

R2 2024 Latrobe Community Gaming Support Fund

Form Preview

Eligibility Criteria

* indicates a required field

Before completing this application form, you should have read the **Latrobe City Community Gaming Support Fund** guidelines, which are available on the [Latrobe City Council website](#).

This section of the application form is designed to help you, and us, understand if you are eligible for this grant.

If you have any questions in regards to these eligibility criteria, please the Governance Officer:

- Email: egovernance@latrobe.vic.gov.au

Objectives

Financial support is available through the Latrobe City Community Gaming Support Fund for projects and initiatives that address the impact of problem gambling in a range of ways though direct support programs, projects that provide alternative activities for community members, or projects that build capacity and strengthen the community. These initiatives can cover a range of areas, including:

- Education and counselling programs for individuals and families;
- Community development initiatives;
- Individual capacity-building programs;
- Youth programs;
- Sport and recreation;
- Arts and culture;
- Community engagement and social inclusion activities.

The Latrobe City Trustees are now calling for submissions to the Latrobe City Community Gaming Support Fund from organisations and groups for projects and initiatives that meet the eligibility criteria set out below.

Eligibility Criteria

Eligibility Criteria

- Funding will be made available to assist groups
- Applications for projects and initiatives must be delivered in Latrobe City for the benefit of individuals and families within the Latrobe City community.

Do you meet the eligibility criteria? *

Yes

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

Privacy Notice

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The personal information requested on this form is being collected by Council for the purpose of administering your application. The personal information will be used solely by Council for that primary purpose or directly related purposes.

If you choose not to provide this information, then we will be unable to process your application. The applicant understands that the personal information provided is for the reasons outlined above and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to the Privacy Officer at Latrobe City Council on 1300 367 700.

Contact Details

* indicates a required field

Applicant Organisation

Applicant organisation name: *

Organisation Name

Please use your organisation's 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.

Primary (Physical) Address *

Address

Suburb State Postcode

Must be an Australian postcode.

Primary Contact Person *

Title First Name Last Name

Position held in organisation: *

e.g. Manager, Board Member, Fundraising Coordinator

Applicant Email Address *

Primary Phone Number: *

Must be a primary source involved with the project and Organisation

Secondary Phone Number *

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Must be someone who can discuss the grant and associated administrative functions

ABN

If you have one, please provide your ABN number:

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.

Incorporation Number

If your organisation is incorporated, please provide your incorporation number:

Project Details

* indicates a required field

Project title: *

Your title should be short but descriptive. This title will be used by the Latrobe City Trust when promoting your project.

Please provide a short summary of your project: *

Must be no more than 200 words.

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Be descriptive but succinct. The description will be used by Latrobe City Trust when promoting your project.

Is this a new or existing project? *

- New Existing

Project Dates

Project start date: *

Project completion date: *

Generally projects must be acquitted within 12 months.

Project Timeline

Key Task / Milestone

Proposed Date of Completion

Key Task / Milestone	Proposed Date of Completion

What stage is your project at currently? *

- Concept plans / project outcomes prepared Appropriate methods / techniques defined
 Detailed designs for specification completed Quotations or tenders recieved

Organisation Details

Please provide an overview of your organisation *

Word count:

Must be no more than 250 words.

Include a brief history of your organisation, your aims and objectives and current activities.

Acknowledgement of Trust Funding

Receipt of funding from the Latrobe Community Gaming Support Fund represents an opportunity for your organisation, the Latrobe City Trust and the local gaming venue operators which contribute to the Fund under the Latrobe City Community Gaming Agreement to obtain positive publicity.

Do you agree that Latrobe City Trust will be recognised as the major sponsor? *

- Yes No

If the answer is 'no', you may be asked to provide evidence that another sponsor's contribution is greater than that provided by Latrobe City Trust. In such cases, Latrobe City Trust will need to be advised that they will be recognised as minor sponsor.

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Do you agree that Latrobe City Trust will be recognised in all publications, contact with the media, newsletters, stationery, events and promotions as a sponsor of your club/organisation? *

Yes

No

Do you undertake to give Latrobe City Trust prior notice to participate in any public relations activities associated with the project? *

Yes

No

Do you undertake to recognise Latrobe City Trust as a participant in any launch, opening, dedication ceremony or any lasting memorial to your project? *

Yes

No

Assessment Criteria

* indicates a required field

An assessment will be made of the benefits that this project will bring to the community.

Applications should:

- Build on best practice and be innovative.
- Demonstrate that the program/project is addressing an identified need.
- Demonstrate the capacity for timely and successful implementation.
- Represent value for money.

Projects will be assessed based on their ability to:

- Demonstrate a benefit to the community.
- Offer effective counselling and diversionary services.
- Demonstrate community strengthening or capacity building in the community, particularly projects that directly or indirectly impact the associated issues of problem gambling.
- Offer alternative social or community activities that provide enhanced choices for people to participate in their communities.

What are the aims and objectives of the project? *

Word count:

Must be no more than 250 words.

How does the project address the objectives for the fund? *

Word count:

Must be no more than 250 words.

Which community demographics will the project benefit? *

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Word count:

Must be no more than 200 words.

How will you measure the success of your project? What is your proposed evaluation method? *

Grant Funding

* indicates a required field

Funding requested: *

\$

Total project cost: *

\$

Budget

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns.

- Your budget must balance. The total income must equal the total expenditure.
- Please do not add commas to figures.
- You can add and remove rows.

Income Source	Confirmed Funding?	\$
Latrobe City Trust Funding		\$
Your organisations \$ contribution		\$
Your organisations in-kind contribution		\$
Federal / State Government Grant		\$
Partnering organisations		\$
Sponsorships		\$
Philanthropic Grants		\$
		\$

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Expenditure Item	Expenditure Amount	Where possible, include quotes or evidence of item costs.
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Budget Totals

Total Expenditure Amount *

\$

This number/amount is calculated.

Supporting Documents

If available, please attach a copy of your last audited financial report and a copy of your constitution:

Attach a file:

You are welcome to attach any additional information to support your application:

Attach a file:

This could include financial statements, marketing information, annual reports, strategic plans, evidence of expenditure items, letters of support and any additional information that will support your application.

Bank Details

* indicates a required field

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

Please note, if any additional funding conditions are applied to your application during assessment, you will be required to complete a funding agreement. Funds will be paid into your nominated bank account once the funding agreement has been signed and submitted to Council.

Bank Name: *

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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
- 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.

I agree: *

Yes

Name of authorised person: *

Must be a senior staff member, board member or appropriately authorised by the applicant.

Position *

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

Date *