

# Manapouri Community Fund application

## Form Preview

### Sample Form Explanation

This sample Application Form is provided as a template to be built upon and adapted to suit your grant program's need. It is not suitable for all grant programs and is offered as a guide only.

You can simply delete, edit, add and adapt your form in any way you wish. Ensure you amend validations and/or conditional logic to suit your needs. You will find throughout the form area marked with an asterick \* are left for you to enter relevant information specific to your organisation.

There are certification and privacy statements included on page 6 of this form, for samples of alternative Privacy & Certification Statements please visit: [www.aigm.com.au](http://www.aigm.com.au)

\*You can delete this section\*

**You can delete this page.**

**For any advice on different stages throughtout the lifecycle of your grant process please visit the Australian Institute of Grants Management (AIGM) website for tips, advice, policy questions and templates, visit [www.aigm.com.au](http://www.aigm.com.au)**

### Eligibility

\* indicates a required field

**Incomplete applications and/or applications received after the closing date will not be considered.**

Before completing this application form, you should have read the Community Grants Program Guidelines available at \*insert website hyperlink\*

The following section MUST be completed by the Applicant Organisation:

**Is your organisation a not-for-profit? \***

☐ Yes ☐ No

**Are you an incorporated legal entity or auspiced by an incorporated entity? \***

☐ Yes ☐ No

**Does your organisation operate in the \*insert region\* or are you able to demonstrate that the program will benefit residents in region? \***

☐ Yes ☐ No

**Are you able to demonstrate financial viability? \***

☐ Yes ☐ No

You will need to supply your most recent AGM (Annual General Meeting) Minutes within this application

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**Are you able to demonstrate that you have no debt to \*insert org name\* or have entered into scheduled payment arrangements that are being adhered to? \***

☐ Yes

☐ No

**Have you met acquittal conditions for previous funding? \***

☐ Not Applicable

☐ Yes

☐ No

If previously funded by \*insert grant funder name\*

**Do you have appropriate insurance for this project? \***

☐ Yes

☐ No

For example: volunteers, professional indemnity, public liability)

**If you answered no to any of the above Eligibility questions you should not proceed with this application. If you have any questions in regards to this please speak to \*insert contact details\***

## Contact Details

\* indicates a required field

### Applicant Organisation Details

**Applicant Organisation Name \***

Organisation Name

**Primary (Physical) Address \***

Address

  

Suburb State Postcode

Must be an Australian post code

**Postal Address (if different from above)**

Address

  

Suburb State Postcode

Must be an Australian post code

**Applicant Website**

Must be a URL

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**Contact Person \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Position held in Organisation \***

**Primary Phone Number \***

Must be an Australian phone number

**Contact Mobile Phone Number**

Must be an Australian phone number

**Applicant Admin Contact Primary Email \***

Must be an email address

**Is your Organisation Incorporated? \***

☐ Yes ☐ No

**IA or ACN Number \***

Incorporated Association or Australian Corporation Number.  
If no, you must be sponsored by an incorporated Sponsoring organisation, details Page 4.

**Does your Organisation have an ABN? \***

☐ Yes ☐ No

**ABN \***

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)	

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DGR Endorsed  
ATO Charity Type  
ACNC Registration  
Tax Concessions  
Main business location

[More information](#)

Must be an ABN

If you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 46.5% of any approved grant may be withheld. Download the form from: [https://www.ato.gov.au/uploadedFiles/Content/MEI/downloads/BUS38509n3346\\_5\\_2012.pdf](https://www.ato.gov.au/uploadedFiles/Content/MEI/downloads/BUS38509n3346_5_2012.pdf)

### Please Upload completed Statement of Supplier Form: \*

Attach a file:

Max 25mb

## Auspice Organisation Details

### Auspice Organisation Name \*

Organisation Name

### Auspice Primary Address \*

Address

  

Suburb State Postcode

Must be an Australian post code

### Auspice Postal Address (if different from above)

Address

  

Suburb State Postcode

Must be an Australian post code

### Auspice Project Contact \*

Title First Name Last Name

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### Auspice Project Contact Position \*

### Auspice Project Contact Primary Phone Number \*

Must be an Australian phone number

### Auspice Project Contact Primary Email \*

Must be an email address

### IA or ACN Number \*

Incorporated Association or Australian Corporation Number. If no, you must be sponsored by an incorporated Sponsoring organisation, details Page 4.

### Does the Auspice Organisation have an ABN Number? \*

☐ Yes

☐ No

### Please attach signed certification letter by Office Bearer of Auspice Organisation \*

Attach a file:

President, Chair, Secretary or Treasurer. Letter must include, name, position, signature and date. Max 25mb

### Auspice ABN \*

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	<a href="#">More information</a>
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

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### Project Details

\* indicates a required field

**If your organisation is offered a grant less than the amount you have requested, would you be able to proceed with your project? \***

☐ Yes

☐ No

**Project Title \***

**Project Start Date \***

**Project End Date \***

**Brief project description \***

Word count:

Provide a short description of your project - what are you out to do? (Minimum 50 words - Maximum 150 words)

**Project Rationale - Why does this work need to be done? \***

Word count:

Describe the specific issue or need you want to address (Minimum 50 words - Maximum 200 words)

**How does the project align with the Community Grants Program's goals?**

Word count:

Must be no more than 50 words. For a list of the Community Grants Programs goals visit [\\*insert website address here\\*](#)

**What are the planned activities? \***

Word count:

Briefly list the specific activities that will take place. Must be no more than 200 words.

**Who will benefit from the project? \***

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Must be no more than 150 words

### **What are the expected outcomes of the project? \***

**Word count:**

Identify and describe at least three things you want the project to achieve in terms of benefits for participants and/or others (Minimum 50 words - Maximum 200 words)

### **How will you know if these outcomes have been achieved? \***

**Word count:**

Describe three changes you will see if the expected outcomes of the project occur. No more than 150 words.

### **Please provide any evidence of community support for the project**

Must be no more than 100 words

### **Demonstrated capacity to successfully undertake the project**

**Word count:**

Must be no more than 100 words

## Budget Information

**\* indicates a required field**

### **Total Amount Requested**

What is the total financial support you are requesting in this application?

### **Total Project Cost**

What is the total budgeted cost (dollars) of your project?

### **Budget (GST Exclusive)**

Outline your project budget including details of other funding that has been confirmed and applied for. Clear item descriptions must be given (e.g. power and water, office supplies, part-time worker, etc).

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The budget **MUST** balance (**TOTAL INCOME = TOTAL EXPENDITURE**). Please include these areas in your budget INCOME and EXPENDITURE columns. All figures are GST exclusive.

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

See a Sample budget here [\\*insert a hyperlink to a good sample budget\\*](#)

Income	Confirmed Funding?	\$	Expenditure	\$
		\$		\$

**Please attach quotes for those expenditure (cost) items over \$500:**

Attach a file:

Maximum 25mb per file attachment. Recommended no more than 5mb per attachment.

**Please attach the Minutes for your most recent AGM (Annual General Meeting): \***

Attach a file:

Maximum 25mb per file attachment. Recommended no more than 5mb per attachment.

## Feedback, Review and Submit

\* indicates a required field

### Certification

This **MUST** be completed by the applicant organisation.

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if [\\*insert grant funder organisation name\\*](#) approves the grant, I will be required to accept the terms and conditions of the grant as outlined in the grant application, policy and/or letter of approval.

**We agree \***

☐ Yes

☐ No

Certification must be agreed to by two representatives of the Applicant Organisation



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### 1. Name (Chair or President) \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Position \*

### 2. Name (Secretary or Treasurer) \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Position \*

### Date \*

Must be a date

## Privacy Notice

In compliance with the *Information Privacy Act 2009* (the Act) personal information on this form may be stored in XX's records database and may also be used for statistical research, information provision and evaluation of services. Your personal information may be provided to the financial institution which handles XX's financial transactions and may be disclosed to other agencies and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.

## Alternative Privacy & Certification Statements

For samples of alternative Privacy & Certification Statements please visit: [www.aigm.com.au](http://www.aigm.com.au)

\*You can delete this section\*

You are now coming to the end of your application process and before you **REVIEW** and click the **SUBMIT** button please take a few moments to provide some feedback.

We would value any feedback you may have regarding our online grants application process.

### Please indicate how you found the online application process:

☐ Very easy    ☐ Easy    ☐ Neither    ☐ Difficult    ☐ Very difficult

### How many minutes did it take you to complete this application? \*

Please estimate in minutes e.g. 1 hour = 60 minutes

### Please provide us with any improvements and/or additions to the application process/form that you think we need to consider:

No more than 100 words.