



Exit

Introduction Organisation Project Information Budget Attachments Confirmation Review My Application

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\* Required before final submission

## Welcome to Visy Tumut Region Recovery Fund Grant Program.

Applications will be accepted at any time and assessed initially as dates below

### Submit application by:

- ⇒ 28 February 2020
- ⇒ 17 April 2020

### Outcomes Advised:

- ⇒ End of March 2020
- ⇒ Mid May 2020

#### Tips for using the Visy Tumut Region Recovery Fund online application form:

- To assist in managing versions and to reduce the risk of losing work if an internet connection times out, we recommend preparing your application content in a Word document and then transferring your final application content to this Grants Gateway form. Please [click here](#) for a print friendly version of this application form.  
Working offline also makes it easier for multiple people to work on an application before entering your application into Grants Gateway for submission.
- Remember to continually save your work in the online form as you move through the sections.
- Please refer to the [Visy Tumut Region Recovery Fund Grant Program Guidelines](#) for further tips and information to support you to complete the application.**
- As always, if you require assistance to complete this online application form, the friendly FRRR staff are only a phone call away on Grant enquiries 1800 170 020.

\* Required before final submission

## Visy Tumut Region Recovery Fund Grant Program

### How to complete this section:

**\*\*Does your organisation, the group delivering the project, have an ABN or Inc number?**

If **YES**, please complete part:

- A. Legal organisation - provide information about **your local group**
- B. Delivery organisation - leave this blank

If **NO**, please complete part:

- A. Legal organisation - we need to know the details of **the organisation that will take legal responsibility for your project (i.e. the Partnering organisation)**
- B. Delivery organisation - provide information about your local group

### A. Legal Organisation

#### Organisation - Name and Address

This funding is for organisations based in the Snowy Valleys Council region that were impacted by the 2019/2020 bushfires. Please refer to the [Visy Tumut Region Recovery Fund Grant Program Guidelines](#) for more information.

\* What is the legal name of the organisation?

\* Postal address Line 1

Postal address Line 2

\* Town

\* State

\* Postcode

#### Organisation - Legal & Tax Status

Please click on this link from the Australian Government ABN Lookup site to complete the following organisation details [ABN Lookup](#)

\* Is your organisation registered with an ABN?

Organisation ABN

Format: XX XXX XXX XXX

\* Select Organisation Entity type, as per your ABN Lookup

\* Is the organisation registered for GST?

\* Does your organisation hold any of the following? Select all that apply.

- ACNC  DGR1  DGR2  DGR4  TCC  N/A

\* Is your organisation an Incorporated Association?

If yes, what is the Incorporated Association number?

\* If yes, which State / Territory authority is your organisation registered with?

### Organisation - Head of Organisation

These contact details should reflect the person who is the head of the organisation (e.g Chair, President, CEO) as they MUST authorise the application, NOT a subcommittee Chair, Secretary, Treasurer or Program Manager.

**Important: Our correspondence regarding the outcome of your application will be sent here.**

* Title	* First name	* Last name
<input type="text" value="- Select One -"/>	<input type="text"/>	<input type="text"/>
* Position held		
<input type="text"/>		
* Bus. Hrs Phone No.	* Mobile No.	* Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Organisation - Project Contact

This person will be contacted if we have any questions about your project / application.

Title	First name	Last name
<input type="text" value="- Select One -"/>	<input type="text"/>	<input type="text"/>
Position held		
<input type="text"/>		
Bus. Hrs Phone No.	Mobile No.	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Organisation - Overview

If your organisation currently provides services or activities in the community, please tell us what these are:

✓

## B. Delivery Organisation

**Important: Only complete Part B if you are partnering with an organisation who will receive and hold grant funds.**

### Delivery Organisation - Name & Address

Organisation name	<input type="text"/>	
Postal address Line 1	<input type="text"/>	
Postal address Line 2	<input type="text"/>	
Town	State	Postcode
<input type="text"/>	<input type="text" value="▼"/>	<input type="text"/>

## Delivery Organisation - Overview

If your organisation currently provides services or activities in the community, please tell us what these are:

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## Project Information

Please remember to refer to the Aims of the Program.

\* Project Title



\* Project Summary

Briefly tell us what you are applying for.



Word count 0 of 50

\* **WHAT** will you do?

Tells us about your project, including the need you are responding to.



\* Does your project involve working directly with children / youth under 18?

\* Does your organisation have policies and procedures regarding working with children, Working with Children Checks, and the handling of child abuse complaints?

\* Which of the following best describes the focus of your project:

- Emergency / disaster preparedness  Longer term post-emergency / disaster recovery

**WHERE** will your project happen?

Please tell us the following information about where your project will happen. For projects happening in more than one location, please indicate these in rows 2-4. This funding is for the Snowy Valleys Council region, that were impacted by the 2019/2020 bushfires. Please refer to the [Visy Tumut Region Recovery Fund Grant Program Guidelines](#) for more information.

e.g. Tumut → NSW → 2720

<b>* Town</b>	<b>State</b>	<b>* Postcode</b>
<input type="text"/>	NSW	<input type="text"/>
<input type="text"/>	NSW	<input type="text"/>
<input type="text"/>	NSW	<input type="text"/>
<input type="text"/>	NSW	<input type="text"/>

**\* WHO** are the people in your community that this project will benefit / support?

If your project is for the general community or will be for specific groups, for example young people that will be helpful for us to know.

^

v

✓

**\* What** difference are you hoping your project will make to your community, and how will your project support local community recovery from the 2019/2020 bushfires?

^

v

✓

**\* Who** else are you working with on this project, and do you have any other funding sources available to you?

This is helpful for us to understand, especially if this request for funds is contributing to a larger project.

^

v

✓

Is there anything else you would like to tell us about your project that hasn't been covered in our questions?

- Introduction
- Organisation
- Project Information
- Budget
- Attachments
- Confirmation
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✖ Required before final submission

## Project Budget

Please enter whole dollars and numbers only (no commas, decimal points or \$ signs)

### Income - FRRR Request

Please enter whole dollars and numbers only (no commas, decimal points or \$ signs)

✖ Amount requested from FRRR

### Expenditure

e.g. Provide a description of project expenses and an estimate of the key expenses of the project.

Please enter whole dollars and numbers only (no commas, decimal points or \$ signs)

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

**Total Cash Expenditure**

Click to calculate  
0

### EFT Details

If you are successful, in order to transfer funds quickly, please provide FRRR with your organisation's bank account details.

Bank account organisation must be the same organisation as the applicant for this grant. This organisation is responsible for receiving and holding the grant funds.

✖ Bank Account Name

✖ BSB

✖ Bank Account Number

✖ Bank

\* Required before final submission

### Please attach the following documents for this application below

#### Partnering Organisation Letter of Support

Organisations that are partnering with another organisation who has the legal responsibility for the grant funds **must** attach a Letter of Support for this project from the partnering organisation.

Letter of support:

Browse for the document and upload here. Please note files can be no larger than 10MB.

Browse...

Upload

#### Financial Attachments

**Legal Organisation Financials** (the organisation associated with this application who have an ABN or Incorporation number)

Please read the following carefully:

- \* For organisations who have audited financials: Attach the most recent annual audited statements.
- \* For organisations that do not have audited financials: Attach most recent 12 months Income and Expenditure Statement. If you have a Balance Sheet, please also submit.
- \* For organisations less than one year old: Provide bank statements for the period you have been operating. ⓘ

Browse for the document and upload here. Please note files can be no larger than 10MB.

Browse...

Upload

Additional Financial Documents ⓘ

Browse for the document and upload here. Please note files can be no larger than 10MB.

Browse...

Upload

Additional Financial Documents ⓘ

Browse for the document and upload here. Please note files can be no larger than 10MB.

Browse...

Upload

If relevant, please provide a brief explanation of any large financial surplus, or current assets and tell us why FRRR funds are still required. If relevant, please explain any deficits and steps to sustain the organisation financially.

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## Application Confirmation Statement

To be endorsed by the Legal Entity Organisation for this project.

I confirm that this application is made with the knowledge and approval of the legal head of the organisation, and endorse this application and agree to the following conditions:

- Acknowledge and understand that all applications become the property of FRRR and that FRRR may provide this application to other potential funding sources
- Agree to inform FRRR if the organisation has a significant change to its governance and/or financial situation
- Agree that if successful, to provide banking details to FRRR within the required time frame
- Agree that if successful, to expend funding within 12 months or as per the terms in the Grant Conditions
- Agree for FRRR to publish stories and photographs of the project funded.

\* I have read and agree to the above

\* Name of authorised person completing this certification

\* Position

\* Date

