

Club Support Grant Application 2025

Form Preview

Your Details

* indicates a required field

You are required to provide information about your organisation and your project. The contact information provided will form part of your funding agreement and all future correspondence for this funding round if you are successful.

Applicant

Applicant Organisation *

Organisation Name

Applicant Postal Address

Address

Application Contact

Application Contact *

Title First Name Last Name

Application Contact Position *

Application Contact Mobile Phone Number *

Must be an Australian phone number.

Application Contact Primary Email *

Must be an email address.

Authorised Signee

Is the application contact an Authorised Signee? *

- yes
 no

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An Authorised Signee is someone who is authorised to sign funding documents on behalf of the organisation

Authorised Signee 1

Authorised Signee 1 *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Authorised Signee 1 Position *

Authorised Signee must be either a President, CEO, Director, Secretary, Treasurer or a Senior Role within the applicant organisation.

Authorised Signee 1 Mobile Phone Number *

Must be an Australian phone number.

Authorised Signee 1 Primary Email *

Must be an email address.

Authorised Signee 2

Authorised Signee 2 *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Authorised Signee 2 Position *

Authorised Signee must be either a President, CEO, Director, Secretary, Treasurer or a Senior Role within the applicant organisation

Authorised Signee 2 Phone Number *

Must be an Australian phone number.

Authorised Signee 2 Primary Email *

Must be an email address.

Remember! Save your application before moving to next page.

Auspice Details

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* indicates a required field

Groups that are not incorporated are still eligible to apply for funding but must do so by identifying an incorporated association to auspice their project.

**Is your project being
auspiced? ***

Auspice Organisation

Auspice Organisation *

Organisation Name

Auspice Postal Address *

Address

Auspice Authorised Signee

Auspice Authorised Signee *

Title First Name Last Name

Auspice Authorised Signee Position *

Authorised signee must be either a President, CEO, Director, Secretary, Treasurer or a Senior Role within the Auspice Organisation.

Auspice Authorised Signee Primary Phone Number *

Must be an Australian phone number.

Auspice Authorised Signee Primary Email *

Must be an email address.

Remember! Save your application before moving to next page.

Incorporation and Insurance

* indicates a required field

Incorporation, ABN and Insurance

Incorporation Number *

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	

Attach Public Liability Insurance Certificate (minimum \$10million)

Attach a file:

Incorporation, ABN and Insurance (Ausspicing Organisation)

Being Auspiced? If you have nominated an auspice organisation, enter their details in this section.

Incorporation Number *

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	

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ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Attach Public Liability Insurance Certificate (minimum \$10million) *

Attach a file:

Remember! Save your application before moving to next page.

Project Eligibility

Have you discussed your project with a Mildura Rural City Council Recreation Officer?

- Yes
 No

Name of the Officer?

Funding Ratio Waiver

For this grant a funding ratio waiver is available to those clubs that have been flood impacted or whose project is improving accessibility for marginalised groups.

Will you be applying for a funding ratio waiver?

- Yes
 No

On what basis are you applying for a funding ratio waiver?

- My club has been flood impacted
 My project improves accessibility for marginalised groups

Provide details on why you are applying for a funding ratio waiver?

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(Score out of 10). Tell us how your club has been impacted by floods or how your project improves accessibility for marginalised groups..

Remember! Save your application before moving to next page.

Project Details

* indicates a required field

How this section will be assessed.

The following section/s are assessed using the [Assesment Criteria](#) found in the grant guidelines.

Project Title

Project Description

(Scored out of 10). Tell us exactly what you are going to do and what the issue is that you are trying to solve.

Project Beneficiaries

Do any of these of these groups benefit from your project?

- People with a disability.
- Indigenous Australians.
- CALD Community
- People from a low socio economic background.
- Socially isolated individuals.
- Older Adults 65+
- Youth 12 - 25
- Other:

These groups are recognised as being underrepresented as participants in community sport.

Please tell us how your project benefits this target group? Who have you spoken to in designing this project?

(Scored out of 10). Your project will be assessed on how well you have involved the target group rather than the number of target groups you tick.

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Project Description and Benefits

Project Start Date

Must be a date.

Project End Date

Must be a date.

3. How - how will you deliver this project on time? Do you have a project plan?

(Scored out of 10).

Upload your project plan.

Attach a file:

(Score out of 10) Your project plan doesn't need to be complicated but it should show each of the tasks required to deliver your project, who will do them and the timelines.

What else do you want to tell us about your project and why it should be funded?

*

(Score out of 10) Not all projects will be funded. What makes your project special?.

Accessible and Inclusive Clubs

Being 'inclusive' means welcoming everyone - regardless of age, gender, race and ability and that all people involved have an equal opportunity to participate at a level they choose.

By ensuring your facility is welcoming you are encouraging participation by people of all ages, genders, abilities and cultural backgrounds. This can be achieved by adopting policies that demonstrate your clubs commitment to being inclusive such as - healthy eating, smoke free, gender equity and by not charging gate takings or making player payments.

Do you have policies and/ or strategies to ensure you are providing a welcoming environment?

These web sites can provide more information on how your club can become more welcoming and accessible to all;

Healthy Eating Implementation Guidelines;

https://sport.vic.gov.au/_data/assets/pdf_file/0038/56999/healthy20choices20in20sport20and20recreation20facilities20-20implementation20guidelines20and20temp

Responsible Service of Alcohol;

<https://goodsports.com.au/resources-downloads/>

Smoke Free Environment;

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<https://www.quit.org.au/resources/sporting-groups/smoking-sports-clubs-and-benefits-becoming-smokefree-club/>

Gender Equity;

https://www.mav.asn.au/_data/assets/pdf_file/0010/7300/Maroondah-City-Council-Gender-equity-self-assessment-tool-for-sport-and-recreation-clubs.pdf

<https://sport.vic.gov.au/news/articles/changeourgame-gender-equality-sport>

Child Safe Standards;

<https://www.dhhs.vic.gov.au/publications/child-safe-standards>

What does your club do to create a welcoming environment for people of all genders, race and age?

(Accessible and inclusive clubs is scored out of 10)

Club Profile

Do any of the following statements apply to your club? (Tick those that apply).

- We share a facility with other sports;
- Our Club/ Association has undertaken a strategic planning process;
- Our Club/ Association has completed a gender equity audit;
- Our Club/ Association has adopted policies and implemented strategies to support gender equity;
- Our Club/ Association has introduced the child safe policy;
- Our Club/ Association has introduced healthy eating choices in our canteen;
- Our Club/ Association has introduced a smoke free policy;
- Our Club/ Association is an active member of the Good Sports Program;
- Our Club/ Association does not charge an entrance fee;
- Our Club/ Association does not make any player or coach payments;
- Other:

Score 1 point for each tick. You will be asked to provide any plans or policies that you tick in this section.

Budget (GST exclusive) (10 points)

* indicates a required field

Instructions

Your budget is an important part of your grant application and will be assessed using the [Assesment Criteria](#) found in the grant guidelines.

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. **All amounts should be GST exclusive.**

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To assist you to complete your budget correctly we have developed [Budget Instructions](#) for you, including:

- What is project or event expenditure and income?
- How to complete your budget
- Budget examples

Project Costs (Expenditure)

- List **all costs** associated with your project.
- **All amounts should be GST exclusive.**

Item	\$
	\$
	\$
	\$
	\$
	\$

Quotes

Remember!

- Two quotes must be provided for any single expenditure item of \$1,000 or greater.
- At least one quote must be provided for any single expenditure item \$1,000 or less.
- Quotes must be less than 3 months old.

Item	Quote

Project Income

- **Your Expenditure and Income TOTALS must match.**
- Your contribution must meet the required \$2 for \$1 funding ratio applicable to this grant.
- **All amounts should be GST exclusive.**
- **In-kind contribution is not applicable to Club Support Grant projects.**

Income Source	\$
Mildura Rural City Council Grant (GST exclusive)	\$
Your organisation's cash contribution	\$
Other	\$

Grant Amount Requested from Mildura Rural City Council

Total Amount Requested *

\$

(What is the total financial support you are requesting from Council in this application?)

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Applicant Declaration

* indicates a required field

Further Information

Additional information and/or documentation in support of your project (e.g. site plans/ drawings, photos, letters of support etc) can be uploaded below.

Attach a file:

Application Checklist - Please use this checklist to ensure you application is ready to be submitted.

- Organisation Contact Details Complete
- Applicant Contact Details Complete;
- Auspice details complete (if applicable);
- Incorporation Number supplied;
- Public Liability Insurance Certificate of Currency.
- Quote 1
- Quote 2
- Budget complete
- Budget - income and expenditure match;
- Project Plan;
- All questions answered;
- Applicants declaration accepted;

Our Privacy Statement

Mildura Rural City Council collects Personal and/or Health Information for municipal purposes as specified in the *Local Government Act 1989*. The information collected in this form is used only for the purposes specified (primary purpose) and is not passed on to third parties. Council may disclose this information but only if authorised or required by law. Council may not be able to process your request unless sufficient information is given. Should you need to change or access your personal details, or you require further information regarding Council's Privacy Policy please contact Council's Privacy Officer.

Acceptance of Privacy Statement * Yes

Applicant Declaration

I, the undersigned, certify that I have been authorised by my Organisation and Auspice Organisation (if applicable) to submit this application.

I have read, understood and agree to the terms and conditions of this grant.

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I have completed all sections of the applicaiton and to the best of my knowledge all the information I have given is true and correct.

I agree that Mildura Rural City Council, for the purpose of assessing this applicaiton, may check any of my statements.

I understand that this is an application and may not necessarily result in funding approval.

Acceptance of Declaration *

Yes

Full Name *

Position *

Date *

Must be a date

I would like to receive information about future grant rounds *

Yes

No