Multicultural Festivals and Events Program 2016-17

Small Grants Application Form

Key Dates

- Applications open 18 March 2016
- Applications close 24 April 2016
- Outcomes expected to be announced June 2016

Introduction

Please be sure to have read the relevant Program Guidelines before completing the application form.

Privacy and Commercial Confidentiality The Grant Agency collects personal information, such as your name and contact details, to assess eligibility for grant funding and to contact you about your application. This information will be held by the Grant Agency and managed in accordance with the *Privacy and Data Protection Act 2014* and the *Public Records Act 1973*. You can access your personal information by contacting the relevant Grant Agency. For more information, please refer to the relevant Grant Agency's Privacy Policy.

Data Security and Ownership Information in this application is transmitted to a Department of Premier and Cabinet (DPC) secure environment once you have submitted an application.

Funding Discretionary

The assessment of this application and any decision to approve funding is a decision for the State of Victoria in its absolute discretion.

All decisions of the State of Victoria in relation to a funding application and the assessment process is final. In particular:

- the State may treat an application as invalid and not consider it if it is received late, it is incomplete, it is not reasonably able to be understood, or it does not comply with these Guidelines;
- the State may request that an applicant confirm the details in their application (including by requesting an applicant to prove their identity and place of residence);
- the submission of an application does not guarantee funding and a successful applicant may not be granted the amount of funding they requested;
- the State may extend, cancel or amend the process for applying for funding at any time without an applicant's consent.

The State of Victoria will not negotiate on its decision in relation to funding applications or the conditions of any funding that is granted.

State Not Liable for Claims Arising from Application

The State of Victoria will not be liable for:

- any action or claim that an applicant might bring in relation to an application for funding or its assessment:
- any loss or damage, including indirect and economic loss, which an applicant might suffer in the course
 of applying for or accepting the provision of funding; and
- any personal injury suffered in the course of applying for or accepting the provision of funding.

The above does not apply to any liability that the law does not allow the State of Victoria to exclude.

Applicants must pay all costs associated with their application. The State will not be responsible for paying any of those costs.

No Binding Agreement

No binding agreement, legal relationship or other understanding for the supply of funding will exist between the State of Victoria and any applicant unless and until they have signed a formal written funding agreement.



Eligibility Criteria

| Eligibility Criteria | | | | | |
|---|---|-------------------------|--------|--|--|
| | r-profit entity or a Local Government A entity, with a current Australian Busing | ess Number? | Yes No | | |
| | | | | | |
| If you are a not-for-profit entity, are you registered under the Corporations Act 2001 (Cth) or the Associations Incorporation Reform Act 2012 (Vic)? | | | | | |
| Do you have an eligible ausp | ice who has agreed to manage the gra | nt for you? | Yes | | |
| , , , | | - | No | | |
| If you did not answer yes to a proceed with the remaining a | ny of the above questions, the applicat oplication. | ion is not eligible. Do | not | | |
| Administrative Details | | | | | |
| PART A: ORGANISATION DI | ETAILS | | | | |
| Name of Organisation: | | | | | |
| Australian Business Number (ABN): | | | | | |
| Incorporation Number: | | | | | |
| Organisation's main Ethnicity/Faith affiliation (optional) | | | | | |
| Organisation's additional ethnicity/faith affiliation (optional) | | | | | |
| Organisation web address (if available) | | | | | |
| Address details for the orga | nisation | | | | |
| Physical or meeting address | of the organisation | | | | |
| Street address: | | | | | |
| Town / Suburb: | State: | Postcode: | | | |
| Address where OMAC will s application, if different from | end all correspondence regarding the above | outcome of this gra | nt | | |
| Postal address: | | | | | |
| Town / Suburb: | State: | Postcode: | | | |
| CONTACT DETAILS FOR TH | E ORGANISATION | | | | |
| Applicant Contact Details | | | | | |
| Title: | | | | | |
| First name: | | | | | |
| Last name: | | | | | |
| Position in the organisation: | | | | | |
| Email address: | | | | | |

| Phone number: | | | | | | | |
|--|-----------|---------------------|-------------------|-----------------------|---------|--------------------------|-------------------|
| Mobile phone number: | • | | | | | | |
| President/Chairperson | Title: | | | | | | |
| First name of Presiden /Chairperson: | nt | | | | | | |
| Last name of President/Chairperson | 1: | | | | | | |
| Position title: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Do you need an auspic | | his application? | Yes / No | | | | |
| If your organisation does incorporated organisation for the applications are supplied to the application or the application for the application for the applications are supplied to the application or the | s not ha | nanage the grant | funds. This or | ganisatio | n will | | |
| | | | | | | | |
| Auspice Organisation D | Details | (if required) | | | | | |
| The auspice organisation funds on your behalf. By | executi | ing the funding a | greement, the | auspice (| organi | sation: | aging the |
| remains bound by | • | | | | | | |
| it ultimately response proper use and a | | | ble to the Dep | artment o | of Prer | nier and Ca | ibinet for the |
| The Department may, in in addition to, the funding | its abso | olute discretion, e | elect to deal wi | th the au the fund | spice | organisatioi reement. | n (in lieu of, or |
| Name of Auspice Organisation: | | | | | | | |
| Auspice ABN: | | | | | | | |
| Incorporation Number: | | | | | | | |
| Street address: | | | | | | | |
| Town / Suburb: | | | State: | | Pos | stcode: | |
| Postal Address (if differen | nt from | above): | | | | | |
| Street address: | | | | | | | |
| Town / Suburb: | | | State: | | Pos | stcode: | |
| Auspice Organisation of | contact | t person | | | | | |
| Title: | | | | | | | |
| First Name: | | | Last name: | | | | |
| Position: | | | | | | | |
| Telephone: | | | Mobile: | | | | |
| Email: | | | | | | | |
| Has the auspice organisa on your behalf? Note: A I commitment must be pro | etter fro | om the organisati | ion outlining thi | is \Box | Yes | □No | |

| auspice agreement (See Attachments). |
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| Festival or event name |
| |
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| |
| Event summary – What are you going to do and what will you achieve? |
| Please describe: |
| the event as clearly as possible |
| what activities will occur |
| how the event will achieve the program objectives. |
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| Who is involved? |
| Please describe: |
| how the activity will reach Victoria's multicultural communities and/or schools |
| how the activity will engage new and emerging communities, women, young people and |
| regional and rural communities who will be involved in delivering the event. |
| who will be involved in delivering the event. |
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| Have many many law will attend the account? |
| How many people will attend the event? |
| |
| How will the activity be delivered? |
| Please describe: |
| |
| the approach and timeframe for the activity |

| how the activity represents value for money. | | | | | | |
|--|-----|------------------|-----|-----------|--|--|
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| Where is your ever | nt? | | | | | |
| Venue: | | | | | | |
| Street address: | | | | | | |
| Town / Suburb: | | State: | VIC | Postcode: | | |
| Local Government Area | | | | | | |
| What date/s will your event take place? | | | | | | |
| Please note the festival/event must take place between 1 July 2016 and 30 June 2017. | | | | | | |
| Start date: | | Completion date: | | | | |

Project Budget

| All items must be listed excluding GST . | | | | | | |
|--|----|--|----|--|--|--|
| Income | | Expenditure | | | | |
| Grant amount requested | \$ | Administration overheads | \$ | | | |
| Other State Government funding | \$ | Advertising/event promotion | \$ | | | |
| Local Government funding | \$ | Catering | \$ | | | |
| Federal Government funding | \$ | Cultural activities | \$ | | | |
| Funds from your organisation | \$ | Entertainment | \$ | | | |
| Funds from other community organisations | \$ | Event equipment | \$ | | | |
| Funds from business contributions | \$ | Travel & accommodation within Victoria | \$ | | | |
| Funds from philanthropic contributions | \$ | Venue/meeting room hire | \$ | | | |
| Other (please specify) | \$ | Other (please specify) | \$ | | | |
| Other (please specify) | \$ | Other (please specify) | \$ | | | |
| *Total income | \$ | *Total expenditure | \$ | | | |
| *Note: The total income amount should be the same as the total expenditure amount. | | | | | | |

Are you providing any in-kind support for your project? Yes No

If YES, please complete the section below. If NO, skip to the next section.

In-kind contribution

See the calculation form on multicultural.vic.gov.au for information on how to calculate your in-kind contribution.

| In-kind contribution description | \$excl GST |
|----------------------------------|------------|
| | |
| Total | |

Communication and Declaration

Use of your information

Information provided to the Office of Multicultural Affairs and Citizenship (OMAC) in this application form may be used to contact you about your application and assist us to assess your eligibility for funding.

Information provided to OMAC may be used to compile mailing lists of multicultural organisations in Victoria. OMAC and the VMC can then send you notices or updates on topics of interest such as, other funding opportunities, information on community consultations, policy, programs, legislative announcements and multicultural information.

Information provided to OMAC and the VMC may be shared with other government departments and ministerial offices to send you updates or notifications.

Any personal information provided will be handled in accordance with the *Privacy and Data Protection Act 2014 (Vic)* and applicable privacy laws. Enquiries about access to personal information held by DPC should be directed to the privacy officer at 1 Treasury Place East Melbourne 3002.

If you do not wish to be included in any mailing lists of multicultural organisations in Victoria or to receive notices or updates, please confirm this by ticking the box below.

| ☐ Please do not include any personal information in any mailing lists of multicultural |
|--|
| organisations in Victoria for the purposes of sending notices or updates about other funding |
| opportunities, information on community consultations, policy, program, legislative |
| announcements and multicultural information. |

If you do not wish to have your event promoted, please confirm this by ticking the appropriate box below.

| Pleas | e do not include | details of our | event on the | Multicultural | Victoria | Website or | other I | DPC |
|----------|------------------|----------------|--------------|---------------|----------|------------|---------|-----|
| website. | | | | | | | | |

Declaration

- I state that the information in this application and attachments is to the best of my knowledge true and correct. I will notify the Community Strengthening Team of any changes to this information and any circumstances that may affect this application:
- I state that the applicant organisation has acquitted all previous grants and provided relevant reports;
- I acknowledge that this application may be referred to external experts or other Government
 Departments for assessment, reporting, advice, comment or for discussions regarding alternative
 or collaborative grant funding opportunities;
- I understand that OMAC and the VMC is subject to the Freedom of Information Act 1982 and that if a Freedom of Information request is made, OMAC is required to comply and provide all requested information; and
- I understand that this is an application only and may not necessarily result in funding approval.

| * Signature: | * Date: | | | |
|--|-------------|--|--|--|
| * Print name: | * Position: | | | |
| (To be airmed by a negroup with delegated authority to apply in Chairmereau Countain, Bublic Officer | | | | |

(To be signed by a person with delegated authority to apply - i.e. Chairperson, Secretary, Public Officer or Treasurer)