

**HOBSONS BAY COMMUNITY FUND** 

**2024 GRANT APPLICATION FORM**

**Organisation:**

**Address:**

**Website (if applicable):**

**PRINCIPAL & AUTHORISED REPRESENTATIVE\***

Principal & Authorised representative must be the Responsible Officer eg: Chair, President, Person in Charge

**Full name:**

**Title:**

**Phone:**

**Email:**

**ORGANISATIONAL BACKGROUND**

Provide a brief description of your organisation/group, including when it was established:

Provide a brief overview of your organisation/group’s main purpose and activities including the role it plays in the local community and how often/where it meets:

**ORGANISATION/GROUP TYPE**

Select the option that best describes your organisation/group:

*Please tick only one option that best describes your organisation/group.*

☐Arts & culture

☐Community service

☐Education

☐Vocational training/employment service

☐Environment/conservation

☐Health Service

☐Research organisation

☐Sport/Recreation *\*\*If you are a sporting club, please* [*click here*](https://hbcommunityfund.org.au/additional-info-for-sporting-clubs) *to view the important considerations for grant making to sporting clubs prior to applying.*

☐Other: Please specify

**Is your Organisation Incorporated?** ☐Yes ☐No

If YES please provide your **Incorporated Registration Number** or **ABN**

If NO, please provide details of who will auspice/support your organisation for this Grant (you will need to provide a signed letter of support from the auspice/support organisation). [*Click here*](https://drive.google.com/file/d/1kzRpg6ddWWIWDK50Bi9zJZM-CllcI4c8/view) for AUSPICE information.

**Supporting Organisation name:**

**Name of Contact:**

**Phone:**

**Email:**

**Tax Deductibility Status:**

ATO Tax Concession Charity (TCC)? ☐Yes ☐No

ATO Deductible Gift Recipient (DGR)? ☐Yes ☐ No

*Not having tax deductibility status does not preclude your organisation from receiving a grant.*

**PROJECT OUTLINE**

**Project title:**

**Please nominate the type of grant support you are seeking:**

*Please tick only one option that best describes the type of support you are seeking.*

☐Equipment

☐Program/workshop

☐Event

☐Resource

☐Other – please specify

**Which of the HBCF Grant categories does your project address?**

☐ Access to food and housing security

☐ Equal opportunities for youth in education & employment

☐ Emergency aid

☐ Culturally & Linguistically Diverse (CALD) groups

☐ Refugees and Asylum Seekers

☐ Those with a physical or intellectual disability

☐ Socially marginalised cohorts

☐ Physical/mental health and wellbeing

☐ Positive ageing

☐ A sustainable environment

☐ Arts and culture-based

☐Other: Please specify

**POPULATION GROUP**

**Who are the intended beneficiaries of the project?**

*Please tick as many options as apply to your project.*

☐General community

☐Indigenous communities

☐Refugees/Asylum Seekers

☐People with a disability

☐Socially marginalised cohorts

☐Other: Please specify

**What age groups will your project target?**

*If your project is not specific to an age group, select ‘not targeted or not applicable’. You may tick more than one box.*

☐Infants (0 – 5 yrs)

☐Children (6 -12 yrs)

☐Adolescents (13 – 18 yrs)

☐Young adults (19 – 24 yrs)

☐Adults (25 – 65 yrs)

☐Older adults (Over 65 yrs)

☐Not targeted or not applicable

**Approximately how many people will your project impact?**

Directly

Indirectly

**What area/s within Hobsons Bay will your project target?**

☐Altona ☐Altona Meadows ☐Altona North ☐Brooklyn

☐Laverton ☐Newport ☐Seabrook ☐Seaholme

☐South Kingsville ☐Spotswood ☐Williamstown ☐Williamstown North

**PROJECT DETAIL**

**Provide a brief description of the project you are applying for a Grant:**

*Describe the project outline including the primary objectives of the project.*

**Why is the project needed?**

*Outline the social need that your project aims to address.*

**How will you implement the project?**

*List the key activities that you plan to undertake to deliver the project.*

**Is there any additional information about your project that has not been covered above?**

**PROJECT BUDGET**

Indicate the $ amount your group/organisation is requesting and the total cost of the project:

Provide a detailed listing of all income and expenditure relating to your project:

Please advise other organisations or funding sources from which your group/organisation is seeking, or have received funds from, in the last 2 years:

**OUTCOMES**

**What are the outcomes you are expecting from your project?**

*Should your application be successful, you will be required to report back to us on your actual outcomes.*

How will you measure the outcomes of your project?

**GRANT PROMOTION**

**How did you hear about the Hobsons Bay Community Fund Grants Program?**

☐Previous recipient

☐Word of mouth

☐HBCF eNewsletter

☐HBCF website

☐Poster

☐Social media

☐Local paper

☐Other (please specify)

The Hobsons Bay Community Fund is always seeking to increase the awareness of the Community Fund and the important work being done in the community by local organisations/groups. If your grant is successful, would you be willing to assist us in this by providing photos of your project/activities or speaking at future Community Fund functions about the work of your organisation/group?

☐Yes

☐No

☐Other: Please specify

**GRANT PROCESS**

If your application is successful, you will be required to provide the HBCF with a progress/final report on your project outcomes within the 12-month grant period. Please tick below to indicate that you will comply with this requirement:

☐Yes

☐No

In the event your grant is successful, an authorised representative from your group/organisation will be required to complete an Electronic Funds Transfer (EFT) authorisation form. This information is provided by the Australian Community Foundation (ACF). The ACF will provide approved recipients with a letter of offer and once returned, will pay grant monies.

I hereby acknowledge that the details I have provided are true and correct.

Signature of Principal and Authorised representative\*

Principal and Authorised representative must be the Responsible Officer eg: Chair, President, Person in Charge

Name:

Position:

Date:

Please email the completed application form to [grants@hbcommunityfund.org.au](mailto:grants@hbcommunityfund.org.au)