

Facility Hire Grant Application form 2024

Form Preview

Part 1: Contact details

* indicates a required field

Complete each part and include attachments where required.
Incomplete applications will not be considered.

Name of organisation: *

Street Address *

Address

Suburb State Postcode

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

Who should we contact if we have a question about the application?

Contact Name: *

Title

First Name

Last Name

**Provide details of a committee member
(other than the application contact)**

Position: *

Committee member name

Title

First Name

Last Name

Business hours telephone: *

Must be an Australian phone number

Committee member position:

Committee member business hours telephone:

Must be an Australian phone number.

Email: *

Committee member email:

Must be an email address.

Part 2: Eligibility details

* indicates a required field

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Are you applying as a not-for-profit group/organisation that services the Glen Eira community? *

☐ Yes

☐ No (ineligible to apply)

If your organisation is not a not-for-profit entity you can not apply.

What legal status is your organisation? *

- ☐ Incorporated Association - incorporated under State/Territory legislation
- ☐ Company registered under the Corporations Act 2001 (Cth)
- ☐ Aboriginal and Torres Strait Islander corporation registered under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cth)
- ☐ Other entity established by statute

What is your incorporation number?

If your organisation has an incorporate number provide it here.

What is your 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

Attach a copy of your certificate of currency for Public Liability Insurance to the the value of \$20 million. *

Attach a file:

What is your annual membership fee? *

Must be a dollar amount

Attach your most recent annual financial report *

Attach a file:

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What is the approximate annual operating budget of your organisation?

- ☐ Less than \$10,000 ☐ \$10,000-\$20,000 ☐ \$20,000-\$50,000 ☐ \$50,000-\$100,000 ☐ \$100,000 +

Part 3: Background (painting the picture of who your group is)

* indicates a required field

What are your organisation's aims and objectives? *

Number of Glen Eira members or service users in your organisation? *

Must be a number

Number of active members or service users in your organisation: *

Must be a number

Part 4: Purpose of request

* indicates a required field

Please tell us about your proposed event - what are you doing? Who are you doing it for? Why is it important?

Title of event: *

Describe the event: *

at least 50 characters

Main activities of the event: *

How will this event benefit the Glen Eira Community? *

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at least 50 characters
(Provide details of the number of Glen Eira residents expected to benefit/attend and list the expected outcomes)

Number of individuals to attend the event: *

Must be a number

Number of Glen Eira residents to attend the event: *

Must be a number

Is there any further information that will support your application? (detail below)

Part 5: Where and When

BEFORE YOU SUBMIT THIS APPLICATION YOU MUST BOOK THE FACILITY WITH THE APPRIATE AREA IN COUNCIL.

Payment for facility hire will be made by a Council internal transfer.

Location	Date/s of facility booking	Time of booking:	Cost of booking (\$)	Booking confirmation
	Must be a date.	If you are booking for a certain time provide details here.	Use whole numbers	

Part 6: Declaration

* indicates a required field

"I certify:

- I am authorised as a representative of the organisation to make this application for a facility hire grant and sign this document;

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- the information provided is true and correct and an accurate representation of the organisation's status;
- I acknowledge that any material misstatement may invalidate the application and any grant given making the organisation liable to repay the grant."

Declaration: *

- ☐ Yes, I have read and agree
☐ No, I do not agree

Authorised persons name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Organisation Name *

Position *

Email *

Must be an email address.

Phone Number *

Must be an Australian phone number.

Date *

Must be a date

Information privacy

The personal information requested on this form is collected in order to provide the service or function referred to. Your personal information will only be shared with Council staff who are involved in providing the service or function or with the enforcement of related terms and conditions.

If you would like to access your personal information or amend it, please contact Council's Privacy officer on 9524 3333. A copy of Council's Privacy Policy is available at www.gleneira.vic.gov.au