

Guidelines and Criteria for Funding

Introduction

Requests for logistics support have now changed. All requests for logistics support will need to be submitted via the below form. There is a limit of one application per group per year with a maximum financial support of \$1000. All other requests should be submitted through our annual grants stream.

As part of the change to logistics support, all bookings and payments will need to be managed by event organisers. Logistics may include:

- Traffic management, including road closures and traffic slowing.
- Additional cleaning of public facilities.
- Hire of additional toilets.
- Waste management
- Hire of Council managed buildings (Rutherglen Town Hall, Beechworth Town Hall and town kiosks, etc).
- Cleaning of Council managed buildings
- Hire of Council managed parks and gardens.
- Security
- Council building and planning fees.

Other conditions

Acknowledgement of Indigo Shire Council's support

Where appropriate, Indigo Shire Council must be acknowledged as a sponsor and the Indigo Shire Council logo included in printed promotional material (brochures or flyers), newspaper and television advertising and on the event website. This will be made available to you if successful.

Reporting and Evaluation

Post Event Evaluation Forms, including an Acquittal Report will be distributed to successful applicants. This form must be submitted to Council within four weeks of the conclusion of the event. Failure to provide a Post Event Evaluation will deem the event ineligible for grant funding in following years.

Confirmation of Eligibility

Contact Details

* indicates a required field

Logistics support 2023-24

Form Preview

Privacy Notice

We pledge to 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*. To view our privacy statement, go to [our website](#).

Applicant Organisation Details

Organisation name *

Organisation Name

Please use your organisations full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Applicant Primary Address

Address

Applicant website

Must be a URL

Primary contact person *

Title First Name Last Name

This is the person we will correspond with about this grant

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number *

Must be an Australian phone number.

Primary contact person's email address *

This is the address we will use to correspond with you about this grant.

Organisation Details

* indicates a required field

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Form Preview

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

Must be an ABN

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO](#).

Please upload completed Statement of Supplier Form:

Attach a file:

Max 25mb

Is your organisation endorsed as a Deductible Gift Recipient (DGR)?

Yes No

If you're unsure you can look up your DGR status at <http://abr.business.gov.au/AdvancedSearch.aspx>

Is your organisation registered with the Australian Charities and Not-for-Profits Commission (ACNC)?

Yes No

If you're unsure, you can check your registration at the ACNC website: <http://www.acnc.gov.au/>

What is your incorporation number?

Incorporated Association or Australian Corporation Number

Auspice Information

* indicates a required field

Is your organisation auspiced by another organisation for the purposes of this grant? *

Yes No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

Auspice Organisation Details

Name of auspicing organisation

Organisation Name

Auspicing organisation's website

Must be a URL

Primary contact person at auspicing organisation

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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We may contact this person to verify that this auspicing arrangement is valid and current.

Auspice Primary Address

Address

<input type="text"/>
<input type="text"/>

Position held in organisation

e.g. Manager, CEO

Contact person's phone number *

Contact person's email address *

Must be an email address

Please attach a letter from the auspicing organisation confirming this arrangement is valid and current

Attach a file:

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Form Preview

Letter must be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and must include, name, position, signature and date.

Does the auspicing organisation have an Australian Business Number (ABN)?

Yes

No

ABN of auspicing organisation

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

Must be an ABN

As the auspicing organisation does not have an ABN, please submit a completed ATO Statement by a Supplier form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from: [Statement by a supplier - ATO form](#)

Please upload a completed Statement of Supplier form

Attach a file:

Max 25mb

Project Details

* indicates a required field

Event name: *

Provide a name for your project/event

Anticipated event date *

Please provide a brief description of the event *

Be descriptive, but succinct. Include a brief summary of what the event is, what activities will take place and who your audience is.

Financial Support

* indicates a required field

Please provide specific details on how the grant funding will be spent: *

e.g. marketing, purchase of equipment, facility hire etc. NOTE: a full event budget break-down table is provided on Page 10.

Total Amount Requested *

\$

What is the total financial support you are requesting in this application? Up to \$1000

Financial requirement

Budget (GST exclusive)

Please detail what you need the money will be used for.

Please **do not add commas** to figures - e.g. type \$1000 not \$1,000 - this will ensure your figures for each table total correctly.

Item Description	Amount requested (\$)	Notes
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Budget Totals

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Form Preview

Total Amount Requested

\$

This number/amount is calculated.

Certification and Feedback

* indicates a required field

Certification

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

I agree *

Yes

No

Name of authorised person *

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

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.

Please indicate how you found the online application process:

Very easy

Easy

Neutral

Difficult

Very difficult

How many minutes in total did it take you to complete this application? *

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Form Preview

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.