

Neighbourhood House Partnership Program Registration 2022-2026

Form Preview

Neighbourhood House Details

* indicates a required field

Privacy Notice

Privacy Notice:

Yarra Ranges Council (Council) is committed to protecting your privacy. In compliance with the *Privacy and Data Protection Act 2014 (Vic)* Council will use the Personal Information (name, address, phone number, email) collected in this form for the primary purpose of processing your Neighbourhood House Partnership Program Registration. Information is held securely and used solely by Council for this specific purpose and/or a limited directly related purpose, and will not be otherwise disclosed without your consent or as required or permitted by law. Your personal information is only accessed by authorised persons and may be stored in Yarra Ranges Council records management database, used for statistical research, information provision, promotion or evaluation of Council's partnership programs. If your registration is incomplete, Council will not be able to process your funding registration.

For more information, see Council's [Privacy Policy](#).

Completing this form

When completing this registration form:

- Please provide all the requested documentation for your Neighbourhood House to receive funding under the Neighbourhood House Partnership Program.
- Uploads need to be in either Word or PDF format. If you would like to share information with us in video format or via a link, please add the link to a word document for uploading.
- You will be completing the PLANNING and BUDGETING sections for YEAR 1 of the Agreement only.

If you require assistance completing this form or you would like to access your information, please contact the Key Contact Officer, Santha Press (03) 9294 6836 or s.press@yarraranges.vic.gov.au

Contact Details

Organisation name *

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Department / Branch / Faculty

Use this field only if relevant

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Primary (physical) address *

Address

Suburb State Postcode

Must be an Australian postcode.

If your organisation operates in multiple locations or from multiple offices, please pick one as your primary address.

Postal address (if different to above)

Address

Suburb State Postcode

Website

Must be a URL

Primary contact person *

Title First Name Last Name

This is the person we will correspond with about this grant

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Primary phone number *

Must be an Australian phone number.

Back-up phone number

Must be an Australian phone number.

Primary contact person's email address *

This is the address we will use to correspond with you about this grant.

Organisational Status

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* indicates a required field

Organisation Details

Does your organisation have an ABN? *

Yes No

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

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO](#).

Please upload completed Statement of Supplier Form:

Attach a file:

Max 25mb

Is your organisation endorsed as a Deductible Gift Recipient (DGR)? *

Yes No

If you're unsure you can look up your DGR status at <http://abr.business.gov.au/AdvancedSearch.aspx>

Is your organisation registered with the Australian Charities and Not-for-Profits Commission (ACNC)? *

Yes No

If you're unsure, you can check your registration at the ACNC website: <http://www.acnc.gov.au/>

What is your incorporation number?

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Incorporated Association or Australian Corporation Number

What type of not-for-profit organisation are you? *

- Educational institution (includes pre-schools, schools, universities & higher education providers)
- Religious or faith-based institution
- Philanthropic organisation
- Peak body
- Social enterprise
- International NGO
- Professional association
- Healthcare not-for-profit
- Community group
- Political party / lobby group
- Research body
- General not-for-profit (i.e. none of the sub-types listed above)

Please choose the option that best applies to your organisation.

What is your organisation's annual revenue? *

- Less than \$50,000
- \$50,000 or more, but less than \$250,000
- \$250,000 or more, but less than \$1 million
- \$1 million or more, but less than \$10 million
- \$10 million or more, but less than \$100 million
- \$100 million or more

Your revenue includes grants, donations, and other fundraising activities, fees for services, sale of goods, interest, royalties and in-kind donations that have been included in your accounts as 'revenue'. The Australian Charities and Not-for-profits Commission (ACNC) has more detailed information here:

www.acnc.gov.au/ACNC/Manage/Reporting/SizeRevenue/ACNC/Report/SizeRevenue.aspx

What is your organisation's legal structure? *

- Unincorporated association
- Incorporated association
- Cooperative
- Company limited by guarantee
- Indigenous corporation, association or cooperative
- Organisation established through specific legislation
- Trust
- Unknown

If your organisation is unincorporated it must have an auspice organisation

Governance

* indicates a required field

Completion of Neighbourhood House Partnership Agreement
2018-2022

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Have you finalised the Neighbourhood House Partnership Agreement 2018-2022?

*

- Yes
 No

To have finalised the previous Agreement means you have submitted all required reports and acquittals as required by Council.

If you have not finalised your Neighbourhood House Partnership Agreement 2018-2022, you will not be able to submit this form.

You must complete the reporting and acquittal documentation from your previous Agreement before entering into a new one.

Please contact the Key Contact Officer, Santha Press (03) 9294 6836 or s.press@yarraranges.vic.gov.au for further information.

Neighbourhood House Partnership Agreement 2022-2026

Upload your Signed Neighbourhood House Partnership Agreement *

Attach a file:

If you do not have a scanned copy of the Agreement, please contact the Key Contact Officer.

Organisational Reporting

Please upload the following documents as presented at your most recent AGM.

Most recent Annual Report *

Attach a file:

Most recent AGM minutes *

Attach a file:

Most recent audited Financial Statement *

Attach a file:

If this is included in your Annual Report, please upload a word document that references this

Contact details of the Chair *

Title First Name Last Name

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

Must be an email address.

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Phone Number *

Must be an Australian phone number.

List of all current Board members *

Attach a file:

Word or PDF format please.

Organisational Strategic Plan *

Attach a file:

This is the Strategic Plan that specifies the overarching vision and objectives of your Neighbourhood House, as has been endorsed by the Neighbourhood House Board.

Additional Uploads

Attach a file:

If there is anything else from your AGM you would like to upload, please do so here

Financial Reporting Year End

Please specify your financial reporting year end. *

Financial Year Calendar Year

Other

Over the life of the Partnership Agreement, you will be required to update this information within 4 weeks of holding an AGM.

It is your responsibility to ensure that this information is provided to Council within the appropriate timeframe.

As your organisation operates under the Calendar Year Reporting schedule, reporting will be confirmed in the Annual Report and Acquittal Form in July each year.

Over the life of the Partnership Agreement, you will be required to update this information within 4 weeks of holding an AGM.

It is your responsibility to ensure that this information is provided to Council within the appropriate timeframe.

As your organisation operates under the Financial Year Reporting schedule, reporting will be confirmed in the Mid Year Review Report in January each year.

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Over the life of the Partnership Agreement, you will be required to update this information within 4 weeks of holding an AGM.

It is your responsibility to ensure that this information is provided to Council within the appropriate timeframe.

As your organisation operates under a special Reporting schedule, please speak with the Key Contact Officer to determine when reporting will be confirmed.

Governance

This section is confirmation of your good governance practices. You are not required to submit documentation however receipt of Partnership Funding is predicated on you answering yes to these questions.

You may be asked to provide evidence to justify your responses.

If you answer no to any of these statements you will be unable to submit this form.

We are up to date with our CAV and/or ACNC reporting requirements. *

YES NO

We have paid the Annual Incorporation Fee to CAV. *

YES NO

We have Public Liability Insurance of at least \$20,000,000 *

YES NO

We have Professional Indemnity Insurance to the value of \$1,000,000 *

YES NO

Additional Uploads

Attach a file:

If there is anything else in relation to governance that you would like to upload, please do so here

Governance requirements not met

You have answered NO to one or more of the above statements therefore you are unable to submit this form.

Please speak with the Key Contact Officer.

Department Families, Fairness and Housing (DFFH)

We receive funding from DFFH. *

YES NO

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We have submitted our required/requested Data and Participation Report to DFFH. *

YES NO

Child Safe Standards

Organisations that provide services or facilities for children must implement Child Safe Standards to protect them from abuse.

New Child Safe Standards come into effect 1 July, 2022.

More information can be found on the Commission for Children and Young people website linked below.

[CCYP | Child Safe Standards](#)

Child Safe Standard Checklist/Self-Assessment *

Attach a file:

Gender Equality Act 2020

Yarra Ranges Council is committed to creating a workplace and community where women, men and gender diverse people from all backgrounds are respected, included and treated fairly. Our partners help us to achieve this in community settings.

Women, men and gender diverse people face different expectations and challenges based on social conditioning, subtle biases and gender stereotypes. Consequently, treating all people as the same when designing or delivering a project does not necessarily result in equal impacts or benefits.

How will you address the needs of people of different genders in the design and implementation of your Neighbourhood House's community development activities?

Examples may be: people of different genders will be represented on working groups; people of different genders will facilitate sessions being delivered; the time/location we choose for the event will be appropriate for people with caring responsibilities; communications and promotional material will include inclusive images and language; we have identified a particular need for men/women/gender diverse people in community

Partnership Program Planning

* indicates a required field

Partnership Overview

Neighbourhood House Partnership Program strengthens the ongoing partnership between the Organisation and Council to:

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- 1.Ensure effective planning, development and delivery of community development programs and activities;
- 2.Establish performance objectives and indicators to measure the performance of the Partnership; and
- 3.Define the financial and other support that Council will provide to the Organisation over the Term.

Priority Groups

Who are the primary beneficiaries of this project/program? *

At least 1 choice and no more than 5 choices may be selected.

If there are no specific priority groups you will be working with choose universal

Partnership Objectives & Activities YEAR 1

The shared Partnership Objectives of the Neighbourhood House Partnership Program are:

- Inclusion
- Participation
- Connection
- Capacity Building

Each Neighbourhood House should choose at least two Objectives per year to focus on for the duration of Partnership.

The Objectives and Activities you specify below will inform your planning and budgeting of Partnership Funding in the following year.

Please specify the Partnership Objectives that your Neighbourhood House will be focussing on in Year 1 of the Partnership Agreement. *

- Inclusion
- Participation
- Connection
- Capacity Building
- Other:

You can include other objectives, however this must also be reported on.

Inclusion

Inclusion statement *

This is a brief statement that explains what "Inclusion" means to your Neighbourhood House.

What activities will your Neighbourhood House undertake in YEAR 1 to meet the objective of 'Inclusion'? *

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Word count:

Must be no more than 200 words.

Dot points encouraged

Participation

Participation Statement *

This is a brief statement that explains what "Participation" means to your Neighbourhood House.

What activities will your Neighbourhood House undertake in YEAR 1 to meet the objective of 'Participation'? *

Word count:

Must be no more than 200 words.

Dot points encouraged

Connection

Connection Statement *

This is a brief statement that explains what "Connection" means to your Neighbourhood House.

What activities will your Neighbourhood House undertake in YEAR 1 to meet the objective of 'Connection'? *

Word count:

Must be no more than 200 words.

Dot points encouraged

Capacity Building

Capacity Building Statement *

This is a brief statement that explains what "Capacity Building" means to your Neighbourhood House.

What activities will your Neighbourhood House undertake in YEAR 1 to meet the objective of 'Capacity Building'? *

Word count:

Must be no more than 200 words.

Dot points encouraged

Other

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Other Statement *

This is a brief statement that explains whatever addition objective you are focussing on means to your Neighbourhood House.

What activities will your Neighbourhood House undertake in YEAR 1 to meet this other specified objective? *

Word count:

Must be no more than 200 words.

Dot points encouraged

Outcomes

What are the expected outcomes of the Partnership for YEAR 1? *

Word count:

Must be no more than 200 words.

Using dot points, describe three things you want the Partnership Program to achieve in terms of benefits for participants and/or others

How will you know if these outcomes have been achieved? *

Word count:

Must be no more than 200 words.

Using dot points, describe three changes you will see if the expected outcomes of the Partnership Program occur

Budgeting

* indicates a required field

Partnership Funding Allocation YEAR 1

You will be asked in the Annual Report and Acquittal Form to explain how you have spent the Neighbourhood House Partnership funding ONLY.

Funding amount *

Must be a dollar amount.

Budget

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Please state how you plan to allocate expenditure of the Partnership Funding on activities that promote Community Development during YEAR 1 using the categories below.

This will be based on the Objectives and Activities you have specified previously.

Preferred allocation of funding is for provision of Low cost/No cost Programs.

You may allocate funding to staffing costs, however there must be evidence that payment of wages increased community benefit. This will be reported on in the Annual Review.

Up to 30% of the total of your allocated funding may be spent on:

- Equipment and Materials
- Advertising
- Governance
- Maintenance/Gardening/Utilities

This is a projected budget and we acknowledge that there may be changes in your reporting at year end.

If you have carry over funding from the previous year, please include on Income, line 2.

Income	\$	Expenditure	\$
This is the Partnership Funding amount only.	Must be a whole dollar amount (no cents).	Delete categories which do not apply.	Must be a whole dollar amount (no cents).
	\$	Program Costs	\$
	\$	Staffing Costs	\$
	\$	Equipment & Materials	\$
	\$	Advertising	\$
	\$	Governance	\$
	\$	Maintenance/Gardening/Utilities	\$

Budget Totals

Total Income Amount

\$

This number/amount is calculated.
This figure is equal to the Partnership funding total.

Total Expenditure Amount

\$

This number/amount is calculated.
This figure is the total of your projected expenditure for Year 1.

Income - Expenditure *

\$

This number/amount is calculated.
This figure should be '0'

Expenditure Description

Provide a short summary of how you will allocate this funding, based on the table above. *

Note: a more detailed description will need to be provided in the Annual Review

Certification

* indicates a required field

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Declaration

This section must be completed by an appropriately authorised person on behalf of the applicant organisation.

I declare that I am authorised to submit this Neighbourhood House Partnership Program Registration 2022-2026.

I declare that the information and attachments in this report are a true and accurate record of the Neighbourhood House.

I declare that the Neighbourhood House will fulfil the terms of the Neighbourhood House Partnership Agreement 2022-2026.

Name of Authorised Person *

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Email *

Must be an email address.

Phone Number *

Must be an Australian phone number.

Date *

Must be a date.

Additional Uploads

Attach a file:

Feedback

Council welcomes feedback about renewing the Partnership Program Agreement. It helps us to continuously improve our processes.

Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback. We appreciate your time.

Please tell us what you thought about the process to renew the Partnership Program Agreement. *

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Please tell us how you found the online application form to complete *

Very Easy Easy Neutral Difficult Very Difficult