

# Buloke Shire Council - Safer Together Program 2024 - EOI Form Preview

## Privacy & Eligibility

\* indicates a required field

### Welcome.

You have been invited to submit an Expression of Interest (EOI) for the Safer Together Program 2024.

This funding program has been developed specifically for the Buloke Shire Community Planning Forums through a grant received from the Safer Together Strengthening Local Government Partnerships: **Buloke Communities Prepared Project**.

This project aims to *'Deliver bushfire/emergency preparedness messages in a personalised way to vulnerable communities'*.

The grants are to fund new and continuing projects that support local councils and their communities to develop bushfire/emergency risk reduction programs with local communities and are intended to:

- Promote a collaborative, multi-partner approach to bushfire/emergency risk reduction
- Provide resources, support and connections for local government
- Help local government to deliver place-based, community-centred engagement
- Share information across local governments and partners across the state.

**We are inviting applications for grants of \$10,000 that meets the above objectives.**

**All EOI's must be submitted online by Saturday 30 November 2024.**

Incomplete applications and/or applications received after the closing date will not be considered.

If you have any questions about the Safer Together Program, please contact [grants@buloke.vic.gov.au](mailto:grants@buloke.vic.gov.au)

## 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

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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.

**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](mailto: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 agree to these privacy conditions

## Confirmation of Eligibility

### I confirm that as the applicant:

- I am representing a Community Planning Forum that is located in Buloke Shire
- I am able to demonstrate a well-defined project with clear goals, objectives and measurable outcomes, and explain how they will be evaluated.
- Provide a specific timeline for implementation.

### 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 (i.e. the same name that is listed in official documentation such as that with the Consumer Affairs Victoria or Australian Taxation Office.

#### Organisation's primary address

Address

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## Organisation's postal address

Address

## Organisation's primary phone number \*

Must be an Australian phone number.

## Organisation's email address \*

Must be an email address.

## Organisation's website (if applicable)

Must be a URL.

## Primary Contact Details

### Primary contact \*

Title First Name Last Name

This is the person we will correspond with about this grant.

### Position held in organisation \*

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

### Primary contact phone number \*

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Must be an Australian phone number.

## Primary contact email address \*

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

## Organisation Details

\* indicates a required field

### Is your organisation incorporated? \*

- ☐ Yes  
☐ No

### If YES, what is your registered association/incorporation number?

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

### Does your organisation have an ABN? \*

- ☐ Yes ☐ No

### Is your organisation registered for GST? \*

- ☐ Yes  
☐ No

If yes a Tax Invoice will be required for payment of the granted amount.

### 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                                  | <a href="#">More information</a> |
| ACNC Registration                                 |                                  |
| Tax Concessions                                   |                                  |

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Main business location

As you do not have an ABN, your organisation will need to submit a completed ATO Statement by a Supplier Form with your application.

Download the form from the [ATO website](#).

If you don't submit an ATO Statement by a Supplier Form, 48.5% of any approved grant may be withheld.

**Please upload completed Statement of Supplier Form: \***

Attach a file:

Max 25mb per file uploaded

## Auspice Information

\* indicates a required field

**Is your organisation auspiced by another organisation for the purpose 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

**Auspice organisation name \***

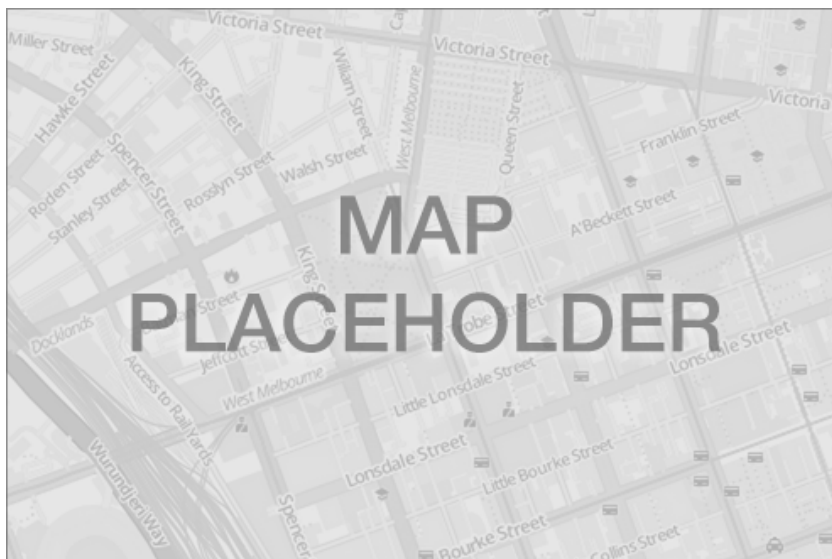
Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

**Auspice primary address**

Address

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## Auspice postal address

Address

## Auspice primary phone number \*

Must be an Australian phone number.

## Auspice email address \*

Must be an email address.

## Auspice website

Must be a URL.

## 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.

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## Auspice primary contact email address \*

Must be an 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

## 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                                  | <a href="#">More information</a> |
| ACNC Registration                                 |                                  |
| Tax Concessions                                   |                                  |
| Main business location                            |                                  |

Must be an ABN.

As the auspice organisation does not have an ABN, your organisation will need to submit a completed ATO Statement by a Supplier Form with your application.

Download the form from the [ATO website](#).

If you don't submit an ATO Statement by a Supplier Form, 48.5% of any approved grant may be withheld.

## Please upload completed Statement of Supplier Form: \*

Attach a file:

Max 25mb per file uploaded

### Project/Event Details

\* indicates a required field

Project/Event title: \*

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

Location of project/event: \*

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 at the start date

1. Please provide a brief description of your project? \*

Include a brief summary of what you will do (i.e. the activities you will perform).

2. How will evaluate the projects success? \*

For example: Participation numbers or amount of resources handed out,

Estimated budget

Please provide an estimated percentage % allocation of expenses to deliver your project. For example: Catering, Marketing/Promotion, Consultant, Resources, Venue Hire

|                       |  |
|-----------------------|--|
| Total must equal 100% |  |
|                       |  |
|                       |  |
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## Form Preview

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Estimated Budget Total

**Total Percentage %**

Must equal 100%

Supporting documents

**Please upload any relevant documents for your application here**

Attach a file:

**Further attachments**

Attach a file:

## Electronic Funds Transfer Details

\* indicates a required field

If successful, your grant payment will be made via Electronic Funds Transfer (EFT) to your nominated Bank, Credit Union or Building Society Account.

If you do not have a bank account, please provide details of your auspice body or the account details of someone you authorise to receive funds on your behalf.

**Please complete the section below in order to ensure the swift payment of funds.**

**Name of Financial Institution: \***

**Address of Financial Institution: \***

Address

**BSB Number: \***

**Account Number: \***

## Payment Conditions:

- 1.By submitting this form you verify that the information provided is correct and request that all payments be made by direct deposit to the above account. I have authorisation to provide this information on behalf of the organisation named above.
- 2.The Buloke Shire Council is under no obligation to verify the above bank details. Any changes must be made in writing.
- 3.The Buloke Shire Council will not be responsible for any delays outside its control e.g. delays or errors in the banking system or errors in account details supplied
- 4.The Recipient agrees to repay the Buloke Shire Council any payments credited to the Recipient in error.
- 5.The Buloke Shire Council has the right to accept the authority of the undersigned as conclusive evidence of the person's authority to execute this direct credit application on behalf of the Recipient

## Certification and Agreement

\* 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 to the best of my knowledge that the statements made within this application are true and correct.**

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

### These conditions are:-

- 1.Supervise the administration of the grant.
- 2.Use the funds provided for the approved project/ purpose.
- 3.Obtain any required Planning Consent and/or Building Approvals and/or permission from the land/property owner or regulatory bodies or organisations (if applicable) before commencing the project.
- 4.Seek Council's written approval to continue with the project if there is any change in the project.
- 5.Acknowledge the Buloke Shire Council on all printed material relating to the funded project or activity and provide evidence of such.
- 6.An appropriate acknowledgment of Council's funding must be given by the recipient in all promotional material and reports of the project available to the public.
- 7.Complete the acquittal process at the end of the project and forward a copy to Buloke Shire Council, PO Box 1, Wycheproof VIC 3527.
- 8.Invite the Mayor and/or Councillors to the project opening and/or event.
- 9.I/We understand that it is my/our responsibility to obtain all necessary insurances and that the Buloke

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Shire Council will not be held liable for any matter arising out of this grant.

~~10/~~We agree to indemnify and keep indemnified the Buloke Shire Council, its employees and agents from and against all actions, costs, claims, charges and expenses whatsoever which may be brought or made to claim against them out of or in relation to the project.

**I agree to the above conditions \***

☐ Yes

**Name of authorised person \***

Title

First Name

Last Name

**Position \***

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

**Date \***

Must be a date

## Feedback

You are now nearing the end of this form. 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 application process:**

☐ Very easy

☐ Easy

☐ Neutral

☐ Difficult

☐ Very difficult

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

Must be a number.

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

**Please provide us with your suggestions about any improvements and/or additions to this form that you think we need to consider:**