

Round 1, 2025 Emergency Relief Network of Latrobe City Form Preview

Eligibility Criteria

* indicates a required field

Program Overview

Emergency Relief (ER) is defined as the provision of assistance to people in need. It consists of the provision of financial and material aid such as food, clothing, travel assistance, pharmaceuticals, accommodation and basic household items to meet the immediate needs of an individual, family or community.

The Emergency Relief Network of Latrobe City (ERNLac) is a group committed to facilitating the delivery of comprehensive Emergency Relief to the people of Latrobe City. It is made up of representatives of Emergency Relief provider agencies and organisations, together with representation from Latrobe City.

The Magistrate's Court of Victoria provides limited funds for ER within Latrobe City. These funds are managed by the Latrobe City Trust on behalf of ERNLac and the Courts, and made available in the form of grants for activities or projects. To be eligible all applications must directly provide Emergency Relief and fit within the guidelines provided by the Magistrate's Court.

Eligibility Criteria

- Applicants must be an approved member of ERNLac, through signing the Memorandum of Understanding. Please use the contact details below if you have any membership enquiries.
- Applicants must be a Not for Profit organisation who hold a current ABN or are an incorporated association registered with Consumer Affairs Victoria under the *Associations Incorporation Reform Act 2012*.
- Applicants must provide a charitable or community service for the benefit of the Latrobe City community. Grants are limited to service provision across and within Latrobe City.

Does your organisation meet the eligibility criteria? *

Yes

Organisations must meet the eligibility criteria to proceed with the application.

Applicant's Details

* indicates a required field

Applicant Organisation

Name of organisation? *

Organisation Name

Please provide at least your ABN or Incorporation Number (or both).

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Applicant 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	

Incorporation Number

If your organisation is incorporated please provide your Incorporation Number. This can be found by visiting the Consumer Affairs Australia website and searching for your organisation by following this link <https://www.consumer.vic.gov.au/clubs-and-not-for-profits/incorporated-associations/search-for-an-incorporated-association>

Please provide an overview of the objectives of your organisation? *

Word count:

Must be no more than 250 words.

This could include your aims, objectives, vision, mission or strategic plan.

What Emergency Relief services do you currently provide? *

Word count:

Must be no more than 250 words.

Contact Person

* indicates a required field

Contact Person

Applicant Project Contact *

Title First Name Last Name

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Position in Organisation *

Contact Phone Number *

Primary Email *

This is the e-mail we will use all correspondence to. This includes your grant OUTCOME NOTIFICATION.

Project Information

* indicates a required field

Program Title *

Please provide a short description of the project funding will be used for and list the expected outcomes for clients and the community? *

Word count:

Must be no more than 300 words.

Provide a short description. What do you plan to do? Describe the things you want the project to achieve in terms of benefits for participants. Include how the project will meet the needs not currently adequately provided for.

Which communities will be serviced by the program? Please list towns and communities. *

Grant amount you are applying for? *

Up to \$2,500 is available.

What will grant funding be used for? *

Please be specific and list all planned expenditure items.

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Bank Details

* indicates a required field

If this application is successful, funds will be paid directly into the group/organisations bank account.

All funding must be used for the purpose indicated in the application. Please refer to the Emergency Relief Network of Latrobe City Guidelines for further details

Bank Name: *

Branch: *

Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Email address for remittance advice: *

Must be an email address.

Declaration

* indicates a required field

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that:

- **to the best of my knowledge all details supplied in this application and in any attached documents are true and correct;**
- **I am authorised to complete this application on behalf of the applicant organisation and have read and understood the certification and privacy notice;**
- **on behalf of the applicant organisation I accept the terms and conditions set out in:**
 - **this application form, including but not limited to the incorporated funding agreement; and**
 - **the trust program guidelines; and**

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- I understand that if this trust application is approved, there may be additional terms and conditions outlined in the outcome notification email that the applicant organisation will be required to accept as a condition of receipt of the funding.

Full Name *

Position in organisation *

Date *