

Community Investment Funding Application Form

Form Preview

Eligibility

* indicates a required field

Before you begin

Please read the program guidelines before completing the application form.

You must submit your completed application by the closing date.

Please contact us if you have any questions about the eligibility criteria.

Confirmation of eligibility

I confirm that:

- We have read and understand the program guidelines
- We can demonstrate alignment between the project and the aims of this program
- we are an eligible incorporated company or not-for-profit organisation
- We can provide a valid ABN or have an eligible project partner that meets these requirements
- The project will be delivered in and will benefit Melbourne's Inner East
- We have not received funding from you in the past 12 months
- If successful, we will be able to generate and provide a tax invoice for payment.

The project does not:

- claim retrospective funding for costs already incurred
- attempt to change the law/direct political donations
- break any laws
- operate purely for commercial gain
- involve gambling
- exclude or offend any part of the community
- encourage violence or involve the use of weapons
- mistreat, exploit or harm animals
- create environmental hazards
- present a danger to public health or safety
- contribute to modern slavery

I confirm that all statements above are true and correct *

☐ Yes

☐ No

Sorry, you are not eligible for the program. Please review our guidelines or review the program for more information.

Information you'll need to attach to your application

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- Before you begin, save any supporting documents to your desktop. You can find details about required documents in the grant guidelines on our program page.
- Depending on the amount you're requesting, you may also need to demonstrate your ability to deliver the project on time and within budget by providing items such as:
 - project costings and quotes
 - financials for your organisation/project partner
 - copies of permits, insurances and project designs
 - letters of support from other not-for-profit organisations
 - a project plan (if applicable)

Contact details

* indicates a required field

Privacy notice

Bendigo Bank will respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the Privacy Act 1988 and amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012.

View our privacy statement [here](#).

Organisation details

Organisation name *

Organisation Name

Registered business name (if different to organisation name and Entity name [below])

Organisation ABN (please enter the number, not text)

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)	

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DGR Endorsed

ATO Charity Type

[More information](#)

ACNC Registration

Tax Concessions

Main Business Location

Must be an ABN.

Organisation address *

Address

Organisation Website

Must be a URL.

Facebook page

Must be a URL.

Instagram Page

Must be a URL.

LinkedIn page

Must be a URL.

Other social media

Must be a URL.

How many people receive services or benefit from your organisation each year? *

Must be a number.

How many volunteers contribute to your organisation? *

Must be a number.

Primary contact details

This should be the person who accepts the agreement and completes the acquittal. This may be you.

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*

First Name

Last Name

Position

Phone number *

Must be an Australian phone number.

Email *

Must be an email address.

Alternate contact details

*

First Name

Last Name

Position

Phone number *

Must be an Australian phone number.

Email *

Must be an email address.

Does your organisation bank with a Community Bank Inner East branch? *

☐ Yes

☐ No

Are you willing to transfer your banking relationship? *

☐ Yes

☐ No

Why are you unwilling/unable to bank with one of our Community Bank branches?

*

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Which Community Bank branch does your organisation have a relationship with? *

- ☐ Balwyn
- ☐ Ashburton
- ☐ Canterbury
- ☐ Surrey Hills
- ☐ Not sure

Previous funding

Have you ever successfully applied for funding from us previously? *

- ☐ Yes
- ☐ No
- ☐ Unsure

Have you spoken to one of our staff or directors about this application?

- ☐ Yes - a director
- ☐ Yes - a staff member
- ☐ No

Director name

Staff member's name

Project details

* indicates a required field

Project name *

Provide a brief description of your organisation and why are you are seeking funding *

Please provide details of the program/project you are seeking funding for *

What are the project's primary goals/objectives? *

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Please explain how the delivery of the project might be impacted by reduced funding. *

Will the project proceed and how may it be impacted if we are unable to fund the full amount requested?

Start date / when do you need any funding by? *

Location *

Address

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

Total project value *

\$

Must be a dollar amount.

This may be more than your grant request.

Grant request (excluding GST) *

\$

Must be a dollar amount.

GST if applicable

Must be a dollar amount.

If no GST is applicable, leave blank or enter 0.

Total funding request

This number/amount is calculated.

Does this grant require multiple payments (eg. across multiple events, years or months) *

☐ Yes

☐ No

Please list requested payment amounts and approximate dates for a multi payment application.

Payment date

Payment amount

Must be a date.	Must be a dollar amount.
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	\$
	\$

Project outcomes - what difference will your project make?

Outcomes are the changes you expect to occur for the key recipients of your project/ audience. These should align with the outcomes of this program (see guidelines for details).

Alignment with our outcomes *

No more than 1 choice may be selected.

Which of our outcomes will your project contribute to? If multiple apply pick the most relevant.

Project focus

What is the primary area of focus for this project? *

No more than 1 choice may be selected.

Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)

[More information available](#). Download the '**Subject classification**' spreadsheet.

Beneficiaries

Select up to five groups who'll benefit most from this project. *

No more than 5 choices may be selected.

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

[More information available](#). Download the '**Population classification**' spreadsheet.

Approximately how many will benefit? *

Please estimate the percentage (%) of indigenous beneficiaries. *

Must be a number and between 0 and 100.

If there are none, enter 0.

How many organisations, including your own, will directly benefit from the project? *

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Outputs

Outputs are the number of activities, products, and participation resulting from your project. We will ask you at the conclusion of your project how you tracked against these.

What outputs will your initiative generate?

Output metric	Number (estimate)	Who to What
	Must be a number.	

Additional supporting information

All required licences, permits and insurances will be in place *

☐ Yes ☐ No ☐ Not applicable

If your staff/volunteers are working with children, have they obtained a Working with Children Check? *

☐ Yes ☐ No ☐ Not applicable

If your proposed project involves building or refurbishment, please upload the plans/designs.

Attach a file:

Do you want to share any files not already attached?

Attach a file:

More than one file can be uploaded. (e.g. additional letters of support from key community stakeholders, flyers, plans, financial information, evidence of other funding, etc)

Promotional opportunities

* indicates a required field

Please describe your promotional plan *

Include any advertisements, media plans or proposed activities to promote this partnership.

Which of the following groups best describes your target audience? *

- | | | |
|--|---|---|
| ☐ Young couples and singles | ☐ Direct business | ☐ Industry - rural |
| ☐ Established families | ☐ Small to medium businesses | ☐ Other |
| ☐ Empty nesters/retirees | | |

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Please outline the promotional opportunities for our involvement. *

Describe how your proposal will bring new customers to the bank while providing benefits for the community. Eg. Speaking at events, permanent signage, naming rights, awareness around a cause etc

If your application is approved, please indicate if you agree to the following promotional obligations: *

- ☐ Agree to attend our Funding Presentation evening.
- ☐ Agree to invite our staff/directors to functions and events as appropriate.
- ☐ Agree to promote the partnership to your members/supporters/staff.
- ☐ Agree to use our logo in your promotional materials and signage (where appropriate).
- ☐ Agree to use our logo on uniforms and equipment (where appropriate).
- ☐ Agree to not accept sponsorship from a competitor for the duration of our agreement.
- ☐ Agree to complete our Annual Community Impact survey.

Are you prepared to acknowledge our support / raise brand awareness of the bank? *

- ☐ Yes ☐ No

Do you have or do you plan to secure funding from another financial services institution? *

- ☐ Yes ☐ No

Are you following the Community Bank's social media accounts? *

- ☐ Yes ☐ No

Certification and feedback

* indicates a required field

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that, if this grant is approved, we will be required to accept the terms and conditions of the grant as outlined in the grant agreement.

Certification *

- ☐ I agree

Applicant feedback

You are 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.

How did you find the online application process? *

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

How many minutes in total did it take you to complete this application? *

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Provide any suggestions for improvements/additions to the application process/form. *