

23-24 Defibrillator Grant Application

Form Preview

2023-24 Defibrillator Grant

* indicates a required field

Welcome to Hume City Council's 2023-24 Defibrillator Grant

Defibrillator Grant is a ONE-OFF grant designed to support community organisation and community groups to purchase defibrillators that may assist in saving the life of an individual during cardiac arrest.

Before completing this application you must read:

- [2024 Annual Community Grants Guidelines](#)
- SmartyGrants [Help Guide for Applicants](#)

Sample answers can be found [here](#)

Please have **all your supporting documents ready**; such as

- Bank Statement
- Certificate of Incorporation
- Current Certificate of Public Liability Insurance
- Income and Expenditure Statement
- Quote for the defibrillator you intend to purchase

Regularly save your application by clicking the '**Save Progress**' button which appears at the top of your screen.

File Upload allows applicants to upload one or more file attachments in their application. The recommended size of a file must be no bigger than 5mb.

Do you need help or assistance?

If you experience any difficulties with your online application please contact us on 9205 2749 or email communitygrants@hume.vic.gov.au

Eligibility Checklist

I am applying on behalf of a not-for-profit community group or organisation *

Our organisation has current Public Liability Insurance *

Our organisation has a genuine need for financial support from Hume City Council *

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Not be applying to reimburse expenses paid before grant is approved *

Stop. You answered NO to one of the above you are NOT ELIGIBLE for this grant.

If you would like further information please contact us on 03 9205 2749 or email communitygrants@hume.vic.gov.au

Applicant Details

* indicates a required field

Application Contact Details

Your Name *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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This is your name

Your Position *

Your Phone Number *

Must be an Australian phone number.

Your Email *

Must be an email address.

Group/Organisation Name *

Organisation Name

Please do not put in individual name it must be Group/Organisation's name

Organisation's Address *

Address

<input type="text"/>
<input type="text"/>

Organisation's Phone Number *

Must be an Australian phone number.

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Organisation's Email *

Must be an email address.

Organisation's Website

Must be a URL.

Are you, or a member of your immediate family, a staff member (or Councillor) at Hume City Council?

- Yes
 No

Please give the name of the Hume Council staff member *

Word count:

Must be no more than 30 words.

We have previously received a Defibrillator Grant? *

Taxation details etc

Council is required to withhold 46.5% of any grant funds issued if you do not provide one of the following:

- A valid Australian Business Number (ABN) **Or**
- A completed Statement by a Supplier Form.

This form can be obtained from the Australian Taxation Office website:

[Statement by Supplier form](#)

The completed form is to be included in this application.

Does your organisation have an ABN? *

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

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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.

You have answered No to the previous question

If your organisation does not have an ABN you will need to supply a Statement By Supplier. These are available to for download [here](#)

If your organisation does not have an ABN, please attach a Statement By Supplier form *

Attach a file:

Statement By Supplier forms are available on the Australian Taxation Office website

Are you registered for GST? *

Proof of Entity Status

Please provide proof of your status as an organisation i.e. Certificate of Incorporation, proof of registration with ACNC or proof of State Government Entity status etc.

Please attach documentation *

Attach a file:

Organisational finances

How does your organisation raise income? *

Membership fees Attendance fees Sponsorship General fundraising

Hume Grants Other Grants

Other

Please tick any support you currently receive from Hume City Council

Hume Community Annual Grant Other Hume grants program

Council room/facility hire in-kind or at None

community rate

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Other Hume in-kind support

Other:

Hume Community Year-Round Grant

General information

* indicates a required field

IMPORTANT: Remember to read 'How we assess Grant' of the 2024 Community Grants Guidelines.

Briefly describe your organisation, what you do and why *

Word count:

Must be at least 25 words.

What is your purpose? Do you have lots of members? How long have you been servicing Hume?

How often do you meet? *

Must be no more than 25 words.

Where does your organisation meet? *

Must be no more than 25 words.

Please give address (and name) for where most of your activities take place

Why does your group require a defibrillator? *

Word count:

Must be between 25 and 100 words.

Remember: this grant is only for NEW defibrillators not replacement units, parts or training

Where will the defibrillator be located? You must provide the name and address of the venue where it will be housed. *

Is there an existing defibrillator nearby? Is there a reason you can't use/access it? *

Word count:

Must be at least 25 words.

When do you expect to purchase the defibrillator? *

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Must be a date and no earlier than 1/7/2023.

Select the most relevant category that best describes your organisation

- | | | |
|---|--|--|
| <input type="checkbox"/> First Nations People, Country and culture | <input type="checkbox"/> Learning and skill development | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Leisure and recreation | <input type="checkbox"/> Social inclusion |
| <input type="checkbox"/> Arts and Culture | <input type="checkbox"/> LGBTQIA+ | <input type="checkbox"/> Sport and exercise |
| <input type="checkbox"/> Climate Change, Environment and Sustainability | <input type="checkbox"/> Men | <input type="checkbox"/> Women |
| <input type="checkbox"/> Community health, safety and wellbeing | <input type="checkbox"/> Multicultural groups | <input type="checkbox"/> Young people (0-24) |
| <input type="checkbox"/> Health and health promotion | <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Healthy ageing | <input type="checkbox"/> Refugees and newly arrived migrants | <input type="checkbox"/> Other: <input type="text"/> |

Budget

* indicates a required field

Grant Request

IMPORTANT: For purchase of defibrillator only. Replacement parts and First Aid training will not be funded.

Please note

- Council will fund the quoted amount up to \$2000. If your quote is over this amount, you will be required to contribute remaining funds.
- If upon purchase your equipment is less than the quote provided, you will have to return the remaining grant money.

Grant amount sought *

\$

Must be a dollar amount and no more than 2000.

Quote for defibrillator purchase *

Attach a file:

Expenses by item

Total items listed must match total in quote provided.

IMPORTANT: We will not reimburse any expenses listed in your budget. You must purchase these expenses after you receive notification that your grant application has been successful.

Item name	Cost \$
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

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	\$
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Expenses Totals

Total Amount

\$

This number/amount is calculated.

Other documentation

Bank Account *

Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Please attach proof of your bank account number *

Attach a file:

Please attach your latest Profit and Loss Report *

Attach a file:

This is NOT a Bank Statement. A profit and loss statement (P&L), or income and expenditure statement, is a financial report that provides a summary of an organisation's revenues, expenses, and profits/losses over a given period of time. The P&L statement shows a company's ability to generate income and manage expenses. Read more here <https://bit.ly/39SeDPg>

Please attach Public Liability Insurance (PLI) Certificate of Currency *

Attach a file:

Must be for a minimum of \$10 million. Read more about PLI here <https://www.nfplaw.org.au/insurance>

Privacy Statement and Declaration

* indicates a required field

Privacy Statement

Council is collecting this personal information for the purpose of assessing applications for the Defibrillator Grant. The information will be used for administrative purposes and will not be disclosed to any other party except as required by law. If you fail to provide this information, Council may not be able to process your application. You may access this information by contacting Council on 9205 2200.

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Declaration

Our organisation has no outstanding debts with Hume City Council *

Our organisation has satisfactorily acquitted previous projects funded under the Hume City Council's Community Grants program *

Our activity is not a fundraising event, competition, prize or award *

Our application is not for staffing or utilities *

Our activity does not include alcohol, tobacco or gambling related activities *

In submitting this funding application I declare that I am aware of the following terms and conditions and certify that:

- 1.I am authorised to act on behalf of the Applicant to submit this application.
- 2.All information given to Council in relation to the grant and application is true and correct, whether that information is given through this application or in any other way.
- 3.I will provide any information that may be required by Council in relation to this application.
- 4.If a grant is awarded I will agree to the terms and conditions outlined in Hume City Council's Funding Agreement.
- 5.I understand that: If we do not act in accordance with this Agreement we may not be eligible for any further grants from Hume City Council.

I have read and agree to the above Terms and Conditions *

Yes

Authorised Person *

Name of person authorised to sign the Community Grant Funding Agreement

Submitting your application

To submit your application be sure to click on the '**Submit**' button which appears on the last page of the application.

You will not be able to submit your application unless you have completed all the compulsory questions.

After submitting your application you will receive a confirmation email. If you do not receive a confirmation email please us on 9205 2749 or email communitygrants@hume.vic.gov.au.

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Mailing List

Would you like to be added to our mailing list to hear more from Council about programs, events and opportunities that relate to community groups? *

Yes

No