

**BUILDING OUR CHILDREN’S RESILIENCE GRANT PROGRAM**

**APPLICATION FORM – Round 2, 2017**

1. **Applicant information for the organisation applying for funding**

|  |  |
| --- | --- |
| Group / organisation name  |  |
| Registered business name (if different to above) |  |
| Australian Business Number (ABN) |  | Registered for GST?  | Yes [ ]  No [ ]  |

**Organisation’s address**

|  |  |
| --- | --- |
| Street address  |  |
| Suburb  |   |
| State  |   | Postcode |  |
| Include postal address(if different to above) |  |

**First contact person’s details Second contact person’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Mr [ ]  Mrs [ ]  Ms [ ]  Other [ ]  \_\_\_\_\_\_\_ | Title | Mr [ ]  Mrs [ ]  Ms [ ]  Other [ ]  \_\_\_\_\_\_ |
| First name  |  | First name |  |
| Surname  |  | Surname |  |
| Position held in organisation |  | Position held in organisation |  |
| TelephoneMobile |  | TelephoneMobile |  |
| Email  |  | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Funding proposal**

**Name of project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Project starting date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Expected completion date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**What location/s is the project taking place?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Amount requested (up to $20,000): $** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date money is needed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Does the amount requested cover the full project cost?** Yes [ ]  No [ ] **Provide a summary of what you would like the money for** (a couple of sentences only)

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|  |

**Could this project / initiative proceed if only partial funding was received?** Yes [ ]  No [ ] If yes, how?

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1. **Your organisation**

**Please tell us about your organisation or group**

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**Does your organisation have policies and procedures regarding working with children, Working with Children Checks and the handling of child abuse complaints?** Yes [ ]  No [ ]  **Does this project involve working directly with children or youth under 18 years** Yes [ ]  No [ ]  1. **Auspice information\***

If your group or organisation does not have an Australian Business Number (ABN), you will need to name a group or organisation with an ABN to receive and administer the grant on your behalf. Please complete the following section if your project is being auspiced by another organisation: |
| Name of auspice organisation  |  |
| Registered business name (if different to above) |  |
| ABN  |  | Registered for GST? | Yes [ ]  No [ ]  |
| Postal address |  |
| Town / suburb |   |
| State  |   | Postcode |  |

**Primary contact details for auspice organisation**

|  |  |
| --- | --- |
| Title | Mr [ ]  Mrs [ ]  Ms [ ]  Other [ ]  |
| First name  |  | Surname |  |
| Position in organisation |  |
| Telephone  |  | Mobile |  |
| Email  |  |

**\* Note**: **A letter of support from your auspice partner is required if your application for funding is successful**

1. **The project**

**Tell us about the project** (please provide an overview of your project and its key activities)

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**Are you partnering / collaborating with other organisations to deliver this project?** Yes [ ]  No [ ]

**If yes, please list these organisations.** Include letters of support from your partners.

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**How will this project address building our children’s resilience in our region?**

The region includes Maldon, Newstead and Dunolly and surrounding areas including Baringhup, Castlemaine, Harcourt, Eddington, Campbells Creek, Taradale, Bealiba, Guildford, Moliagul, Tarnagulla, Chewton, Lockwood South and Laanecoorie.

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**What evidence is there that this project is needed, and how will your project address this need?**

Please include supporting letters with this application

**Expected outcomes of project**

**Who will benefit from this project, and how will they benefit?**

**How will this benefit communities in our region?**

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|  |

**What will make your project a success? How will you evaluate the project?**

**What will be different and/or improved; increased or decreased?**

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|  |

1. **Project budget**

**Expenses**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Administration costs | $ | How many hours? |  |  Rate per hour? | $ |
|  | *Description* |
| Equipment | $ |  |
| Materials | $ |  |
| Promotions | $ |  |
| Consumables  | $ |  |
| Labour  | $ |  |
| Other  | $ |  |
| Total Expenses  | $ |

**Income**

*Description*

|  |  |  |
| --- | --- | --- |
| BOCR grant requested | $ |  |
| Other grants received  | $ |  |
| Other grants requested  | $ |  |
| Other funding | $ |  |
| Own contribution | $ |  |
| In-kind support | $ |  |
| Other | $ |  |
| Total Income  | $ |

**Note:** The total figure for expenses must equal the total figure for income.

**Conditions for applying for funding**

* Applicants must come from an organisation with an ABN or be auspiced by an organisation with an ABN
* Applicants must sign the Privacy Statement
* All requests must be approved by the Board or appropriate sub-committee of the Maldon & District Financial Services Ltd (MDFSL) trading as Maldon & District **Community Bank®** Branch
* Applicants will be notified of outcomes of their requests for funding in December 2017.
* If successful you will be expected to sign a funding agreement that outlines the conditions of funding.
* A funding acquittal form must be completed by 15 December 2018.

**The head of the organisation must sign here for the application to be considered.**

Print name Position in organisation

|  |  |  |
| --- | --- | --- |
|  |  |  |

Organisation Date

|  |  |  |
| --- | --- | --- |
|  |  |  |

Signed

**Applicants are encouraged to contact the Executive Officer to discuss their project before submitting the application form. Contact the Executive Officer if you have any queries about this funding application process:**

M: 0478 435 110 E: executiveofficer@mdcb.com.au

**Please send a copy of the completed application form to:**

Email: executiveofficer@mdcb.com.au

Postal address: Executive Officer

Maldon & District Financial Services Ltd (MDFSL)

PO Box 268, Maldon VIC 3463

Deliver: Maldon Branch – 81 High Street Maldon or

Maldon & District **Community Bank®** agencies at Dunolly RTC or Newstead RTC

**CLOSING DATE: Midnight, Sunday 12 November 2017**

**Checklist**

1. Will your project take place in our region? Yes [ ]  No [ ]

The region includes Maldon, Newstead and Dunolly and surrounding areas

including Baringhup, Castlemaine, Harcourt, Eddington, Campbells Creek,

Taradale, Bealiba, Guildford, Moliagul, Tarnagulla, Chewton, Lockwood South

and Laanecoorie.

1. Have you supplied your Australian Business Number (ABN)? Yes [ ]  No [ ]
2. If you answered ‘NO’ to the above question, have you listed a group or Yes [ ]  No [ ]

organisation with an ABN that will auspice this application?

1. Copy of last audited financial statement or current profit & loss / balance sheet Yes [ ]  No [ ]

Items that are highly regarded. Please attach documentation to support your application:

1. Letters of support for your project Yes [ ]  No [ ]
2. Quotes to support budget items Yes [ ]  No [ ]
3. Project plan Yes [ ]  No [ ]

Your privacy: The Maldon & District **Community Bank®** Branch and Bendigo and Adelaide Bank Ltd are committed to ensuring your privacy is protected and understands your concerns regarding the confidentiality and security of the personal information you provide. The information in this form will be held by the Maldon & District **Community Bank®** Branch and may be disclosed to the Bendigo Bank and organisations that carry out functions on behalf of Bendigo Bank. Our full privacy policy is available online at [www.bendigobank.com.au](http://www.bendigobank.com.au).