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| **SOUTH MELBOURNE COMMUNITY CHEST INC.**  **Community Grant Application Form – 2022** |
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| SECTION 1 – Applicant Information | |
| Name of Organisation / Entity |  |
| Australian Business Number (ABN) |  |
| Name of Contact Person |  |
| Daytime Phone Number |  |
| Mobile Number |  |
| Email Address |  |
| Postal Address |  |
| Bank Account details incl   * Bank Name * Account Name * BSB * Account Number |  |
| Is your organisation incorporated? | Yes  No |
| Briefly describe the purpose of your organisation |  |
| Total number of members/clients/patients (if applicable) |  |
| Number who reside in the City of Port Phillip |  |

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| SECTION 2 – Project Information | |
| Project/Activity Name |  |
| Expected Start Date |  |
| Expected Finish Date |  |
| Project/Activity Description  *(attach separate page if required)* |  |
| Aim of the project/activity |  |
| How will the project benefit people who live in the City of Port Phillip? |  |
| How many people who live in the City of Port Phillip are expected to benefit from this project? |  |

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| SECTION 3 – Budget | | |
| **Total Project/Activity Cost** | | |
| A | Amount requested through this Grant |  |
| B | Amount that your organisation will be contributing (cash component) |  |
| C | Amount that your organisation will be contributing (in-kind component) |  |
|  | Total Project/Activity Cost (A+B+C) |  |
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| Has your organisation received financial support from the South Melbourne Community Chest in prior years?  Yes  No | | |

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| **SECTION 4 – Checklist** | | |
| ABN details provided | |  |
| Bank Account details provided | |  |
| Public Liability – Certificate of Currency attached | |  |
| Latest year’s audited/reviewed financial statements attached (The auditor does not have to be a registered auditor) | |  |
| Latest annual report to members | |  |
| Minutes of meeting where this application was approved (if applicable) | |  |
| Application has been signed by an authorised person | |  |
| Any other supporting documentation is attached (if applicable) | |  |
| Applications open | 10.00am Thursday 07 July 2022 | |
| Applications close | 5.00pm Monday 08 August 2022 | |
| Submit Applications to | Leah Macey, Management Committee  South Melbourne Community Chest Inc.  c/- Community Chest at 200 Bank Street South Melbourne Vic 3205  or  grants@southmelbournecommunitychest.org.au | |
| For more information contact: | Anita Parkinson 03 9699 6839 or grants@southmelbournecommunitychest.org.au | |

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| **SECTION 5 – Guidelines and Conditions** |
| 1. Only one application should be submitted for each organisation in any financial year 2. Applications must be received by 5.00pm on 08 August 2022, late applications will not be considered 3. The project must take place by the end of the following calendar year, unless an extension of time is approved by the Management Committee (ie. grant received for a project in November 2022 must completed by December 2023) 4. Funds are only granted for community projects/activities and NOT for administrative expenses 5. The project/activity must benefit the local community of the City of Port Phillip 6. Where an applicant organisation is not locally based it must show that the grant will benefit the local community of the City of Port Phillip and how many people are expected to benefit. 7. Approval must be obtained from South Melbourne Community Chest Management for any significant change to the project/activity 8. The applicant must acknowledge the grant in its advertising or publicity of the project/activity 9. Wherever possible promotional material must include the South Melbourne Community Chest’s logo 10. Each project/activity will be considered on its merits 11. Organisations will be advised of the outcome of their application within two months of the closing date. 12. Grantees will be required to complete a short acquittal at the end of the project. A form will be provided. 13. As a part of the grant application to South Melbourne Community Chest (SMCC), applicants understand that at grants related events and activities, representatives from our organisation may be visible in photographs and videos made on behalf of SMCC. 14. We consent to this, and give our permission for these images; any images that we provide to SMCC; and any images that we have made publicly available; to be potentially used online or in print, for the exclusive purpose of promoting the SMCC grants program and its recipients, in compliance with the privacy protections of this state. For the purposes of this agreement, images includes videos. 15. We acknowledge that SMCC is a volunteer based, not-for-profit organisation and we waive any recompense for use of images of our representatives, or those images provided or publicly available. We understand that we can ask, at the time of the event or activity for any person to be excluded from images. We affirm that this permission also applies, unless we object at the time, to any person for whom we are legally responsible that we bring to SMCC events or activities. |

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| SECTION 6 – Declaration | |
| I, the undersigned, certify that:  I acknowledge that this application will not be accepted if it is late (applications must be received prior to 5.00pm on 08 August 2022)  The bank account details provided in this application are that of the applicant  The statements in this application are true and correct to the best of my knowledge and the supporting material is my own work or the work of relevant project personnel  I understand that the funds are only granted for community projects/activities and NOT for administrative expenses  I understand that the grants are available only for projects which benefit the community in the City of Port Phillip and that in the event that the organisation is not locally based that we must show how the grant will benefit the local community of the City of Port Phillip  I understand that any information given to applicants by any representative of the South Melbourne Community Chest should be seen as information only and that I should not alter my circumstances or act upon expectations arising from such information  I understand that should this application be accepted I must fully adhere to the Grant Guidelines and Conditions and that failure to do so may result in the South Melbourne Community Chest not funding future proposals  I have no unspent funds from previous grant funding or if I do this has been disclosed to South Melbourne Community Chest  I agree to accept the decision of the South Melbourne Community Chest regarding the assessment of this application  I understand that the South Melbourne Community Chest’s decision process concludes within two months of the closing date and I will be notified regarding the result of this application within this timeframe  I authorise the South Melbourne Community Chest to reproduce any attachments provided with this form for internal purposes only  I agree to advise the South Melbourne Community Chest immediately of any variations which may arise to information supplied in this application.  I hereby certify that I am authorised to make this proposal for and on behalf of the organisation detailed below. | |
| Applicant’s Signature |  |
| Applicant’s Name |  |
| Position in Organisation |  |
| Name of Organisation |  |