Paving the way Forward Grant Application Form

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
- Your project aligns with one or more of the Paving The Way Forward project categories
 - Communication and participation
 - Maintenance and amenity
 - Community, connection and spaces
 - Safety, Health and wellbeing
 - Employment and education
- Hold an Australian Business Number (ABN)
- Have a valid Australian bank account.
- include a business plan or details of a Business Model Canvas
- The project must mainly benefit the residents of Flemington and/or North Melbourne public housing estate but it can benefit other groups as well.
- Be completed within the date of receiving payment and can be delivered between Dec 2024 and May 2025.
- Projects are required to have a minimum of \$20Million of Public Liability Insurance coverage OR You have received a Letter of support from another organisation and/or evidence from the venue where your project is being held that they will provide Public Liability on your behalf for up to \$20Million.
- Have no outstanding grant acquittals with Local Impact.

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

Paving the way Forward Grant Application Form

• 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	
i osition	

Phone number *			
Must be an Australian ph	one number.		
Email *			
Must be an email addres	S.		
Do you want to inclu O Yes	ude a secondary con	tact on this applicati No	on? *
Secondary contac	ct details		
*			
First Name	Last Name		
Phone number *			
Must be an Australian ph	one number.		
Email *			
Linaii			
Must be an email addres	S.		
Organisation deta	ails		
Organisation name	*		
Organisation Name			
Davistavad hyvinasa			
Registered business	i name *		
Ourselsskie a ADN			
Organisation ABN			
	be used to look up the ntered the ABN correct	following information. ly.	Click Lookup above to
Information from the Au	stralian Business Register	r	
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		
Organisación Website		
Must be a URL.		
How many people receive s	ervices or benefit from your organisation each y	vear? *
		,
Must be a number.		
How many volunteers conti	ibute to your organisation? *	
Must be a number.		
Is your organisation an elig	ible entity? *	
	O No government entities, and those without an ABN. If you answ ave a project partner who satisfies these requirements. Ref re information.	
Does your organisation bar	k with us? *	
○ Yes	○ No	
Previous funding		
Has your organisation rece ○ Yes	ved funding from us in the last three years? * O No	
Previous funding		
Click "Add More" or "+" to add	more rows	

What was/were your previously funded project/ s?		funding?
	Must be a dollar amount.	Approximate month/year Must be 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	tes specifically to the project pa	artner.
Partner name * Organisation Name		
Registered business name	*	
Partner ABN *		
The ABN provided will be used check that you have entered t	to look up the following inform he ABN correctly.	nation. Click Lookup above to
Information from the Australian E	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.		
Dulmanu adduces *		
Primary address * Address		

Phone number *

Must be a set Australia and		
Must be an Australian ph	ione number.	
Email address *		
Must be an email addres	S.	
Website		
Must be a URL.		
Letter of support from Attach a file:	om project partner *	
Letter will need to advise the delivery of the project	e how Project Partner will ct.	contribute or add value, and support the applicant in
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 in	ormation about this application.
Name *		
First Name	Last Name	
Phone number *		
Must be an Australian ph	ione number.	
Email address *		
Must be an email addres	S.	
Project details		
Project details	e ala	
* indicates a required	neid	
Project name *		

Please provide a short summary of your	project *
What are the funds for and who will it benefit? Incl	ude your activities, and the outcomes you expect.
Start date *	
Must be a date. (future dates only)	
End date *	
Must be a date.	
Location *	
Address	
Suburb/Town, State/Province, Postcode, and Count	try are required.
Total project value *	
s	
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	its (eg. across multiple events, years or
months) * O Yes	○ No
O Tes	O 110
Please list requested payment amounts and a application.	approximate dates for a multi payment
Payment date	Payment amount
Must be a date.	Must be a dollar amount.
	\$
	\$
Objectives who will benefit?	

Objectives - who will benefit?

What are your project primary goals and objectives? *

Select up to 5 groups who'll	benefit most from this pro	oject? *	
No more than 5 choices may be sele	ected.		
Approximately how many pe	ople will benefit? *		
Must be a number.			
This should be the number of people		not the total population.	
Explain why and how these g	roups will benefit *		
Does your project benefit Ab individuals? *	original and/or Torres Stra	ait islander communities or	
) No	Not applicable	
Will the project proceed if we delivery of the project might			
, , , , , , , , , , , , , , , , , , ,	,		
Focus areas			
What is the primary area of f	ocus for this project/prog	ram? *	
No more than 1 choice may be select			
Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)			
Project outcomes - what difference will your project make?			
Outcomes are the changes you audience. These should align wit			
What are your intended			
outcomes? *	No more than 1 choice may be If multiple apply, pick the most		
How will your project			
achieve this intended outcome? *			
	Word count:		

Community suppo	rt

Does your project have community support? In particular, do the beneficiaries and/or geographic communities support the activities you are proposing? * ○ Yes ○ No
Community support evidence
Provide evidence that this project has community support.
Please upload letters of support Attach a file:
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 described *
Delivery supporting documents (if applicable) Attach a file:
Business Plan
Please upload a copy of your business plan * Attach a file:
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,	Must be a dollar amount.
		other grants	
			\$

Budget Check

Grant request = Expenses - Income

Grant request - Expenses - Incom
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)
s salance (must equal zero)
This number/amount is calculated.
iiiis iiuiiibei/aiiibuiit is calculateu.

BUDGET BALANCE DOES NOT EQUAL ZERO

Unconfirmed income and in-kind support is not included.

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 t are greater than \$5,000 * Attach a file:	his project, ir	ncluding any individual budget items that	
	ct/program before	attach a position description and relevant award. e copies of receipts/invoices that substantiate this table.	
Financial documentation	on		
Please provide financial statements and/or bank statements * Attach a file:			
Financial documentation	on		
Please provide a link to or attach a copy of your most recent annual report.			
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).			
Financial documentation * Attach a file:			
Additional supporting in	nformation		
All required licences, perm ○ Yes	nits and insur	ances will be in place * O Not applicable	
If your staff/volunteers are working with children, have they obtained a Working with Children Check? *			
○ Yes	○ No	 Not applicable 	

If your proposed project involves building or refurbishment, please upload the plans/designs. Attach a file:
Do you want to share any files not already attached? Attach a file:
More than one file can be uploaded. (e.g. additional letters of support from key community stakeholders, flyers, plans, financial information, 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 feedback
You are nearing the end of the application process. Before you review your application and click the SUBMIT button, please take a few moments to provide some feedback.
How did you find the online application process? * ○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult
How many minutes in total did it take you to complete this application? *
Provide any suggestions for improvements/additions to the application process/ form. *