head of Organisation *

Title	First Name	Last Name

Head of Organisation telephone contact *

Head of Organisation email address: *

Contact for Application

Contact Name *

Title   First Name   Last Name

Position held *

Contact number: *

Contact Email *

Must be an email address

Second Email, if relevant

Must be an email address.

About your organisation

What does your organisation do? *

between 25 and 200 words
Are you not-for-profit? Provide a brief history of your organisation and outline your mission and the activities and programs you deliver (this can help demonstrate your capacity and responsibility to deliver your proposed project).

Please list your key partnerships (if applicable):

Focusing on the partnerships that are relevant to this project

Has your organisation previously received funding from us? *
☐ Yes ☐ No

Has previous funding been acquitted?

If yes, was the project or service delivered, and funding acquitted on time? *

Do you need an auspice organisation?

If your organisation does not have its own bank acccount, you will need to use an auspice organisation to accept the grant on your behalf (should you be successful). Does your organisation need to use an auspice organisation to receive this grant? *

☐ Yes
☐ No

At least 1 choice must be selected.

Auspice Organisation

If you need to use an auspice organisation to receive the grant on your behalf (should you be successful), please provide their details here.

Auspice Organisation Name *

Auspice Contact *

Title	First Name	Last Name

Auspice Organisation Postal Address *

Address

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

Auspice Organisation ABN (if applicable):

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

Project Details

* indicates a required field

Project Name *

Project start date: *

Must be a date and between 28/10/2024 and 31/1/2025.
PLEASE NOTE: projects that have already started are not eligible for funding.

Project end date: *

Must be a date and no later than 5/1/2026.
Must be a date.

Amount requested: *

$

Must be a whole dollar amount (no cents) and no more than 3000.
Please note the Community Grants Program provides funding up to a maximum amount of $3,000 (excluding GST)

Total project cost: *

$

Must be a dollar amount

Brief project description: *

Word count:
between 50 and 200 words
Must be no more than 200 words

Project Location(s) *
Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.
Please indicate where the project will take place. If multiple locations are invovled, please 'Add More' lines

Project Description

* indicates a required field

Why does this work need to be done? *

Word count:
between 50 and 200 words
Describe the specific issue or need you want to address.

Who will benefit? *

Word count:
between 50 and 200 words
Maximum 200 words. Please list those who will benefit from your project.

What are the planned activities? *

Word count:
Maximum 150 words. Please list the specific activities that will take place to achieve your stated objectives.

Who are the expected primary beneficiaries of this project/program?

Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, 'Universal – no particularly targeted beneficiaries'

Have you considered access, equality and social inclusion when planing your project? Please explain.

Social inclusion is about people being able to participate in society. It is about creating conditions for equal opportunities for all. Social inclusion requires that all individuals be able to, and feel welcome to participate. It essentially means that all people have the best opportunities to enjoy life and do well in society. It is about making sure that no one is left out. Does your project include any conditions to encourage inclusion?

Outline the proposed outcome/s your project will achieve *

Word count:
Maximum 150 words. Please list the outcomes you expect your project to deliver.

Are there any potential risks to your project and if so, how will you mitigate these?

Word count:
Maximum 150 words. Please list any risks associated with your project and how you will mitigate these.

Project Sustainability & Evaluation

* indicates a required field

How will you monitor and evaluate the objectives and outcomes of your project? *

Word count:
no more than 200 words
Include any monitoring techniques you may use e.g. surveys, participation etc.

Are there long term benefits or flow on effects of your project and will these be sustained beyond the life of the project? *

Word count:
no more than 200 words
Will this work continue at the conclusion of the grant? How? Please provide information on its financial sustainability (future funding options), your engagement with other potential partners etc.

Project Budget

Outline your project budget including details of other funding sources (please clearly indicate if funding has not yet been confirmed).

THE BUDGET MUST BALANCE, i.e. TOTAL INCOME = TOTAL EXPENDITURE.

Project Budget:

Please don't add commas to figures, eg. write $1000 not $1,000.

PLEASE INCLUDE THE GRANT AMOUNT YOU ARE REQUESTING AS AN INCOME LINE ITEM.

Income source (e.g. your organisation's contribution, ticket sales, donation from local business etc. PLEASE	Cash or in-kind	Amount ($)

INCLUDE THIS GRANT REQUEST AS AN INCOME LINE ITEM).

		$
		$
		$
		$
		$
		$
		$
		$

Expenditure (PLEASE NOTE that total expenditure must equal total income).   **Amount ($) - INCLUDING GST**

	Must be a dollar amount.
	$
	$
	$
	$
	$
	$
	$
	$

Budget Totals

TOTAL INCOME MUST EQUAL TOTAL EXPENDITURE.

Total Income Amount

$

This number/amount is calculated.

Total Expenditure Amount

$

This number/amount is calculated.

Income - Expenditure

$

This number/amount is calculated.

Attach budget and funding documents if required
Attach a file:

Supporting Documentation

Please upload, or add weblinks to any relevant documentation or information that supports your project and/or your organisation's capacity to deliver the project for which you are seeking funding (e.g. examples of previous projects, letters of support, financial reports etc).

Attach any relevant documents to support your project.
Attach a file:

A maximum of 6 files may be attached.

Insert website link to relevant documents, or information supporting your project.

Attach any releavnt documents to support your organisation's capacity to deliver the project.
Attach a file:

A maximum of 6 files may be attached.

Applying with an auspice organisation

Attach an electronic copy of a letter from your auspice organisation stating their willingness to accept and administer this grant on your behalf.
Attach a file:

If you have been unable to provide one of the required documents, please state why:

Please Note: If any of the above documents are missing without being detailed here, your application will not be considered

Declaration and Privacy Statement

* indicates a required field

Declaration and Privacy Statement

I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organisation/group.

I have read the accompanying guidelines for applicants provided with this application form.

I agree that I will contact Murray River Council immediately if any information provided in this application changes, or is incorrect.

Murray River Council respects all personal and confidential information received and will do everything possible to protect information from unauthorised access, loss or misuse. Information collected from you is required for the delivery of the services in accordance with the Directors' powers, functions and purposes. It may also be used by the Directors and their representatives to conduct research and customer satisfaction surveys so that we may better understand community needs and can improve service delivery. Should you need to change or access your personal details, please contact Council on 1300 087 004.

I understand that the information above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge.

I am authorised to complete this application and have read and understood the declaration and privacy statement *
○ Yes

Authorised Person's Name *

Title   First Name   Last Name

Position held *

Date of declaration *