

Eligibility

* indicates a required field

Applicants Please Note

Before completing this application form, please read the [Program Guidelines](#) relevant to the type of grant you are applying for.

Funding available:

- Grants of up to \$5,000 (incl. GST).
- Council contributes \$2 for every \$1 contributed by the applicant, up to the maximum grant amount.
- Up to 50% of the applicant contribution can be provided in-kind.
- No funding ratio applies to applications of \$2,000 or less.

Important:

- Applications close Tuesday, October 13, 2026.
- Only 1 application per organisation per financial year may be submitted.
- Incomplete applications and applications received after the closing date will not be considered.
- Successful grant applicants will be announced in early November.

If you have any questions, please contact grants@buloke.vic.gov.au or call 1300 520 520.

Confirmation of Eligibility

I confirm that, as the applicant:

- I have read and understand the [Program Guidelines](#).
- I am able to demonstrate alignment between the project/event and the aims of this program.
- I represent a not-for-profit organisation that:
 - is located in Buloke Shire or delivers activities for the benefit of Buloke Shire residents;
 - is incorporated or auspiced by an incorporated organisation;
 - is not a political party;
 - does not owe any acquittals or money to Buloke Shire Council from previous funding or grants;
 - has appropriate insurance for the proposed activities, including public liability insurance of at least \$20 million.
- I will provide all required supporting documentation, including:
 - accurate quotes/costings for project expenses;
 - details of in-kind contributions;
 - a recent bank statement.
- Where applicable, I will obtain and provide land manager approval and any required planning or building permits, including associated costs.

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Please select below: *

☐ Yes

☐ No

You must confirm that all statements above are true and correct.

Contact Details

*** indicates a required field**

Applicant Details

Name of Organisation *

Organisation Name

Please use the organisation's full registered name, as listed on official documentation such as that issued by Consumer Affairs Victoria or the Australian Taxation Office.

Organisation's postal address

Address

Primary Contact

Primary contact *

Title

First Name

Last Name

This is the person we will contact about this grant.

Position held in organisation *

e.g., President, Secretary, Committee Member.

Primary contact phone number *

Must be an Australian phone number.

This could be the organisation's phone number.

Primary contact email address *

This is the email address we will use to contact you about this grant. This could be the organisation's email address.

Project Details

*** indicates a required field**

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Title of project: *

Provide a name for your project, event, program, activity or initiative. Your title should be short but descriptive.

Description of project: *

Please briefly describe your project, event, program or initiative, including the main activities and what you plan to deliver.

Project/event start date *

If unsure, provide your estimated start date.

Project/event completion date *

If unsure, provide your estimated end date. If it's a single-day event, select the same date as the start date.

What community need or issue will this project address, and what evidence supports it? *

Please describe the need you have identified and any feedback, evidence or consultation that supports the project.

Who will benefit from your project? *

- ☐ Children (0-11 years)
- ☐ Young people (12-25 years)
- ☐ Families
- ☐ Older people (65+ years)
- ☐ People living with disability
- ☐ Aboriginal and Torres Strait Islander peoples
- ☐ People from culturally and linguistically diverse backgrounds
- ☐ LGBTIQ+ people
- ☐ People experiencing social or economic disadvantage
- ☐ The broader Buloke Shire community
- ☐ Other:

Select all that apply.

How will your project increase opportunities for community participation? *

Please describe how the project will create new or improved opportunities for participation and how the benefits will extend beyond your organisation or immediate group. Where relevant, explain whether the project, facility, equipment or activity will be available for broader community use.

The Buloke Shire Council's [Council Plan 2025-2029](#) has the following objectives:

- Services Supporting Our Communities to Thrive

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- Vibrant and Connected Communities
- Built and Natural Environment
- Prosperous and Growing Economy
- Council Leadership and Engagement

There are also a number of other [Council Plans](#) and town [Community Plans](#) that your project may relate to.

How does your project align with Council and/or relevant community plans or strategies? *

Please identify any relevant priorities, actions or outcomes your project supports and explain how it contributes to them.

How will your project support environmental sustainability or minimise its impact on the environment? *

Please describe any environmental benefits or sustainable practices incorporated into the project, such as reducing waste, energy or water use, reusing or recycling materials, protecting natural assets, or using sustainable products or approaches. If there are limited opportunities to improve environmental outcomes, please explain why.

How will you promote the project/event? *

- ☐ Local Newspaper
- ☐ Social Media (Facebook, Instagram etc.)
- ☐ Project/Event Website
- ☐ Community Newsletters
- ☐ Posters/Flyers
- ☐ Other:

Select all that apply.

Will the project involve works on land or a building not owned or managed by your organisation? *

- ☐ Yes ☐ No

If YES, a letter of support from the relevant landowner, manager or authority is required.

Please provide relevant supporting documentation. *

Attach a file:

This may include letters of support, permits and approvals, risk assessments, site plans, construction plans or other relevant documents.

Comments

Please provide any relevant information about your supporting documentation, including if documents are not yet available.

Budget

* indicates a required field

Please note the following when completing the Budget section:

- Grants of up to **\$5,000 (incl. GST)** are available.
- For applications over \$2,000, **Council will contribute \$2 for every \$1 contributed by the applicant.**
- **No funding ratio applies to applications of \$2,000 or less.**
- Start with **Project Costs - Section A** and list all costs associated with delivering your project.
- **In-kind contributions** are non-cash contributions that are given a monetary value and must be detailed below. **Up to 50% of the applicant contribution can be in-kind**, including:
 - Volunteer labour – **\$25 per hour**
 - Specialist skills – **up to \$50 per hour**
 - Materials and equipment – **market or hire value**
- Copies of quotes or other supporting evidence for significant project costs, such as equipment, materials, catering or advertising, must be attached. **Applications may not be considered if required supporting documentation is not provided.**
- If required, attach a separate project budget showing all associated costs.
- Please complete the Budget section to the best of your ability before seeking assistance. If you require assistance, please contact grants@buloke.vic.gov.au or call 1300 520 520.

Total Amount Requested *

\$

What is the total financial support you are requesting in this application? \$5,000 maximum.

Total Project/Program Cost *

\$

Must be a dollar amount.

What is the total budgeted cost of your project?

Project Costs - Section A

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Please include and specify all event/project costs in this section.

All costs over \$500 require a quote from the supplier.

Type of cost	Item description	Amount (\$)	Please attach a copy of a quote for each item.
		\$	
		\$	
		\$	
		\$	
The type of cost can be entered more than once.		Must be a dollar amount.	This does not have to be a formal quote, it can be a copy of an email or screenshot of an online purchase.

Total costs

This number/amount is calculated.

Project Revenue - Section B

Please note:

- No funding ratio applies to applications requesting \$2,000 or less.
- Council will contribute \$2 for every \$1 contributed by the applicant, with up to 50% of the applicant contribution able to be provided in-kind.
- Please refer to the Community Grants Guidelines for full details on funding ratios, eligible contributions and how in-kind contributions are calculated.

Funding type - select from drop down list Amount (\$)

	\$
	\$
	\$
	\$
	Must be a dollar amount.

Total Revenue

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This number/amount is calculated.

Funding

Have you received, or sought to receive funding from council before? *

- ☐ Yes
☐ No

If YES, please provide the year, amount and purpose.

Could the project proceed if only partial funding was received? *

- ☐ Yes
☐ No

If YES, please explain how.

Organisation Details

*** indicates a required field**

Is your organisation incorporated? *

- ☐ Yes
☐ No

If YES, please provide your association/incorporation number.

You can check your number through Consumer Affairs Victoria via: <https://www.consumer.vic.gov.au/clubs-and-fundraising/incorporated-associations/search-for-an-incorporated-association>

Is your organisation registered for GST? *

- ☐ Yes
☐ No

If YES, a tax invoice will be required before payment can be made.

Does your organisation have an ABN? *

- ☐ Yes ☐ No

If the organisation does not have

Applicant ABN

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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	

What is your organisation's annual revenue? *

- ☐ Less than \$50,000
- ☐ \$50,000 or more, but less than \$250,000
- ☐ \$250,000 or more, but less than \$1 million

Revenue includes grants, donations, fundraising, service fees, sales, interest, royalties and in-kind contributions recorded as revenue in your accounts. The Australian Charities and Not-for-profits Commission (ACNC) has more detailed information here: <https://www.acnc.gov.au/tools/topic-guides/revenue>

Insurance Certificate *

Attach a file:

Please attach a current Certificate of Currency confirming public liability insurance of at least \$20 million.

Auspice Details

* indicates a required field

Auspice organisation: If your group is not incorporated or does not have its own legal entity, you may apply through an incorporated organisation that agrees to act as your auspice organisation. The auspice organisation receives and manages the grant funding on your group's behalf and accepts responsibility for meeting the grant requirements.

Auspice details: If your application is being auspiced, please provide the name and contact details of the auspice organisation and confirm that they have agreed to auspice your project. Please note: An auspice organisation must be a separate incorporated organisation that is eligible to receive and manage grant funding.

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

☐ Yes ☐ No

Unincorporated organisations must be auspiced by an incorporated organisation to apply for this grant.

Auspice Organisation Details

Auspice organisation name *

Organisation Name

Please use the organisation's full registered name, as listed on official documentation such as that issued by the Australian Business Register (ABR), Australian Charities and Not-for-profits Commission (ACNC) or Australian Taxation Office.

Auspice postal address

Address

Primary contact person at auspice organisation *

Title First Name Last Name

We may contact this person to verify that the auspice arrangement is valid and current.

Position held in organisation *

e.g. Manager, Board Member or Fundraising Coordinator.

Auspice primary contact phone number *

Must be an Australian phone number.

This could be the Auspice organisation's phone number.

Auspice primary contact email address *

This could be the organisation's email address.

Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. *

Attach a file:

The letter must be signed by an authorised person (e.g. Manager, CEO or Board Chair) and must include: name, position, signature and date.

Does the auspice organisation have an ABN? *

☐ Yes ☐ No

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Auspice 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.

Privacy, Certification & Agreement

* indicates a required field

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

Privacy Collection Statement

Buloke Shire Council is committed to protecting your privacy and the confidentiality of the personal information provided in this form. The information collected in this form will be used solely for the purpose of Community Grants Program.

Use of Personal Information: Your personal details will be processed and stored in accordance with Council's privacy policies and relevant data protection legislation. The information will be used exclusively for Community Grants Program, and to contact you regarding this program.

Sharing and Disclosure: Your information will not be shared with other third parties without your explicit consent, except where required by law. The information provided may be shared internally within Council for administrative purposes related to the program.

Retention of Information: Council will retain the personal information collected for the duration necessary to fulfill the purposes outlined in this Community Grants Program, unless a longer retention period is required or permitted by law. After the fulfillment of these purposes, your personal information will be securely destroyed or anonymised.

Your Rights: You have the right to request access to, correction of, or deletion of your personal information held by Council. You can withdraw your consent to the processing of your personal information at any time by contacting Council.

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Contact and Complaints: If you wish to withdraw your consent, access, correct, or delete your personal information, or if you have any concerns about how your information is being handled, please contact Council at buloke@buloke.vic.gov.au or call the Council's Privacy Officer at 1300 520 520. If you believe your privacy rights have been violated, you have the right to lodge a complaint.

Consent: By submitting this form, you acknowledge that you have read and understood this privacy statement and agree to the collection and use of your personal information as described.

[View our full privacy statement.](#)

I certify, to the best of my knowledge, that the statements made within this application are true and correct.

I have read the [Buloke Shire Council Community Grants and Sponsorship Guidelines](#).

I understand that I will be required to accept the conditions relating to the funding received from the Buloke Shire Council.

I agree to the above conditions *

☐ Yes

Name of authorised person *

Title

First Name

Last Name

Date *

Feedback

Before reviewing your application and clicking **SUBMIT**, please take a few moments to provide feedback.

Please indicate how you found the application process:

☐ Very easy

☐ Easy

☐ Neutral

☐ Difficult

☐ Very difficult

Approximately how many minutes did it take you to complete this application?

Must be a number.

Estimate in minutes (e.g. 1 hour = 60)

Do you have any suggestions for improving this application?