Community Participation Grant - for Individuals

General Information

Community Participation Grant - for Individuals

This funding aims to support initiatives that help residents participate in community life and improve personal outcomes. Supports up to \$750. Funding is provided to individuals who are residents of Merri-bek that have been selected to pursue an achievement and / or development activity in their chosen area of expertise. Applications must be submitted at least four weeks prior to the planned activity beginning.

An Applicant must: • be a resident of Merri-bek, • show evidence of being selected / invited to participate in an activity by an organisation or group, • show that there are financial barriers to participating in the activity, • demonstrate a strong commitment to their area of endeavour, • show the benefit of participation in the activity to the Merri-bek community.

Documentation required: • Bank Details • Bank statement excerpt • Proof of Residency • Proof of Activity • Letter of selection • Proof of selection process and selection criteria • Proof of costs (unpaid)

Discuss your application with a Council Officer to ensure you suitably meet the criteria. - email us to be linked with the appropriate Council Officer.

Whilst completing your application, you can save and close and return to your application at anytime **prior** to submission.

If you have questions about or need assistance to complete the application, please contact the Merri-bek City Council Community Grants Officer on 9240 1111 or e-mail Council Grants.

Applicant Details

* indicates a required field

Name of Applicant (or par First Name	r ent / guardian) * Last Name	
If person participating in event i applicant	s under the age of 18 the paren	t/guardian must be listed as th
Are you are permanent re ○ Yes	esident of Merri-bek City C No	ouncil *
Is the participant over 18 ○ Yes	years of age? * O No	
Applicant residential add Address	ress *	

Address Line 1, Suburb/Town, St.	ate/Province, and	Postcode are	required.		
Telephone number *					
Contact e-mail *					
Must be an email address					
Are you are member of y	aur immadiate	family a c	toff man	hor (or Cour	seller) st
Are you, or a member of y Merri-bek City Council? *	our immediate	e lamily, a S	itan mem	ber (or Cour	icilior) at
○ Yes		○ No			
Evidence you are the pare	nt / guardian				
Name of participant * First Name	Last Name				
		1.0			
Participant name - person who is	under the age of	18.			
The child's name listed as ○ Yes	a dependnet o	on my Low I No	Income H	ealth Care C	ard. *
If no, provide other evider behalf of person under ag Attach a file:		e parent / g	uardian a	and able to a	pply on
Activity Details					
* indicates a required field					
Community Grant category Community Participation (indicates the community Participation of the community Participation (indicates the community Participation of the community Participation (indicates the community Participation of the community Par					
Event Title or Name *					
Event Title of Name					
Where is the event or acti	vity being held	1? *			
Name of venue					

What kind of a	ectivity is it you w	ould like to par	ticipate in? *	
Who is offering	g the opportunity	? *		
For example: well	known industry leade	er/mentor		
Describe the a	ctivity you would	l like support to	participate in? *	
What is the officia	I title of the event? W	here is it being held	d? Why are you requi	red to attend?
What are you	going to learn fro	m this opportu	nity? *	
For example: incr	ease my expertise, im	nprove leadership sk	kills	
Describe any p	oast achievement	s relevant to th	e opportunity. *	
When will you	r activity Start *			
Must be a date. Start date				
When will you	r activity finish *			
Must be a date. End date				
Activities				
	ore about the activite emove lines as nece . Max 3.		cipate.	
Activity	Location	Start date	End date	Explanatory notes

Activity	Location	Start date	end date	notes
	Where will your activity occur?	Must be a date.	Must be a date.	
than 50 words.				

For Artists Activities

* indicates a required field

Are any of the contributors to your activity, a staff member (or Councillor) at Merri-bek City Council?		
Yes	○ No	
Do you have an ABN * O Yes	○ No	
~ Your ABN: enter the number and click look information to be automatically displayed. To Lookup website at www.abr.business.gov.au		
ABN *		
The ABN provided will be used to look up the check that you have entered the ABN correct	_	Click Lookup above to
Information from the Australian Business Register	r	
ABN		
Entity name		

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.

Benefit to the Merri-bek community

* indicates a required field

Your connection to the Merri-bek community

Explain the steps the individual plans to take after completing the development opportunity to support the community. i.e bring new skills and knowledge, provides opportunities that help build leadership capacity of the Merri-bek community,

What do you do in your community? *			
, , , , , , , , , , , , , , , , , , , ,			
For example performances, partici	pation in community groups, or vo	plunteering	
How will you share what yo	u learn with Merri-bek com	munity? *	
Describe at least three things that participants and/or others	your attending the activity to ach	ieve in terms of benefits for	
Budget			
* indicates a required field			
Budget			
Grant Amount you are seek	ing *		
Must be a whole dollar amount (no	cents) and no more than 750.		
Activity Costs			
Please list the full costs to parior	cipate in the activity. Examples	s: travel, accomodation,	
Funding cannot support any budget item that is paid for before your grant is approved. Council funding will not reimburse any expenses listed in your budget if already paid. You must purchase these expenses after you receive notification that your grant application has been successful. • Hint: there must be an entry on each line of the budget tables (lists). Add / or remove blank lines as necessary (+ / -)			
Itemised costs	Amount in dollars (\$)	Already Paid Y/N	
	\$		
	\$		
	\$ 		
The full cost of participation in	the activity is:		
Total Costs \$ This number/amount is calculated.			

If you have indicated the costs to participate is more than Council is able to fund:

Please tell us where the money will come from (other than the grant funds) to pay for the costs to participate. *
e.g. self fund remaing costs, list other funding support, sponsorship or donation etc
Please explain why you aren't able to cover the costs of participating in the activity with your own funds. \ast
What are your financial constraints? Please note: if you do not hold a valid Health Care Card, funding may be reduced by \$100. If you do hold a valid Health Care Card, please upload a copy into the quotes section. Minimum 15 words
I have a Low Income: Health Care Card or Pension Concession Card * ○ Yes ○ No
PCC or HCC issued by Services Australia.
You must attach quotes or estimates that show the costs in participating in the activity to justify your budget expenses. Example: registration for conference, confirmation booking.
Quotes and/or estimate that justifies your activity and costs. * Attach a file:
Documents
* indicates a required field
Applicants must be a part of a recognised association (preferably Merri-bek). Please outline the club/group and contact details below.
** Please note: Remember to submit evidence of the selection process undertaken to be invited / selected to attend the activity.
Proof of identity *
Attach a file:
Photo Identifiation e.g. drivers licence etc
Proof of residency * Attach a file:
Current rates notice, amenity bill,
Proof of activity - Event details and evidence of selection * Attach a file:

Letter of recognition by an acqualited Chate National an International Acquaiction
Letter of recognition by an accredited State, National or International Association.
Copy of Health Care Card. Attach a file:
The cards that demonstrate low income i.e. you receive a payment or supplement from Services Australia are: ~ The Concession Card or Health Care Card must be watermarked with PCC or HCC and indicate the payment type as LI, JS, JSP, DSP, CAR or AGE.
Bank Details
Title of Account - account holder name *
Your name
Bank / Institution Name: *
Bank BSB *
Account Number *
Please attach proof of your bank account number * Attach a file:
Attach bank deposit slip or bank statement excerpt with no balances or transactions - must clearly show account holder name, BSB and Account number as per details above.

Declaration

* indicates a required field

I state that the information provided in this application is true and correct. I also declare that this form has been submitted with the full support of the applicant and/or participant.

I understand that making any false statements can lead to Council rejecting the application and pursuing other penalties available under law. I understand that this is an application only and may not necessarily result in funding approval.

I consent to my contact details being added to the Merri-bek Community Grants Mailing List. By signing up to this mailing list I will regularly be sent information on Council's grants programs.

Your Name *	
First Name	Last Name
Or Parent or Guardian.	

Before submitting your application

Before submitting your application Please review your application carefully before submitting it. Once an application is submitted it cannot be changed. If you do not receive a confirmation email, your application has **not** been received. Please check that all the required questions have been answered before attempting to submit again. Once your application is submitted, you can return to https://merri-bek.smartygrants.com.au/ at any time to view it and a PDF version will be emailed to you with the confirmation email.

Privacy Statement - Council is committed to protecting the privacy of personal information it holds. Any personal information collected is used for the purpose of administering Council's grants programs, including an assessment of whether the applicant is eligible for funding, subsequent evaluation of a funded activity, and the auditing of grant funds (which may be undertaken by or on behalf of Council or any government inspection agency). It may also be used and disclosed as required or permitted by law. You may access your personal information by contacting Council's privacy officer.

Next Steps The Assessment Process involves several stages, which is why it takes a little time before you find out the outcome of your application. • The Community Grants team conducts eligibility checks based on the Community Grants Policy and Guidelines. Applications that meet the <u>eligibility criteria</u> continue to the next assessment stage.

• Eligible applications are then assessed by an Assessment Panel, who will provide a recommendation for the management approval.
• All applicants will be informed of the outcome of their application in writing.