Eligibility

* indicates a required field

Before you begin

Please read the program guidelines before completing the application form.

You must submit your completed application by the closing date.

Please contact us if you have any questions about the eligibility criteria.

Confirmation of eligibility

I confirm that:

- I have read and understand the program guidelines
- I can demonstrate alignment between the project and the aims of this program
- we are an eligible incorporated company or not-for-profit organisation
- I can provide a valid ABN or have an eligible project partner that meets these requirements
- I have a valid Australian bank account.
- the project will be delivered and will benefit the local area

The project does not:

- claim retrospective funding for costs already incurred
- attempt to change the law/direct political donations
- break any laws
- operate purely for commercial gain
- involve gambling
- exclude or offend any part of the community
- encourage violence or involve the use of weapons
- mistreat, exploit or harm animals
- create environmental hazards
- present a danger to public health or safety
- contribute to modern slavery

I confirm that all statements	above are true and correct? *
○ Yes	○ No

Sorry, you are not eligible for the program. Please review our guidelines or review the program for more information.

Information you'll need to attach to your application

- Before you begin, save any supporting documents to your desktop. You can find details about required documents in the grant guidelines on our program page.
- If you are not an eligible entity (see eligibility criteria above), you'll need to provide a letter of support and financials from a project partner with a valid ABN.
- Depending on the amount you're requesting, you may also need to demonstrate your ability to deliver the project on time and within budget by providing items such as:
 - project costings and quotes
 - financials for your organisation/project partner.
 - copies of permits, insurances and project designs
 - letters of support from other not-for-profit organisations
 - a project plan (if applicable)

Contact details

* indicates a required field

Privacy notice

Bendigo Bank will respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the Privacy Act 1988 and amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012.

View our privacy statement here.

Applicant details

•			
First Name	Last Name		
Position			
Position			
Phone number *			
Must be an Australia	in phone number.		
Email *			
Must be an email ad	dress.		
Do you want to i	include a secondary	contact on this applic	ation? *

Secondary contact details

*			
First Name	Last Name		
Phone number *			
Must be an Australian p	hone number.		
Email *			
Must be an email addre	SS.		
Organisation det	ails		
Organisation name Organisation Name	*		
Registered busines	s name *		
Organisation ABN			
	I be used to look up the	e following information.	Click Look

up above to check that you have entered the ABN correctly.

Information from the Australian Bus	siness Register
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	
Must be an APN	

Must be an ABN.

Organisation address *

Address		
Organisation Website		
Must be a URL.		
How many people receive s	ervices or benefit from you	r organisation each year? *
Must be a number.		
How many volunteers conti	ribute to your organisation?	? *
Must be a number.		
Is your organisation an elig O Yes Non-eligible entities could include to this question, you will need to he the program guidelines for mo	O No government entities, and those w nave a project partner who satisfie	
Does your organisation bar ○ Yes	nk with us? *	
Previous funding		
Has your organisation rece ○ Yes	ived funding from us in the No	last three years? *
Previous funding		
Click "Add More" or "+" to add	more rows.	
What was/were your previously funded project/s?	How much did you receive from us?	What was the date of funding?
	Must be a dollar amount.	Approximate month/year Must be a date.
	\$	

Project partner details

As you are a non-eligible entity, you're required to include the details of a Project Partner who holds an ABN.

The following information relates specifically to the project partner.

Partner name * Organisation Name	
Registered business name *	
<u> </u>	
Partner ABN *	
The ABN provided will be used to look up check that you have entered the ABN co	the following information. Click Lookup above to
Information from the Australian Business Re	gister
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
	<u>formation</u>
ACNC Registration	
Tax Concessions	
Main business location	
Must be an ABN.	
Primary address *	
Address	
Dhana www.hau*	
Phone number *	
Must be an Australian phone number.	
Email address *	
Must be an email address.	
Website	
Must be a URL.	
Letter of support from project partn Attach a file:	er *

Letter will need to advise the delivery of the projec		contribute or add value, and support the applicant i
Project partner fina Attach a file:	ncial documentation) *
Please provide your proje	ect partner's financial sta	tements and/or bank statements.
Project partner co	ontact details	
We may contact this p	erson for additional inf	formation about this application.
Name *	Last Names	
First Name	Last Name	
Phone number *		
Must be an Australian ph	none number	
·	one number.	
Email address *		
Must be an email addres	S.	
Project details		
* indicates a required	field	
marcates a required	Tield	
Project name *		
Please provide a sh	ort summary of your	r project *
ricuse provide a sil	ore summary or you.	project
What are the funds for a	nd who will it benefit? Inc	clude your activities, and the outcomes you expect.
Start date *		
Must be a date. (future dates only)		
End date *		
LIIG GGC		

Must be a date.	
Location * Address	
Suburb/Town, State/Province, Postcode, a	nd Country are required.
Total project value *	
\$ Must be a dollar amount. This may be more than your grant reques	et.
Grant request *	
\$ Must be a dollar amount.	
months) *	payments (eg. across multiple events, years or
○ Yes	○ No
Please list requested navment amoun	
application.	nts and approximate dates for a multi payment
	Payment amount Must be a dollar amount.
application. Payment date	Payment amount Must be a dollar amount.
application. Payment date	Payment amount Must be a dollar amount. \$ \$
Payment date Must be a date.	Payment amount Must be a dollar amount. \$ \$
application. Payment date Must be a date. Objectives - who will benefit?	Payment amount Must be a dollar amount. \$ \$ pals and objectives? *
Payment date Must be a date. Objectives - who will benefit? What are your project primary go	Payment amount Must be a dollar amount.
Payment date Must be a date. Objectives - who will benefit? What are your project primary go Select up to 5 groups who'll benefit	Payment amount Must be a dollar amount. \$ \$ \$ pals and objectives? * defit most from this project? *

Explain why and how these groups will benefit *

Does your project benefit Alindividuals? *	boriginal and/or Torres Strait islander communities or
○ Yes	○ No
	ve cannot fund the full amount? Explain how the it be impacted by reduced funding? *
Focus areas	
What are the primary areas	of focus?
want to be more specific. In this qu	elected. a of the list – all have equal value. Only select sub-categories if you usestion we want to know about the field of work (e.g. arts, sport, eople it will affect (e.g. young people, refugees)
Project outcomes - what	difference will your project make?
	expect to occur for the key recipients of your project/ with the outcomes of this program (see guidelines for details).
What are your intended outcomes? *	No more than 1 choice may be selected. If multiple apply, pick the most relevant.
How will your project achieve this intended	
outcome? *	Word count:
Community support	
	munity support? In particular, do the beneficiaries ities support the activities you are proposing? * ○ No
Community support evid	dence
Provide evidence that this proje	ect has community support.
Please upload letters of sup Attach a file:	pport

Capacity to deliver

Demonstrate that you have sufficient resources and capacity (e.g. money, staff, equipment, facilities) to complete this project within the proposed timeframe. Include similar past work with links to further explanatory material if relevant.

Describe your organisation's ability to complete the work de	scribed *

Delivery supporting documents (if appli Attach a file:	cable)

Budget

* indicates a required field

Expenses

Please list the expenses for your project (materials, promotions, wages etc).

Click the "Add More" button to add rows.

Expense description	\$ Expected cost
	Must be a dollar amount.
	\$

Confirmed income

Please include any income items such other grants or your own contribution.

Click the "Add More" button to add rows.

Confirmed income from:	Provider:	Brief description:	Amount:
	e.g. council	e.g. grant	Must be a dollar amount.
_			\$

In-kind support and unconfirmed income

In-kind support includes anticipated materials, services and labour (calculated at an hourly rate multiplied by number of hours eg. \$45 an hour x 3 hours =\$135)

Unconfirmed income should include any pending grant applications.

Income Type	Provider:	Brief description:	Value
	e.g. council	e.g. materials, labour, other grants	Must be a dollar amount.
			\$

Budget Check

Total expenses

Grant request = Expenses - Income

-	
\$	
This number/amount is ca	alculated.
- Confirmed income	
\$	
This number/amount is ca	alculated.
- Grant request	
\$	
This number/amount is ca	alculated.
= Balance (must equ	ıal zero)
\$	
This number/amount is ca	alculated.
Unconfirmed income and	in-kind support is not included.

BUDGET BALANCE DOES NOT EQUAL ZERO

Sorry, you don't have enough funds allocated to deliver your project or the income total is too high.

Go back to the tables above and check the following: **Grant request = Expenses** - **Income**

Hint: You may need to adjust the grant request amount you entered on page 1 of this application.

Project quotes

Please upload quotes for this project, including any individual budget items that are greater than \$5,000 *

Attach a file:

If you are applying for funding for wages, please attach a position description and relevant award. If you have conducted this project/program before copies of receipts/invoices that substantiate this request from previous expenditure may be acceptable.

Financial documentation

Please provide financial s Attach a file:	statements and	l/or bank statements *
Financial documentat	ion	
Please provide a link to or at	tach a copy of y	our most recent annual report.
	clude a profit an	please provide us with your most recent do loss statement, statement of financial ent of financial position).
Financial documentation Attach a file:	*	
Additional supporting	information	
All required licences, per O Yes	mits and insura	ances will be in place * O Not applicable
If your staff/volunteers a	re working witl	h children, have they obtained a Working
○ Yes	○ No	Not applicable
If your proposed project in plans/designs. Attach a file:	involves buildi	ng or refurbishment, please upload the
Do you want to share any Attach a file:	files not alrea	dy attached?
More than one file can be uploa stakeholders, flyers, plans, fina		nal letters of support from key community evidence of other funding, etc

Certification and feedback

* indicates a required field

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that, if this grant is approved, we will be required to accept the terms and conditions of the grant as outlined in the grant agreement.

Certification * ☐ I agree				
Applicant fee	edback			
		oplication process. ake a few moment		your application and feedback.
How did you fi	nd the online a	pplication proces	ss? *	
Very easy	○ Easy	Neutral	 Difficult 	 Very difficult
How many min	utes in total di	d it take you to c	omplete this app	olication? *
Provide any su form. *	ggestions for i	mprovements/ad	ditions to the ap	plication process/