Attachment 1

Minor Grants Program - 2020 - 2021 Minor Grants Program Application Form 2020 Application 112- MGP - 2020-21 From Boronia Soccer Club Form Submitted 15 Mar 2021, 9:04am AEDT

MINOR GRANTS PROGRAM APPLICATION FORM

Minor Grants Information

To meet the policy requirements for funding applications under the Minor Grants Program, requests must meet the following criteria:

1. Applications must be from individuals who reside in Knox or community groups that provide services to the Knox community.

2. Applications for funding cannot be made retrospectively and must be received before the event or activity to which the funding relates is undertaken.

Application Amount	Incorporated or Auspiced?	Assessment & Determination	Acquittal
< \$500	No	Assessed and deter- mined by the CEO or delegate.	Proof of expenditure / purchase (i.e.receip- t).
\$501 to \$1,000	Yes	Assessed by the CEO or delegate. Deter- mined by Council at the monthly ordinary meeting of Council.	Proof of expenditure / purchase (i.e. re- ceipt).
\$1,001 to \$3,000	Yes	Assessed by the CEO or delegate. Deter- mined by Council at the monthly ordinary meeting of Council.	Funding Agreement & Acquittal required.

Application Category

Application Amount

○ < \$500 ○ \$501 to \$1,000 ● \$1,001 to \$3,000

APPLICANT DETAILS

* indicates a required field

Applicant Details

Organisation Name * Boronia Soccer Club

Organisation Address *

ovince, Postcode, and Country are required.

Page 1 of 5

Minor Grants Program - 2020 - 2021 Minor Grants Program Application Form 2020 Application 112- MGP - 2020-21 From Boronia Soccer Club Form Submitted 15 Mar 2021, 9:04am AEDT

Contact Name

Project Contact Address *

Province, Postcode, and Country are required.

Phone Number

tralian phone number.

Mobile Phone Number *

tralian phone number.

Email *

Please provide your ABN 12 072 813 501

12 072 013 301	
Information from the Australian Business Register	
ABN	12 072 813 501
Entity name	Boronia Soccer Club
ABN status	Active
Entity type	Other Incorporated Entity
Goods & Services Tax (GST)	No
DGR Endorsed	No
ATO Charity Type	Not endorsed More information
ACNC Registration	No
Tax Concessions	No tax concessions
Main business location	3156 VIC
Information retrieved at 8:35am today	

Must be an ABN.

provide ABN of auspice organisation if relevant. If no ABN plesae complete a Statement by Supplier declaration.

Is your organisation Incorporated? * ● Yes ○ No

If No please provide details of Auspice below

Incorporation Details

Please provide your Incorporated number A0096561J

Page 2 of 5

Minor Grants Program - 2020 - 2021 Minor Grants Program Application Form 2020 Application 112- MGP - 2020-21 From Boronia Soccer Club Form Submitted 15 Mar 2021, 9:04am AEDT

PROJECT DETAILS

* indicates a required field

Request Details

Project Title * ground marking

(a) Briefly describe details of the request: *

Funding to assist with professional line marking of soccer pitches. Since Covid -19 volunteer numbers have reduced & finances have been impacted with nil income & ongoing expenditure. Additional expenditure will be incurred to have initial marking of grounds. eg intial marking of pitch 1, \$240, Pitch 2,\$220:U10/11 \$80, U8/9 \$60 (\$30 x 2) plus remarks x 2 of each pitch = \$1180

(b) What community benefit is gained from this project / activity? *

Facilitating playing of sport with both physical & mental health benefits including social inclusion

Project Start Date * 01/04/2021

Must be a date.

Project End Date * 23/04/2021 Must be a date.

BUDGET

* indicates a required field

(d) What is the total cost of the project / activity? * \$1,180.00 Must be a dollar amount. What is the total budgeted cost (dollars) of your project?

(c) What amount is being requested? *

\$1,180.00
Must be a dollar amount.
What is the total financial support you are requesting in this application?

Minor Grant Expenses

Please detail the items you would like the Minor Grants Program to fund.

Expenditure

\$

Page 3 of 5

Minor Grants Program - 2020 - 2021 Minor Grants Program Application Form 2020 Application 112- MGP - 2020-21 From Boronia Soccer Club

Form Submitted 15 Mar 2021, 9:04am AEDT

Intial & re mark of playing pitches	\$1,180.00
	Must be a dollar amount.

Minor Grant Budget Total

Total Expenditure Amount \$1,180.00 This number/amount is calculated.

Quotes For Planned Expenses

Attach quotes for expenses here. *

Filename: pitch marking.PNG File size: 653.5 kB

Other Grant Funding

ADDITIONAL SUPPORTING INFORMATION

* indicates a required field

Please attach relevant supporting documentation, including:

- A project plan
- Evidence of Incorporation

Attach relevant documentation:

Filename: evidence of incorporation.PNG File size: 786.4 kB

Evidence of Public Liability

Evidence of current Public Liability Insurance must be supplied *

Filename: CertificateOfCurrency2021.pdf File size: 261.8 kB

Page 4 of 5

Minor Grants Program - 2020 - 2021 Minor Grants Program Application Form 2020 Application 112- MGP - 2020-21 From Boronia Soccer Club Form Submitted 15 Mar 2021, 9:04am AEDT

Public Liability Expiry Date * 31/12/2021 Must be a date.

DECLARATION

* indicates a required field

I declare that all information within this application is true and correct. If successful I will provide an acquittal of all funds to Council as outlined in the Minor Grants Program Policy.



Position (if organisation) * President

Declaration Date * 15/03/2021 Must be a date.

Privacy Statement

The personal information requested in this application form is for the purposes of administering the Minor Grants Program and will only be used by Council for that primary purpose or directly related purposes. Whilst information relating to groups and the specific request/project details will be published, personal information in regards to individuals will not be disclosed except as required by law.

Page 5 of 5

Minor Grants Program - 2020 - 2021 Minor Grants Program Application Form 2020 Application 114- MGP - 2020-21 From St Joseph's Boronia - Parents Community Form Submitted 12 Mar 2021, 6:07pm AEDT

MINOR GRANTS PROGRAM APPLICATION FORM

Minor Grants Information

To meet the policy requirements for funding applications under the Minor Grants Program, requests must meet the following criteria:

1. Applications must be from individuals who reside in Knox or community groups that provide services to the Knox community.

2. Applications for funding cannot be made retrospectively and must be received before the event or activity to which the funding relates is undertaken.

Application Amount	Incorporated or Auspiced?	Assessment & Determination	Acquittal
< \$500	No	Assessed and deter- mined by the CEO or delegate.	Proof of expenditure / purchase (i.e.receip- t).
\$501 to \$1,000	Yes	Assessed by the CEO or delegate. Deter- mined by Council at the monthly ordinary meeting of Council.	Proof of expenditure / purchase (i.e. re- ceipt).
\$1,001 to \$3,000	Yes	Assessed by the CEO or delegate. Deter- mined by Council at the monthly ordinary meeting of Council.	Funding Agreement & Acquittal required.

Application Category

Application Amount

○ < \$500 ○ \$501 to \$1,000 ● \$1,001 to \$3,000

APPLICANT DETAILS

* indicates a required field

Applicant Details

Organisation Name * St Joseph's Boronia - Parents Community

Organisation Address *

Province, Postcode, and Country are required.

Page 1 of 5

Minor Grants Program - 2020 - 2021 Minor Grants Program Application Form 2020 Application 114- MGP - 2020-21 From St. Joseph's Boronia - Parents

Application 114- MGP - 2020-21 From St Joseph's Boronia - Parents Community Form Submitted 12 Mar 2021, 6:07pm AEDT



Project Contact Address *

Province, Postcode, and Country are required.

Phone Number

Must be an Australian phone number.

Mobile Phone Number *

tralian phone number.

Email *

Please provide your ABN 87 866 137 897

0/ 000 13/ 09/	
Information from the Australian Business Register	
ABN	87 866 137 897
Entity name	St Josephs Primary School Boronia
ABN status	Active
Entity type	Other Unincorporated Entity
Goods & Services Tax (GST)	Yes
DGR Endorsed	No
ATO Charity Type	Charity More information
ACNC Registration	Registered
Tax Concessions	FBT Rebate, GST Concession, Income Tax Exemption
Main business location	3155 VIC
Information retrieved at 4:07am today	
Must be an ABN.	

provide ABN of auspice organisation if relevant. If no ABN plesae complete a Statement by Supplier declaration.

Is your organisation Incorporated? * ● Yes ○ No

If No please provide details of Auspice below

Incorporation Details

Please provide your Incorporated number 87866137897

Page 2 of 5

Minor Grants Program - 2020 - 2021 Minor Grants Program Application Form 2020 Application 114- MGP - 2020-21 From St Joseph's Boronia - Parents Community Form Submitted 12 Mar 2021, 6:07pm AEDT

PROJECT DETAILS

* indicates a required field

Request Details

Project Title * Junior School - Lunchtime club activities

(a) Briefly describe details of the request: *

The Parents CommUnity is applying for a grant to purchase outdoor play equipment to help Prep Students transition into the outdoor social school environment. An area for activities that are designated for the Junior school students to access in recess and lunchtime breaks.

(b) What community benefit is gained from this project / activity? *

It can be challenging for junior students to transition into the outdoor school environment with all the older children. The areas with outdoor equipment for the juniors will allow them to play and engage with each other with the aim of initiating and maintaining friendships amongst their peers. The lunchtime activities will allow them to develop skills and interests with a broader group to benefit their social wellbeing and promote inclusion. The equipment would also greatly benefit any school community events and also parish community events.

Project Start Date * 12/03/2021 Must be a date.

Project End Date * 30/06/2021 Must be a date.

BUDGET

* indicates a required field

(d) What is the total cost of the project / activity? * \$1,500.00 Must be a dollar amount.

What is the total budgeted cost (dollars) of your project?

(c) What amount is being requested? *

\$1,500.00 Must be a dollar amount. What is the total financial support you are requesting in this application?

Minor Grant Expenses

Please detail the items you would like the Minor Grants Program to fund.

Page 3 of 5

Minor Grants Program - 2020 - 2021 Minor Grants Program Application Form 2020

Application 114- MGP - 2020-21 From St Joseph's Boronia - Parents Community Form Submitted 12 Mar 2021, 6:07pm AEDT

Expenditure

Expenditure	\$
Outdoor Play Equipment	\$1,500.00
	Must be a dollar amount.

Minor Grant Budget Total

Total Expenditure Amount \$1,500.00

This number/amount is calculated.

Quotes For Planned Expenses

Attach quotes for expenses here. *

Filename: Outdoor Equipment - St Joseph.pdf File size: 443.6 kB

Other Grant Funding

(e) Have funds been sought / provided from other Council grants? * ○ Yes ● No

ADDITIONAL SUPPORTING INFORMATION

* indicates a required field

Please attach relevant supporting documentation, including:

- A project plan
- Evidence of Incorporation

Attach relevant documentation: No files have been uploaded

Evidence of Public Liability

Evidence of current Public Liability Insurance must be supplied *

Filename: Public Liability - St Joseph.pdf File size: 38.0 kB

Page 4 of 5

Minor Grants Program - 2020 - 2021 Minor Grants Program Application Form 2020 Application 114- MGP - 2020-21 From St Joseph's Boronia - Parents Community Form Submitted 12 Mar 2021, 6:07pm AEDT

Public Liability Expiry Date * 31/10/2021 Must be a date.

DECLARATION

* indicates a required field

I declare that all information within this application is true and correct. If successful I will provide an acquittal of all funds to Council as outlined in the Minor Grants Program Policy.

Name *

Position (if organisation) * St Joseph's Boronia - Parents Community

Declaration Date * 12/03/2021 Must be a date.

Privacy Statement

The personal information requested in this application form is for the purposes of administering the Minor Grants Program and will only be used by Council for that primary purpose or directly related purposes. Whilst information relating to groups and the specific request/project details will be published, personal information in regards to individuals will not be disclosed except as required by law.

Page 5 of 5

Minor Grants Program - 2020 - 2021 Minor Grants Program Application Form 2020

Application 115- MGP - 2020-21 From Hubngarian Community Co-Op Association Ltd Form Submitted 11 Mar 2021, 7:43pm AEDT

MINOR GRANTS PROGRAM APPLICATION FORM

Minor Grants Information

To meet the policy requirements for funding applications under the Minor Grants Program, requests must meet the following criteria:

1. Applications must be from individuals who reside in Knox or community groups that provide services to the Knox community.

2. Applications for funding cannot be made retrospectively and must be received before the event or activity to which the funding relates is undertaken.

Application Amount	Incorporated or Auspiced?	Assessment & Determination	Acquittal
< \$500	No	Assessed and deter- mined by the CEO or delegate.	Proof of expenditure / purchase (i.e.receip- t).
\$501 to \$1,000	Yes	Assessed by the CEO or delegate. Deter- mined by Council at the monthly ordinary meeting of Council.	Proof of expenditure / purchase (i.e. re- ceipt).
\$1,001 to \$3,000	Yes	Assessed by the CEO or delegate. Deter- mined by Council at the monthly ordinary meeting of Council.	Funding Agreement & Acquittal required.

Application Category

Application Amount

○ < \$500 ○ \$501 to \$1,000 ● \$1,001 to \$3,000

APPLICANT DETAILS

* indicates a required field

Applicant Details

Organisation Name * Hubngarian Community Co-Op Association Ltd

Organisation Address *

ate/Province, Postcode, and Country are required.

Page 1 of 5

Minor Grants Program - 2020 - 2021 Minor Grants Program Application Form 2020

Application 115- MGP - 2020-21 From Hubngarian Community Co-Op Association Ltd Form Submitted 11 Mar 2021, 7:43pm AEDT

Contact Name	
Project Contact	Address *
	ate/

te/Province, Postcode, and Country are required.

Phone Number

tralian phone number.

Mobile Phone Number *

ralian phone number.

Email *

Please provide your ABN 24 456 219 241

24 400 219 241	
Information from the Australian Business Register	
ABN	24 456 219 241
Entity name	Hungarian Community Co-operative Association Limited
ABN status	Active
Entity type	Co-operative
Goods & Services Tax (GST)	No
DGR Endorsed	No
ATO Charity Type	Not endorsed More information
ACNC Registration	No
Tax Concessions	No tax concessions
Main business location	3152 VIC
Information retrieved at 12:54am yesterday	

Must be an ABN.

provide ABN of auspice organisation if relevant. If no ABN plesae complete a Statement by Supplier declaration.

Is your organisation Incorporated? *

● Yes ○ No If No please provide details of Auspice below

Incorporation Details

Please provide your Incorporated number G0001820U

Page 2 of 5

Minor Grants Program - 2020 - 2021 Minor Grants Program Application Form 2020 Application 115- MGP - 2020-21 From Hubpgarian Community C

Application 115- MGP - 2020-21 From Hubngarian Community Co-Op Association Ltd Form Submitted 11 Mar 2021, 7:43pm AEDT

PROJECT DETAILS

* indicates a required field

Request Details

Project Title * Decking

(a) Briefly describe details of the request: *

A small decking next to the church wall is in a bad state, it has become dangerous, and is required re-building.

It is hazardous now with some planks moving, and one just broke two days ago. Elderly people use the decking generally going to the hall and toilets at the back of the church. It is also connected to the Emergency Exit. It is putting people's health at risk now. We had to closed it down. However, as it is a frequently used pathway, we need to have it rebuilt as soon as possible.

(b) What community benefit is gained from this project / activity? *

People will be able to freely use it again, and not feel afraid of falling. It will be once again a safe path.

The elderly, and everyone will be safe again.

Project Start Date *

12/04/2021 Must be a date.

Project End Date *

19/04/2021 Must be a date.

BUDGET

* indicates a required field

(d) What is the total cost of the project / activity? * \$1,980.00

Must be a dollar amount. What is the total budgeted cost (dollars) of your project?

(c) What amount is being requested? *

\$1,980.00 Must be a dollar amount. What is the total financial support you are requesting in this application?

Minor Grant Expenses

Please detail the items you would like the Minor Grants Program to fund.

Page 3 of 5

Minor Grants Program - 2020 - 2021 Minor Grants Program Application Form 2020

Application 115- MGP - 2020-21 From Hubngarian Community Co-Op Association Ltd Form Submitted 11 Mar 2021, 7:43pm AEDT

Expenditure	\$
material and work of building the decking	\$1,980.00
	Must be a dollar amount.

Minor Grant Budget Total

Total Expenditure Amount

\$1,980.00 This number/amount is calculated.

Quotes For Planned Expenses

Attach quotes for expenses here. *

Filename: '21Wooden path QUOTE Melb.Glass Rep.pdf File size: 435.7 kB

Filename: Quote-Bela Varga decking R.docx File size: 48.1 kB

Other Grant Funding

(e) Have funds been sought / provided from other Council grants? * $_{\odot}$ Yes $_{\odot}$ No

ADDITIONAL SUPPORTING INFORMATION

* indicates a required field

Please attach relevant supporting documentation, including:

- A project plan
- Evidence of Incorporation

Attach relevant documentation:

Filename: HCC-Co-Operative Assoc.evid..pdf File size: 204.4 kB

Filename: WIP for decking alongside the church.docx File size: 60.5 kB

Page 4 of 5

Minor Grants Program - 2020 - 2021 Minor Grants Program Application Form 2020

Application 115- MGP - 2020-21 From Hubngarian Community Co-Op Association Ltd Form Submitted 11 Mar 2021, 7:43pm AEDT

Evidence of Public Liability

Evidence of current Public Liability Insurance must be supplied *

Filename: HCC-Public Liability Ins.pdf File size: 238.7 kB

Public Liability Expiry Date * 30/10/2021 Must be a date.

DECLARATION

* indicates a required field

I declare that all information within this application is true and correct. If successful I will provide an acquittal of all funds to Council as outlined in the Minor Grants Program Policy.

Name *

Position (if organisation) * Chairperson

Declaration Date * 11/03/2021 Must be a date.

Privacy Statement

The personal information requested in this application form is for the purposes of administering the Minor Grants Program and will only be used by Council for that primary purpose or directly related purposes. Whilst information relating to groups and the specific request/project details will be published, personal information in regards to individuals will not be disclosed except as required by law.

Page 5 of 5

MINOR GRANTS PROGRAM APPLICATION FORM

Minor Grants Information

To meet the policy requirements for funding applications under the Minor Grants Program, requests must meet the following criteria:

1. Applications must be from individuals who reside in Knox or community groups that provide services to the Knox community.

2. Applications for funding cannot be made retrospectively and must be received before the event or activity to which the funding relates is undertaken.

Application Amount	Incorporated or Auspiced?	Assessment & Determination	Acquittal
< \$500	No	Assessed and deter- mined by the CEO or delegate.	Proof of expenditure / purchase (i.e.receip- t).
\$501 to \$1,000	Yes	Assessed by the CEO or delegate. Deter- mined by Council at the monthly ordinary meeting of Council.	Proof of expenditure / purchase (i.e. re- ceipt).
\$1,001 to \$3,000	Yes	Assessed by the CEO or delegate. Deter- mined by Council at the monthly ordinary meeting of Council.	Funding Agreement & Acquittal required.

Application Category

Application Amount

○ < \$500 ○ \$501 to \$1,000 ● \$1,001 to \$3,000

APPLICANT DETAILS

* indicates a required field

Applicant Details

Organisation Name * Coonara Community House

Organisation Address *

Postcode, and Country are required.

Page 1 of 6

Minor Grants Program - 2020 - 2021 Minor Grants Program Application Form 2020 (Version 2 of 2) Application 117- MGP - 2020-21 From Coonara Community House Form Submitted 10 Apr 2021, 8:08am AEST Contact Name Project Contact Address * Postcode, and Country are required. Phone Number

alian phone number.

Mobile Phone Number *

phone number.

Email *

Please provide your ABN 65 554 350 180

00 00 000	
Information from the Australian Business Register	
ABN	65 554 350 180
Entity name	Management Committee Coonara Community House Inc
ABN status	Active
Entity type	Other Incorporated Entity
Goods & Services Tax (GST)	Yes
DGR Endorsed	No
ATO Charity Type	Charity More information
ACNC Registration	Registered
Tax Concessions	FBT Rebate, GST Concession, Income Tax Exemption
Main business location	3156 VIC
Information retrieved at 12:06am today	
Must he an ABN	

Must be an ABN.

Is your organisation Incorporated? * ● Yes ○ No

Incorporation Details

Please provide your Incorporated number A0031184J

PROJECT DETAILS

Page 2 of 6

* indicates a required field

Request Details

Project Title *

'My Meditation'

(a) Briefly describe details of the request: *

Coonara Community House would like to run 30 meditation classes for our local community from term 3.

Coonara understands and has seen first hand during uncertain times such as Covid-19 that vulnerable families are suffering from social isolation, financial stress and many mental health and well being concerns. Support, compassion and empathy is more critical than ever. As we try to navigate our way through this time we feel a responsibility as a community leader to take action and give our local community the tools to manage stress and improve their overall well being.

(b) What community benefit is gained from this project / activity? *

Coonara is familiar and accessible to our local community. By offering meditation with a qualified facilitator on a regular basis at our Community House opens up opportunities for social routine, a chance to lesson fear and anxiety and offers skill sets to enhance coping skills. During uncertain times it is important to feel a sense of belonging to our community, to feel that we are all in this together.

Part of our responsibility includes reconnecting the community post Covid-19 by offering a safe space that follows all procedures underlined by government regulations such as QR code scanning, sanitising, social distancing and abiding by the measured density numbers in our meditation room. By role modeling these regulations we aim to build confidence and ease locals back into a new Covid normal world. Our meditation classes offer a trusted safe space where our community can relax and build on new positive energies to put in place in their everyday life.

Our facilitator is familiar, local, qualified and comes with a wealth of knowledge and passion. Many locals from our community have had classes interrupted in 2020 and have unfortunately been hesitant to recommence due to Covid-19. We want to regain their confidence and trust once again.

Meditation strengthens the capacity to take charge of our body, thoughts and processes and builds an awareness that we need to find a balance in life. By promoting emotional health we can communicate how to focus on being in the present with the ability to improve on perspective and deal with any negative emotions. The positive ripple effects are endless.

The overall health, well being and trust is exactly what our community needs right now. A feeling of togetherness and support during the ever changing and fragile situation of Covid-19. We feel that 'My Meditation' compliments the Reach Out and Connect project being implemented along side our 4 neighbourhood houses by giving people the necessary tools and mindset to cope with their Covid-19 concerns and issues. During the pandemic our community has been thrust into levels beyond their comfort zone such as the need to learn new digital skills, take activity classes online and even keep up to date with new ongoing restrictions. A sense of calm is required. Coonara is very well placed to facilitate meditation as we understand and are passionate about providing this calm to our community. It is what we do best!

Project Start Date *

Page 3 of 6

15/07/2021 Must be a date.

Project End Date * 31/03/2022

Must be a date.

BUDGET

* indicates a required field

(d) What is the total cost of the project / activity? * \$2,895.81

Must be a dollar amount.

(c) What amount is being requested? * \$2,895.81

Must be a dollar amount.

Minor Grant Expenses

Please detail the items you would like the Minor Grants Program to fund.

Expenditure	\$
Meditation professional trainer - 70 per session (including on costs) x 30 sessions	\$2,100.00
Catering - \$13 per session x 30 session	\$390.00
Advertising (printing flyers) - 0.81 cents x 501 copies	\$405.81
	Must be a dollar amount.

Minor Grant Budget Total

Total Expenditure Amount

\$2,895.81 This number/amount is calculated.

Quotes For Planned Expenses

Attach quotes for expenses here. *

Filename: Meditation - Printing cost.png File size: 50.4 kB

Page 4 of 6

Filename: Meditation catering..png File size: 102.2 kB

Filename: Meditation catering.png File size: 115.0 kB

Other Grant Funding

(e) Have funds been sought / provided from other Council grants? ${\rm *}$ $_{\odot}$ Yes $_{\textcircled{\sc l}}$ No

ADDITIONAL SUPPORTING INFORMATION

* indicates a required field

Please attach relevant supporting documentation, including:

- A project plan
- Evidence of Incorporation

Attach relevant documentation:

Filename: Certificate of Incorporation.pdf File size: 17.8 kB

Evidence of Public Liability

Evidence of current Public Liability Insurance must be supplied *

Filename: Coonara Community House Incorporated Certificate of Currency 2020 2021.pdf File size: 282.4 $\rm kB$

Public Liability Expiry Date *

30/06/2021 Must be a date.

DECLARATION

* indicates a required field

I declare that all information within this application is true and correct. If successful I will provide an acquittal of all funds to Council as outlined in the Minor Grants Program Policy.

Page 5 of 6

Position (if organisation) * House Coordinator

Declaration Date * 15/03/2021

Must be a date.

Privacy Statement

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Page 6 of 6

MINOR GRANTS PROGRAM APPLICATION FORM

Minor Grants Information

To meet the policy requirements for funding applications under the Minor Grants Program, requests must meet the following criteria:

1. Applications must be from individuals who reside in Knox or community groups that provide services to the Knox community.

2. Applications for funding cannot be made retrospectively and must be received before the event or activity to which the funding relates is undertaken.

Application Amount	Incorporated or Auspiced?	Assessment & Determination	Acquittal
< \$500	No	Assessed and deter- mined by the CEO or delegate.	Proof of expenditure / purchase (i.e.receip- t).
\$501 to \$1,000	Yes	Assessed by the CEO or delegate. Deter- mined by Council at the monthly ordinary meeting of Council.	Proof of expenditure / purchase (i.e. re- ceipt).
\$1,001 to \$3,000	Yes	Assessed by the CEO or delegate. Deter- mined by Council at the monthly ordinary meeting of Council.	Funding Agreement & Acquittal required.

Application Category

Application Amount

○ < \$500 ○ \$501 to \$1,000 ● \$1,001 to \$3,000

APPLICANT DETAILS

* indicates a required field

Applicant Details

Organisation Name * Shishukunj Melbourne

Organisation Address *

Postcode, and Country are required.

Page 1 of 6

Со	nta	ct	Na	me

Project Contact Address *

Postcode, and Country are required.

Phone Number

tralian phone number.

Mobile Phone Number *

tralian phone number.

Email *

Please provide your ABN 59 618 252 138

55 010 252 150		
Information from the Australian Business Register		
ABN	59 618 252 138	
Entity name	Shishukunj Melbourne	
ABN status	Active	
Entity type	Other Unincorporated Entity	
Goods & Services Tax (GST)	No	
DGR Endorsed	No	
ATO Charity Type	Not endorsed More information	
ACNC Registration	No	
Tax Concessions	No tax concessions	
Main business location	3152 VIC	
Information retrieved at 3:52pm yesterday		

Must be an ABN.

provide ABN of auspice organisation if relevant. If no ABN plesae complete a Statement by Supplier declaration.

Is your organisation Incorporated? *

● Yes ○ No If No please provide details of Auspice below

Incorporation Details

Please provide your Incorporated number A0109307G

Page 2 of 6

PROJECT DETAILS

* indicates a required field

Request Details

Project Title *

Youth Program First Aid renewal and New teams

(a) Briefly describe details of the request: *

Shishukunj has supported a First Aid program for over 8 years, with 2-4 active First Aid officers at any active sessions (regular 4 hour session or 2-3 overnight Camps). In the past years Shishukunj subsidised with a minimal charge to the participants. However 2021, Shishukunj committee decided to provide 50% COVID reduction to the membership fees. The registered First Aid officers are currently 14. There is a new young group of 6 new first aid officer.

At present, all 20 participants are due for renewal/new course. The course includes CPR & Epipen training and full First aid course for students. The course includes 3 hours online studies and 1.5 hours face to face learning.

(b) What community benefit is gained from this project / activity? *

The qualified officers have always been an asset to Shishukunj-at regular sessions for cuts /bruises/fracture incidents to food/nut allergy and maintaining incident register & medical records of all active members.

We are also proud of the team for their external achievements. They have contributed in the wider community. Highlight incidents were:-

A member resuscitated a person, from unconscious state until the ambulance arrived and later Paramedics actually congratulated for the right first aid provided

Another incident was at a yearly camp, the team handled an anxiety attack. 2 qualified First Aid officer managed the patient, emergency call handling and providing the medical records while the rest of the team managed the entire remaining group (over 50 members) of children from age 7-15 years. There was a seamless handling of not exposing the rest to the incident, changing of timetable and activities to ensure the other children were safe from any trauma/exposure.

We have got a strong youth team and they have used their skills in their schools, hiking groups and various home environment. We rank this as a life skill and always receive compliments for real life situations that these capable individuals have put their First Aid skills to test.

Project Start Date *

12/04/2021 Must be a date.

Project End Date * 18/04/2021 Must be a date

Must be a date.

BUDGET

Page 3 of 6

* indicates a required field

(d) What is the total cost of the project / activity? *

\$2,735.00 Must be a dollar amount. What is the total budgeted cost (dollars) of your project?

(c) What amount is being requested? *

\$2,300.00 Must be a dollar amount. What is the total financial support you are requesting in this application?

Minor Grant Expenses

Please detail the items you would like the Minor Grants Program to fund.

Expenditure	\$
Life Saving First Aid- Course Fees	\$2,300.00
Refreshments	\$250.00
Hall Hire for 2.5 Hours @ 33/hour	\$85.00
Material & Stationery	\$100.00
	Must be a dollar amount.

Minor Grant Budget Total

Total Expenditure Amount

\$2,735.00 This number/amount is calculated.

Quotes For Planned Expenses

Attach quotes for expenses here. *

Filename: Life Saving First Aid Quote 18Mar2021.pdf File size: 83.9 kB

Other Grant Funding

(e) Have funds been sought / provided from other Council grants? ${\rm \ }$ ${\rm \ }$ Yes ${\rm \ }$ No

ADDITIONAL SUPPORTING INFORMATION

* indicates a required field

Page 4 of 6

Please attach relevant supporting documentation, including:

- A project plan
- Evidence of Incorporation

Attach relevant documentation:

Filename: CERT-A0109307G Shishukunj Incorporation.pdf File size: 116.2 kB

Evidence of Public Liability

Evidence of current Public Liability Insurance must be supplied *

Filename: Certificate of Currency expiry 29Jan22 Policy-03.400.0631207.PDF File size: 47.0 kB

Public Liability Expiry Date *

29/01/2022 Must be a date.

DECLARATION

* indicates a required field

I declare that all information within this application is true and correct. If successful I will provide an acquittal of all funds to Council as outlined in the Minor Grants Program Policy.

Name *

Position (if organisation) * Treasurer

Declaration Date * 21/03/2021 Must be a date.

Privacy Statement

The personal information requested in this application form is for the purposes of administering the Minor Grants Program and will only be used by Council for that primary purpose or directly related purposes. Whilst information relating to groups and the specific request/project details will be published, personal information in regards to individuals will not be disclosed except as required by law.

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Page 6 of 6

Minor Grants Program - 2020 - 2021 Minor Grants Program Application Form 2020 (Version 2 of 2) Application 120- MGP - 2020-21 From Australian Creative and Experimental Revue Society (ACERS) Form Submitted 1 Apr 2021, 11:01am AEDT

MINOR GRANTS PROGRAM APPLICATION FORM

Minor Grants Information

To meet the policy requirements for funding applications under the Minor Grants Program, requests must meet the following criteria:

1. Applications must be from individuals who reside in Knox or community groups that provide services to the Knox community.

2. Applications for funding cannot be made retrospectively and must be received before the event or activity to which the funding relates is undertaken.

Application Amount	Incorporated or Auspiced?	Assessment & Determination	Acquittal
< \$500	No	Assessed and deter- mined by the CEO or delegate.	Proof of expenditure / purchase (i.e.receip- t).
\$501 to \$1,000	Yes	Assessed by the CEO or delegate. Deter- mined by Council at the monthly ordinary meeting of Council.	Proof of expenditure / purchase (i.e. re- ceipt).
\$1,001 to \$3,000	No	Assessed by the CEO or delegate. Deter- mined by Council at the monthly ordinary meeting of Council.	Funding Agreement & Acquittal required.

Application Category

Application Amount

○ < \$500 ● \$501 to \$1,000 ○ \$1,001 to \$3,000

APPLICANT DETAILS

* indicates a required field

Applicant Details

Organisation Name * Australian Creative and Experimental Revue Society (ACERS)

Organisation Address *

Postcode, and Country are required.

Page 1 of 6

Minor Grants Program - 2020 - 2021 Minor Grants Program Application Form 2020 (Version 2 of 2) Application 120- MGP - 2020-21 From Australian Creative and Experimental Revue Society (ACERS) Form Submitted 1 Apr 2021, 11:01am AEDT Contact Name Project Contact Address * Vince, Postcode, and Country are required. Phone Number tralian phone number. Mobile Phone Number * tralian phone number.

Email *

Please provide your ABN 67 816 722 192

07 010 722 192		
Information from the Australian Business Register		
ABN	67 816 722 192	
Entity name	Australian Creative & Experimental Revue Society Incorporated	
ABN status	Active	
Entity type	Other Incorporated Entity	
Goods & Services Tax (GST)	No	
DGR Endorsed	No	
ATO Charity Type	Not endorsed More information	
ACNC Registration	No	
Tax Concessions	No tax concessions	
Main business location	3150 VIC	
Information retrieved at 3:13am yesterday		
Must he an ABN		

Must be an ABN.

Is your organisation Incorporated? * ● Yes ○ No

Incorporation Details

Please provide your Incorporated number A0111482E

PROJECT DETAILS

Page 2 of 6

Minor Grants Program - 2020 - 2021 Minor Grants Program Application Form 2020 (Version 2 of 2) Application 120- MGP - 2020-21 From Australian Creative and Experimental Revue Society (ACERS)

Form Submitted 1 Apr 2021, 11:01am AEDT

* indicates a required field

Request Details

Project Title *

Benefiting the post covid community wellness through creative experimental art

(a) Briefly describe details of the request: *

We have an active program of creative endeavours with productions planned for the year using a fusion of drama, dance, poems, different music forms – classical/ contemporary/ eastern/ western. We plan to hold an online international workshop later this year where Knox council based, Australian and international talents would be able to showcase their creativity on an online forum.

(b) What community benefit is gained from this project / activity? *

We plan to use creative and experimental art to improve wellbeing, alleviate depression and help in dementia for Knox Council residents.

ACERS will be collaborating with the Knox community to engage the local populace to provide a platform to showcase their talents as well as create social awareness for current community issues inclusive of ethnicity, languages etc

ACERS plan to use Knox City Council public spaces & Community Halls for rehearsals, presentations and community workshops & performances.

Project Start Date *

01/06/2021 Must be a date.

Project End Date *

31/07/2021 Must be a date.

BUDGET

* indicates a required field

(d) What is the total cost of the project / activity? * \$2,000.00
Must be a dollar amount.

(c) What amount is being requested? *\$980.00Must be a dollar amount.

Minor Grant Expenses

Please detail the items you would like the Minor Grants Program to fund.

Page 3 of 6

Minor Grants Program - 2020 - 2021 Minor Grants Program Application Form 2020 (Version 2 of 2) Application 120- MGP - 2020-21 From Australian Creative and Experimental Revue Society (ACERS)

Form Submitted 1 Apr 2021, 11:01am AEDT

Expenditure	\$
Rehearsal & Workshop Venue Hire Cost- KGCGI- 2 days	\$500.00
Video Equipment Hire	\$480.00
	Must be a dollar amount.

Minor Grant Budget Total

Total Expenditure Amount \$980.00

This number/amount is calculated.

Quotes For Planned Expenses

Attach quotes for expenses here. *

Filename: 210323 Knox Gardens Hall Booking Quote.pdf File size: 148.4 kB

Filename: OFFSHOOT Camera Equipment Quote.pdf File size: 120.5 kB

Other Grant Funding

ADDITIONAL SUPPORTING INFORMATION

* indicates a required field

Please attach relevant supporting documentation, including:

- A project plan
- Evidence of Incorporation

Attach relevant documentation:

Filename: ACERS INCORPORATION CERTIFICATE -A0111482E.pdf File size: 116.7 kB

Filename: Project Plan.pdf File size: 99.2 kB

Page 4 of 6

Minor Grants Program - 2020 - 2021 Minor Grants Program Application Form 2020 (Version 2 of 2) Application 120- MGP - 2020-21 From Australian Creative and Experimental Revue Society (ACERS) Form Submitted 1 Apr 2021, 11:01am AEDT

Evidence of Public Liability

Evidence of current Public Liability Insurance must be supplied *

Filename: ACERS Certificate of Currency.PDF File size: 632.7 kB

Public Liability Expiry Date * 01/03/2022 Must be a date.

DECLARATION

* indicates a required field

I declare that all information within this application is true and correct. If successful I will provide an acquittal of all funds to Council as outlined in the Minor Grants Program Policy.

Name *

Position (if organisation) * Vice President

Declaration Date * 01/04/2021 Must be a date.

Privacy Statement

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EFT PAYMENT CONSENT

* indicates a required field

Payment of Grant

Payments will be made by electronic funds transfer into the Organisation's bank account. Please provide details of the Organisation's bank account below.

Bank Account *

Page 5 of 6

Minor Grants Program - 2020 - 2021 Minor Grants Program Application Form 2020 (Version 2 of 2) Application 120- MGP - 2020-21 From Australian Creative and Experimental Revue Society (ACERS)

Form Submitted 1 Apr 2021, 11:01am AEDT

Account Name: BSB Number: Account Number: Must be a valid Australian

ccount format.



Position * Vice President

Organisation *

Australian Creative & Experimental Revue Society

Email Address *

Must be an email address.

Contact Phone Number *

Must be an Australian phone number.

Date * 01/04/2021 Must be a date.

Page 6 of 6

MINOR GRANTS PROGRAM APPLICATION FORM

Minor Grants Information

To meet the policy requirements for funding applications under the Minor Grants Program, requests must meet the following criteria:

1. Applications must be from individuals who reside in Knox or community groups that provide services to the Knox community.

2. Applications for funding cannot be made retrospectively and must be received before the event or activity to which the funding relates is undertaken.

Application Amount	Incorporated or Auspiced?	Assessment & Determination	Acquittal
< \$500	No	Assessed and deter- mined by the CEO or delegate.	Proof of expenditure / purchase (i.e.receip- t).
\$501 to \$1,000	Yes	Assessed by the CEO or delegate. Deter- mined by Council at the monthly ordinary meeting of Council.	Proof of expenditure / purchase (i.e. re- ceipt).
\$1,001 to \$3,000	Yes	Assessed by the CEO or delegate. Deter- mined by Council at the monthly ordinary meeting of Council.	Funding Agreement & Acquittal required.

Application Category

Application Amount

○ < \$500 ○ \$501 to \$1,000 ● \$1,001 to \$3,000

APPLICANT DETAILS

* indicates a required field

Applicant Details

Organisation Name * Upper Ferntree Gully Playgroup

Organisation Address *

Postcode, and Country are required.

Page 1 of 5

Contact Name

Project Contact Address *

tate/Province, Postcode, and Country are required.

Phone Number

Must be an Australian phone number.

Mobile Phone Number *

tralian phone number.

Email *

Please provide your ABN 17 156 346 706

17 150 540 700		
Information from the Australian Business Register		
ABN	17 156 346 706	
Entity name	Upper Ferntree Gully Playgroup Inc	
ABN status	Active	
Entity type	Other Incorporated Entity	
Goods & Services Tax (GST)	No	
DGR Endorsed	No	
ATO Charity Type	Not endorsed More information	
ACNC Registration	No	
Tax Concessions	No tax concessions	
Main business location	3156 VIC	
Information retrieved at 12:26am yesterday		
Must be an ABN		

Must be an ABN.

Is your organisation Incorporated? * ${\hfill {\hfill {\hill {\hfill {\hfill {\hfill {\hfill {\hill {\hll \hill {\hll \hll \hlll \hll \hll \hlll \hlll \hll \hll \hll \hll \hlll \hll \hll \hlll \hlll \hll \hlll$

Incorporation Details

Please provide your Incorporated number A0023007M

PROJECT DETAILS

Page 2 of 5

* indicates a required field

Request Details

Project Title *

Outdoor Play Update

(a) Briefly describe details of the request: *

To purchase updated, quality outdoor climbing equipment for the playgroup.

(b) What community benefit is gained from this project / activity? *

Community Playgroup is all about building friendships between parents, grandparents, careers and their children aged 0-6. We provide a lovely space that helps children to learn through play at a crucial time in their development.

Climbing increases muscle tone and strength in both fine and gross motor movements. The act of climbing sharpens visual perception and motor skills as children decide where to place a foot or hand to move up or down. Problem-solving and decision-making skills are also enhanced through climbing. The purchase of new outdoor climbing equipment will create an opportunity for children to develop these skills in a safe environment, which is particularly important in situations where parents do not have access to these resources at home.

Project Start Date *

01/05/2021 Must be a date.

Project End Date * 31/05/2021

Must be a date.

BUDGET

* indicates a required field

(d) What is the total cost of the project / activity? * \$3,571.54 Must be a dollar amount.

(c) What amount is being requested? * \$3,000.00 Must be a dollar amount.

Minor Grant Expenses

Please detail the items you would like the Minor Grants Program to fund.

Expenditure

\$

Page 3 of 5

Outback Adventure Playset	\$3,519.95
Freight	\$51.59
	Must be a dollar amount.

Minor Grant Budget Total

Total Expenditure Amount \$3,571.54

This number/amount is calculated.

Quotes For Planned Expenses

Attach quotes for expenses here. *

Filename: Climbing frames.pdf File size: 14.2 kB

Filename: SavedCart.pdf File size: 14.4 kB

Other Grant Funding

ADDITIONAL SUPPORTING INFORMATION

* indicates a required field

Please attach relevant supporting documentation, including:

- A project plan
- Evidence of Incorporation

Attach relevant documentation:

Filename: Upper Ferntree Gully Playgroup Evidence of Incorporation.pdf File size: 113.1 kB

Evidence of Public Liability

Evidence of current Public Liability Insurance must be supplied *

Filename: Certifcate of Currency for Playgroups 2020-2021.pdf

Page 4 of 5

File size: 862.9 kB

Filename: Payment Receipt for Upper Ferntree Gully Playgroup ID 17017.pdf File size: 562.8 kB

Public Liability Expiry Date * 30/06/2021 Must be a date.

DECLARATION

* indicates a required field

I declare that all information within this application is true and correct. If successful I will provide an acquittal of all funds to Council as outlined in the Minor Grants Program Policy.

Name *

Position (if organisation) * General Member

Declaration Date * 04/04/2021 Must be a date.

Privacy Statement

The personal information requested in this application form is for the purposes of administering the Minor Grants Program and will only be used by Council for that primary purpose or directly related purposes. Whilst information relating to groups and the specific request/project details will be published, personal information in regards to individuals will not be disclosed except as required by law.

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