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 al	l statements al	bove are true	e and correct?	*
○ Yes		0	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	
THSE Name	Lust Nume	
Position		
Phone number *		
Must be an Australian	phone number.	
Email *		
Email *		
Must be an email addre		
Must be all elliali addit	2 55.	
Do you want to inc	lude a secondary co	ontact on this application? *
○ Yes		○ No

Secondary contact details

*		
First Name	Last Name	
Phone number *		
Must be an Australian p	hone number.	
- 11 4		
Email *		
Must be an email addre	ess.	
Organisation de	tails	
organisation ac	cans	
Organisation name	*	
Organisation Name		
Registered busines	ss name *	
Organisation ABN		
Organisation ABN		
The ABN provided wi	ll be used to look up the entered the ABN correc	

Information from the Australian Business 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 ABN.

Organisation address *

Address		
Organisation Website		
_		
Must be a URL.		
How many people receive s	services 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	jible entity? *	
○ Yes	○ No	
	government entities, and those w	
to this question, you will need to he the program guidelines for mo	nave a project partner who satisfie	s these requirements. Refer to
and program galacinics for me		
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.
	\$. last se a date.
Project partner details		
As you are a non-eligible entity who holds an ABN.	y, you're required to include the	e details of a Project Partner
The following information relat	es specifically to the project pa	artner.
Partner name *		
Organisation Name		

Registered business name *		
Partner ABN *		
The ABN provided will be used to l	look up the following information.	Click Lookup above to
check that you have entered the A		
Information from the Australian Busin	ness 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		
Address		
Address		
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	nartner *	
Attach a file:	p	
Letter will need to advise how Project the delivery of the project.	Partner will contribute or add value, a	and support the applicant in

Project partner fina Attach a file:	ncial documentation *		
Please provide your proje	ect partner's financial staten	nents and/or bank state	ements.
Project partner co	ontact details		
We may contact this p	erson for additional infor	mation about this ap	plication.
Name * First Name	Last Name		
Phone number *			
Must be an Australian ph	one number.		
Email address *			
Must be an email addres	S.		
Project details			
-			
* indicates a required	held		
Project name *			
Please provide a sh	ort summary of your p	roject *	
What are the funds for a	nd who will it benefit? Includ	le your activities, and t	he outcomes you expect.
Start date *			
Must be a date. (future dates only)			
End date *			
Markharada			
Must be a date.			
Location * Address			

Suburb/Town, State/Province, Postcode, and Count	try are required.
Total project value *	
\$	
Must be a dollar amount. This may be more than your grant request.	
Grant request *	
\$	
Must be a dollar amount.	
Does this grant require multiple paymer	nts (eg. across multiple events, years or
months) *	its (eg. deross martiple events, years or
○ Yes	○ No
Please list requested payment amounts and a application.	approximate dates for a multi payment
Payment date	Payment amount
Payment date Must be a date.	Payment amount Must be a dollar amount.
	Must be a dollar amount. \$
	Must be a dollar amount.
Must be a date.	Must be a dollar amount. \$
	Must be a dollar amount. \$
Must be a date. Objectives - who will benefit?	Must be a dollar amount. \$ \$
Must be a date.	Must be a dollar amount. \$ \$
Must be a date. Objectives - who will benefit?	Must be a dollar amount. \$ \$
Must be a date. Objectives - who will benefit?	Must be a dollar amount. \$ \$
Must be a date. Objectives - who will benefit?	Must be a dollar amount. \$ d objectives? *
Objectives - who will benefit? What are your project primary goals and	Must be a dollar amount. \$ d objectives? *
Objectives - who will benefit? What are your project primary goals and	Must be a dollar amount. \$ d objectives? *
Objectives - who will benefit? What are your project primary goals and Select up to 5 groups who'll benefit mos No more than 5 choices may be selected.	Must be a dollar amount. \$ d objectives? * st from this project? *
Objectives - who will benefit? What are your project primary goals and Select up to 5 groups who'll benefit mos	Must be a dollar amount. \$ d objectives? * st from this project? *
Objectives - who will benefit? What are your project primary goals and Select up to 5 groups who'll benefit mos No more than 5 choices may be selected. Approximately how many people will be	Must be a dollar amount. \$ d objectives? * st from this project? *
Objectives - who will benefit? What are your project primary goals and Select up to 5 groups who'll benefit mos No more than 5 choices may be selected.	Must be a dollar amount. \$ dobjectives? * st from this project? * nefit? *
Must be a date. Objectives - who will benefit? What are your project primary goals and Select up to 5 groups who'll benefit most No more than 5 choices may be selected. Approximately how many people will be Must be a number. This should be the number of people from the selected.	Must be a dollar amount. \$ dobjectives? * st from this project? * nefit? * ected key groups, not the total population.
Must be a date. Objectives - who will benefit? What are your project primary goals and Select up to 5 groups who'll benefit mos No more than 5 choices may be selected. Approximately how many people will be Must be a number.	Must be a dollar amount. \$ dobjectives? * st from this project? * nefit? * ected key groups, not the total population.
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Does your project benefit About individuals? *	original and	d/or Torres Strait isl	ander communities or
O Yes	No	○ No	ot applicable
Will the project proceed if we delivery of the project might			
Focus areas			
What are the primary areas o	f focus?		
No more than 5 choices may be select You can select items from any area of want to be more specific. In this ques health), rather than the types of peop	of the list – all stion we want	t to know about the field	of work (e.g. arts, sport,
Project outcomes - what o	difference	will your project	make?
Outcomes are the changes you enaudience. These should align with			
What are your intended outcomes? *		in 1 choice may be select pply, pick the most releva	
How will your project achieve this intended outcome? *			
	Word count	t:	
Community support			
Does your project have comm and/or geographic communition Yes			
Community support evide	ence		
Provide evidence that this project	t has commi	unity support.	
Please upload letters of support Attach a file:	ort		
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 orga	nisation's ability	to complete the work de	escribed *
Delivery supporting Attach a file:	documents (if a	applicable)	
Budget			
* indicates a required	field		
Expenses			
Please list the evnens	es for your project	: (materials, promotions, wa	nes etc)
Click the "Add More" b		•	ges etc).
Expense description	1	\$ Expected cost Must be a dollar amoun	nt.
		\$	
Confirmed incom	e		
Please include any inc	ome items such o	ther grants or your own con	tribution.
Click the "Add More" b	outton to add rows	5.	
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 Grant request = Expenses - Income Total expenses This number/amount is calculated. - Confirmed income This number/amount is calculated. - Grant request \$ This number/amount is calculated. = Balance (must equal zero) This number/amount is calculated. 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 statements and/or bank statements * Attach a file:

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Please provide a	link to or	attach a	copy of	your most	recent annual	report.
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If you have not provided audited financials, please provide us with your most recent financial statements (may include a profit and loss statement, statement of financial performance and a balance sheet or statement of financial position).

performance and a balance	sheet or stateme	ent of financial position).			
Financial documentation Attach a file:	*				
Additional supporting	information				
All required licences, period Yes	mits and insura	ances will be in place * O Not applicable			
If your staff/volunteers ar with Children Check? *	e working with	n children, have they obtained a Working			
○ Yes	○ No	Not applicable			
If your proposed project i plans/designs. Attach a file:	nvolves buildir	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 upload stakeholders, flyers, plans, finar		al letters of support from key community evidence of other funding, etc			
Certification and fee	dback				
* 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 feedback					

click the SUBMI	T button, please	take a few moment	s to provide some f	feedback.
How did you f		application proces	os? * O Difficult	O Very difficult
How many min	nutes in total o	did it take you to o	complete this app	olication? *
Provide any st	uggestions for	improvements/ad	lditions to the ap	plication process/

You are nearing the end of the application process. Before you review your application and