

Community Grants - Equipment Stream

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Introduction

* indicates a required field

The Community Grants Program aims to:

a) Support community-led initiatives that enhance wellbeing, participation, and connection, and align with [Council Plan 2025-2029](#) objectives. b) Strengthen the capacity and sustainability of existing community groups and improve access to activities and spaces.

Applicants are encouraged to read our [Council Plan 2025-2029](#) and other relevant strategies and plans available on our website prior to applying. These include but are not limited to Municipal Health and Wellbeing Plan, Disability Inclusion Action Plan, Gender Equality Action Plan, Climate Change Strategy, Active Transport Strategy.

Equipment Grants Stream

- Supports the purchase of essential equipment that enables community groups to operate safely, sustainably, and inclusively.
- Funding up to \$2,000.
- Applicants may submit one application per stream per year.

Key dates (Round 2)

- Opens: 3rd August 2026
- Closes: 24th August 2026 (4pm)

Contact details

- You are required to verbally discuss your project idea with a member of the Community Grants Team within the Community Partnerships team, to ensure that your project adheres to the guidelines.
- Please phone (03) 5471 1700, or email grants@mountalexander.vic.gov.au, to arrange a time to discuss.

Technical support

Council staff involved with each of the funding programs are not technical specialists. If you experience technical difficulties (i.e. you can't submit the form), then you should make contact with the SmartyGrants help desk to help resolve your query.

E-mail: service@smartygrants.com.au Phone: (03) 9320 6888 Support Desk Hours: 9:00am - 5:00pm AEST (Monday - Friday).

Assessment Criteria

Criteria

Weighting

Alignment with Council Plan objectives

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25%

Community need and benefit

50%

Ability to plan & deliver the initiative

25%

Applications will be ranked from highest to lowest score until the funding pool is exhausted.

Eligibility declaration

Eligibility declaration *

- ☐ I have read the Community Grants Program Guidelines carefully before completing this application.
- ☐ I have discussed my application with a member of Council's Community Grants team in the lead up to this round.
- ☐ I did not receive a Community Grant, in this funding stream, in the last round.
- ☐ I have no outstanding acquittals in the same funding stream as this application.
- ☐ I am/I represent a not-for-profit organisation, incorporated association, registered charity or have an auspice arrangement.
- ☐ The proposed project or activity takes place in Mount Alexander Shire and benefits the Mount Alexander Shire community.
- ☐ All necessary permits or approvals have been obtained (if required).

All items must be selected to move forward with the application.

Applicant Details

* indicates a required field

Applicant Details

What is your legal status?

- ☐ Incorporated Association
- ☐ Registered Charity (ACNC registered)
- ☐ Unincorporated (or informal) group - required to be auspiced
- ☐ Individual applicant

Do you or your organisation have an ABN? *

- ☐ Yes
- ☐ No

If you are applying as an incorporated association, charity or unincorporated group please select 'organisation' below. If you are applying as an individual select 'individual' below.

Applicant name *

- ☐ Individual
 - ☐ Organisation
- Organisation Name

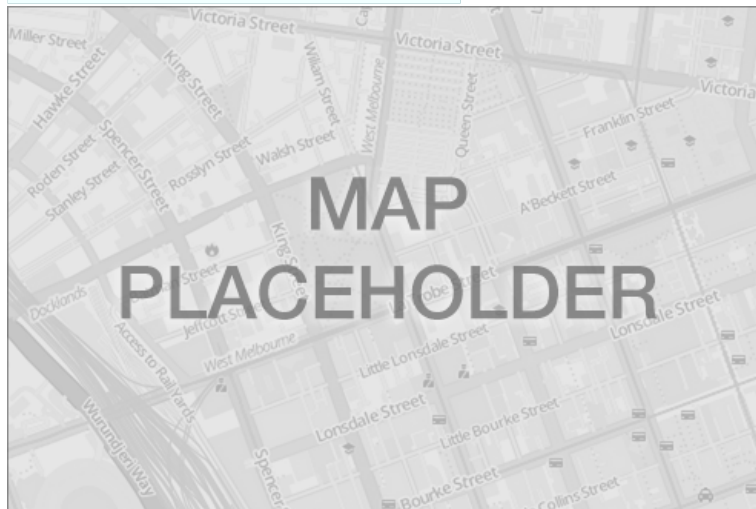
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First Name	Last Name

Postal Address *

Address



To add a PO Box click on "Can't Find My Address" and complete the fields.

Applicant phone number *

Must be an Australian phone number.

Applicant primary email address *

Must be an email address.

Applicant website

Must be a URL.

Primary contact person

Applicant primary contact person *

First Name

Last Name

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Position *

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Phone number *

Must be an Australian phone number.

Email address *

Must be an email address.

Applicant organisation registration

What is your Incorporation Number or Charitable Registration Number? *

If you wish to check your incorporation number please click [Consumer Affairs](#) or to check your charitable registration number please click [ACNC](#).

Australian Business Number (ABN)

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	

Supplier Statement

A Supplier Statement is only required if the organisation or individual does not have an ABN.

If you would like to apply with a Statement by a Supplier form or 'Hobby Statement' please upload this below. You can access the form from the ATO - [Statement by Supplier form](#).

Please upload your completed Statement by a Supplier *

Attach a file:

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Information about an auspice organisation

- An Auspicing Agent is another organisation that is a legal entity with an ABN.
- The Auspicing Agent agrees to hold the legal and financial responsibilities of the funded project.
- Individuals or unincorporated applicants are responsible for finding an auspice before start the application process.
- Auspiced applications must have a signed auspice agreement, including the auspice's ABN.
- An [auspice agreement template](#) is available on Council's website.

Auspice organisation *

Organisation Name

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.

Auspice postal address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Auspice website

Must be a URL.

Auspice Contact Person *

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First Name

Last Name

Auspice contact phone number *

Must be an Australian phone number.

Auspice contact email address *

Must be an email address.

Signed auspice agreement *

Attach a file:

To download an Auspice agreement form, [click here] <https://www.mountalexander.vic.gov.au/Community-and-Wellbeing/Grants-funding-and-awards/Community-Grants>

Child Safe Standards

The [Social Services Regulator \(SSR\)](#) is an independent statutory authority that exists to safeguard the rights of children and young people as well as people who use social services in Victoria.

Will your initiative involve children and/or young people? *

☐ Yes

☐ No

Does your organisation have Child Safe Standards? *

☐ Yes

☐ No

Organisation's purpose

Please describe your organisation's purpose, mission, and/or function? *

Must be no more than 150 words.

Tell us about what you do and why you exist?

Applicant's background

Please tell us about your experience in relation to this type of initiative. *

Word count:

Must be no more than 150 words.

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Equipment Details and Outcomes

* indicates a required field

Please press **maximise** to see the boxes in full. Press the + or **add more** button to add more rows. Remember to press **save** regularly.

Equipment request summary

Equipment request *

Total amount requested *

What is the total financial support you are requesting in this application? It can be no more than \$2,000.

Purpose of this equipment *

Word count:

Must be no more than 50 words.

Proposed start date *

Must be a date.

No earlier than October 12.

Proposed end date *

Must be a date.

Hint: The date by which you receive your equipment and obtain the required evidence for your acquittal report (receipts, photos of purchase/installation, and Council acknowledgement)

Equipment need and outcomes

What specific need does this equipment address for your group, and how will it enhance the activities, services, or community value you provide? *

Word count:

Must be no more than 100 words.

Please describe the community group, participants, or functions that will directly benefit from this purchase

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Why is this equipment essential for your group's ongoing operations or for enabling new or improved activities? *

Word count:

Must be no more than 100 words.

Please outline any current limitations, risks, or missed opportunities that the equipment will help address.

How will you measure the impact of this equipment once acquired? *

Word count:

Must be no more than 100 words.

How will you know that your initiative has been a success? How can you track this?

Target group/s

Who will be the key target group/s accessing this equipment? *

No more than 5 choices may be selected.

Please choose only the group/s that are at the very core of this project/program

Which Mount Alexander Shire area/s will most benefit from your initiative? *

- | | | | |
|--|--|--|---|
| ☐ Shire wide | ☐ Chewton | ☐ Guildford | ☐ Moonlight Flat |
| ☐ Baringhup | ☐ Chewton Bushlands | ☐ Harcourt | ☐ Muckleford |
| ☐ Baringhup West | ☐ Elphinstone | ☐ Irishtown | ☐ Newstead |
| ☐ Barkers Creek | ☐ Faraday | ☐ Langley | ☐ Redesdale |
| ☐ Barfold | ☐ Fryerstown | ☐ Maldon | ☐ Sutton Grange |
| ☐ Bradford | ☐ Glenluce | ☐ McKenzie Hill | ☐ Taradale |
| ☐ Campbells Creek | ☐ Golden Point | ☐ Metcalfe | ☐ Vaughan |
| ☐ Castlemaine | ☐ Green Gully | ☐ Metcalfe East | ☐ Yapeen |

Please only select the most relevant area/s. If it will benefit the entire region select 'Shire wide'.

Council Plan objectives

When responding to this question please refer to the Mount Alexander Shire Council [Council Plan 2025 - 2029](#).

Which of the following Council focus areas does your initiative align with? *

- ☐ Communities - healthy, connected and inclusive communities
- ☐ Natural Environments - enhanced and protected natural environments
- ☐ Infrastructure - appropriate, accessible and climate-resilient infrastructure
- ☐ Wellbeing Economies - thriving economies that serve the wellbeing of people, place and the environment

You can select more than one, but it is best to only choose the one/s most relatable to your proposed project.

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Please describe how your proposed initiative aligns with the 'Communities' focus area? *

Word count:
Must be no more than 30 words.

Please describe how your proposed initiative aligns with the 'Natural Environments' focus area? *

Word count:
Must be no more than 30 words.

Please describe how your proposed initiative aligns with the 'Infrastructure' focus area? *

Word count:
Must be no more than 30 words.

Please describe how your proposed initiative aligns with the 'Wellbeing Economies' focus area? *

Word count:
Must be no more than 30 words.

Climate Change, Gender Equity and Social Inclusion

*** indicates a required field**

To reflect Mount Alexander Shire Council's [Climate Change Declaration](#) and the [Gender Equality Action Plan 2021-2025](#), Council is encouraging community groups to consider climate change, gender equity and social inclusion within their application.

Please note, you are not assessed on these questions, however they are mandatory.

How does the initiative consider climate change impacts, and what measures are in place to mitigate them? *

Word count:
Must be no more than 75 words.

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For example: buying environmentally friendly equipment; reducing hard copy printing; recycling and reuse options; reducing emissions etc.

How have you considered the needs of people of different genders (women, men, non-binary) in the design and management of your initiative? *

Word count:

Must be no more than 75 words.

We want you to show us how you have considered gender differences in designing your project so that you are reaching people equitably. If you are purchasing gender-specific equipment, please tell us why only one gender is being targeted. For more information on applying a gender lens to your work, visit <http://www.fundingcentre.com.au/help/gender-lens>

How have you considered the different abilities, access requirements, and support needs of people who may use this equipment? *

Word count:

Must be no more than 75 words.

For example, considerations made for: people with disability, pregnant people, younger and/or older people, carers.

Equipment Budget

* indicates a required field

Please list all the items you are applying for and how they will be funded.

Remember to tell us which expenditure items are being paid for by the community grant by using the Community Grant Expenditure drop down menu below.

Under the section titled Budget Totals, your income and expenditure amounts should match.

Please press **maximise** to see the boxes or tables in full. Press the **+** or **add more** button to add more rows. Remember to press **save** regularly.

Income

Include the value of:

- Council Community Grants Program - this is the amount you are applying for.
- Other funding/ income that your organisation is contributing towards the purchase.

Income - select all that apply

Amount (\$)

	Must be a dollar amount.
	\$

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Expenditure

We ask that you nominate which item/s are being paid for with the Community Grant, to ensure compliance with the Guidelines. These cannot exceed the maximum funding request of \$2,000.

If an equipment item costs more than \$2,000, and part of that would be paid by the Council and part from another funding source then break the total amount into two parts in the table. For example, if an item cost \$3,500 then you would use two lines in the table and the :

- Item A / \$2,000 / Community Grant / upload quote
- Item A / \$1,500 / Other funding / (no quote required as it's been uploaded in the line above)

It is a requirement to upload quote/s for any equipment item/s you intend purchasing.

Equipment	Amount (\$)	Funding source	Quote
			Attach all itemised quote/s.
	\$		

Budget totals

If the final column amount does not equal zero (0) please check the income and expenditure tables above.

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure (this amount should equate to zero)

\$

This amount is automatically calculated.

Do you currently receive any funding from Mount Alexander Shire Council? *

☐ Yes

☐ No

Please outline the current funding. *

Do you currently have any existing funding or partnership agreements with Mount Alexander Shire Council? *

☐ Yes

☐ No

Please outline the current partnership agreement/s. *

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Have you developed a risk assessment for your project? *

☐ Yes ☐ No

Council may request a copy of your risk assessment if your project is considered high risk. A template risk assessment can be found [here](#)

Declaration

* indicates a required field

If my application is successful, I understand and agree that:

- I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management / board of my organisation / group.
- I have read and understood the most recent Community Grants Program Guidelines.
- I will contact the Mount Alexander Shire Council immediately if any information provided in this application changes or is incorrect.
- I agree that information provided in this application can be used by Council to promote the project and the Community Grants Program.

Privacy Statement

The Mount Alexander Shire Council respects all personal and confidential information received and will do everything possible to protect information from unauthorised access, loss or misuse. Information collected from you may be used to conduct research and customer satisfaction surveys so that we may better understand community needs and can improve service delivery. Should you need to change or access your personal details, please call (03) 5471 1700 or email grants@mountalexander.vic.gov.au.

I understand that the information above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge.

I have read and understood the Declaration and Privacy Statement. *

☐ I agree

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

Name *

First Name

Last Name

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Organisation, business or group name *

Position *

Date *

Must be a date.

This section must be completed by the individual applicant, even if this detail was provided earlier in the form.

Name *

First Name

Last Name

Date *

Must be a date.

Applicant feedback

You're nearing the end of the application process. Before you review your application and click the **SUBMIT** button, please take a few moments to provide some feedback. Your feedback is very important to us and will not impact on the assessment of your application.

Please indicate how you found the online application process.

☐ Very easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very difficult

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.