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| **SOUTH MELBOURNE COMMUNITY CHEST INC.**  **Community Grant Application Form – 2021** |

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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 mission of your organisation |  |
| Total number of members/clients/patients (if applicable) |  |
| Number who reside in the City of Port Phillip (if applicable) |  |

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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 many people in the community will benefit |  |

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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 | | |
| *If yes, provide details of the amount of funds received, how the funds were used, when they were spent, and have they been fully spent?* | | |

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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 Wednesday 07 July 2021 | |
| Applications close | 5.00pm Monday 09 August 2021 | |
| Submit Applications to | Ann-Maree Smith, Management Committee  South Melbourne Community Chest Inc.  c/- Community Chest at 200 Bank Street South Melbourne Vic 3205  or  smccgrants@gmail.com | |
| For more information contact: | Dallas Hall 03 9699 6839 or smccgrants@gmail.com | |

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| **SECTION 5 – Guidelines and Conditions** | |
| The following guidelines and conditions are relevant to each and every application for funding:   1. Only one application should be submitted for each organisation in any financial year 2. Applications must be received by 5.00pm on 09 August 2021, 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 in Nov 2021, project completed by Dec 2022) 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 7. Approval must be obtained from the Management Committee 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 is to be considered on its merits 11. Organisations will be advised of the outcome of their application within two months of the closing date | |
| **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 09 August 2021)  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 that 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 after the close 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 to information supplied in this application which may arise  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 |  |