

# Night Time Diversification (Quick Response) 2024/25

## Form Preview

## Night Time Diversification (Quick Response) Grants 2024/25

\* indicates a required field

### Introduction

Maribyrnong City Council's Love Your West Grants Program provides financial and in-kind support to our local community to activate the City's public spaces and/or further Maribyrnong's reputation as a night time destination of choice. The Grants Program is guided by Council's Festivals and Activation Framework 2022-2026. As an applicant you must meet the Eligibility Criteria and address the Funding Criteria. Proposed activities need to align with strategic objectives of the Council Plan 2021-2025 and the Festivals and Activation Framework 2022-2026. These documents can be found here: [Grants - Maribyrnong City Council](#)

### NIGHT TIME DIVERSIFICATION (Quick Response)

- This stream is for activities that will enhance or wide the reach of our City's night time attractions and help build Maribyrnong's reputation as a night time destination of choice.
- Grants of up to \$10,000
- Incorporated not-for-profit organisations can apply (unincorporated groups can apply via an incorporated Auspice). For-profit enterprises based in the City of Maribyrnong can also apply
- Applications will be accepted until 12pm Midday on 25 November 2024
- Outcomes are advised within 28 days of Grant Round closing
- Funded activities must be delivered between 1 February and 30 June 2025

### Before you start

#### Before you start your application, ensure that you have:

- Read the:
  - Love Your West Grants Guidelines 2024/2025
  - Council Plan 2021 - 2025 - Festivals and Visitation Framework 2022 - 2026 These documents can be found here: [Grants - Maribyrnong City Council](#)
- If you are a first-time applicant (or if you are unsure of your proposed activity's suitability for this program) you should contact Council's City Experience and Visitation Team prior to applying. See contact details below.
- Ensure you have obtained relevant quotes and investigated venue availability. You must at least have a tentative booking. If you are planning to use a Council managed space or venue, please check availability and make a tentative reservation via: <https://apps.imscomply.com.au/maribyrnongrm/>

For instructions on how to navigate and complete the application form in SmartyGrants, please access the [Applicant Guide](#).

For further information contact Council's City Experience and Visitation Unit: Phone: 03 9688 0200 Email: [festival.city@maribyrnong.vic.gov.au](mailto:festival.city@maribyrnong.vic.gov.au)

# Night Time Diversification (Quick Response) 2024/25

## Form Preview

**Applications close 12pm Midday on Monday 25 November 2024.** Late applications will not be accepted.

**Funded activities must be delivered between 1 February and 30 June 2025.**

### Eligibility

**Applicants must meet ALL of the following eligibility criteria:**

- The applicant is a not-for-profit incorporated\* organisation or a business or sole-trader registered within City of Maribyrnong
- The proposed activity must occur within the boundaries of the City of Maribyrnong and be delivered between 1 February and 30 June 2025
- The applicant must have acquitted all previous Council grants and have no outstanding debts to Maribyrnong City Council
- The applicant (or individuals, organisations or businesses involved in the activity) must not have any unresolved compliance matters with Maribyrnong City Council
- The applicant must provide evidence of Public Liability

*\*Unincorporated not-for-profit organisations or groups can apply through an auspice agreement. Refer to page 5 of the Grant Guidelines for further detail.*

**Applications that are NOT eligible:**

- Activities that do not align with Council policies and values
- Multiple applications for the same activity
- Activities that are sponsored by tobacco companies, gambling or fossil fuel companies, unless the company issued the funding through their community grants program (evidence must be provided)
- Activities with a primary purpose of promoting religion or politics or are for fundraising purposes
- Activities that have already received funding from Council in the same financial year. For example, Council will not fund the same, or part of the same activity, through its Community Grants Program, Business Improvement District Grants, Signature Festivals and Activations Grants Program *and* its Love Your West Grants Program in the same funding cycle.
- Activities already funded by Council through operational or Triennial Arts Grant funding
- Activities which have already started or have been completed

**My application meets all of the Eligibility Criteria \***

- ☐ Yes  
☐ No

If you are unsure, or do not meet all of these Eligibility Criteria, please speak to Council's City Experience and Visitation Unit on 03 9688 0200 before continuing with your application

### Applicant Details

\* indicates a required field

**Applicant Name \***

Organisation Name

# Night Time Diversification (Quick Response) 2024/25

## Form Preview

The 'Applicant' is the organisation or group who is applying for funding

**Applicant is applying as \***

- ☐ A not-for-profit incorporated organisation
- ☐ An unincorporated not-for-profit organisation or group (please provide Auspice details on the next page)
- ☐ A business or sole-trader registered within the City of Maribyrnong

**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                                       |                                  |
| ABN status  |                                  |
| Entity type                                       |                                  |
| Goods & Services Tax (GST)                        |                                  |
| DGR Endorsed                                      |                                  |
| ATO Charity Type                                  | <a href="#">More information</a> |
| ACNC Registration                                 |                                  |
| Tax Concessions                                   |                                  |
| Main business location                            |                                  |

Must be an ABN.

**Primary (Physical)  
Address of Applicant \***

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Address              |                      |                      |
| <input type="text"/> |                      |                      |
| <input type="text"/> |                      |                      |
| Suburb               | State                | Postcode             |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Postal Address (if  
different from the  
above)**

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Address              |                      |                      |
| <input type="text"/> |                      |                      |
| <input type="text"/> |                      |                      |
| Suburb               | State                | Postcode             |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Website**

**Primary Contact Person \***

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

# Night Time Diversification (Quick Response) 2024/25

## Form Preview

**Position held in Organisation \***

**Primary Person Phone Number \***

**Primary Person Email \***

**Secondary Contact Person \***

Title

First Name

Last Name

**Position held in organisation \***

**Secondary Person Email \***

**Secondary Person Phone Number \***

### Evidence of Certificate of Incorporation or Registration of Business

• Required in the form of a Certificate of Registration of a Company or a Record of Registration for Business Name Certificate. • ANZSIC extracts showing company or business searches cannot be accepted. • Please ensure that your registered business name listed here matches your ASIC, ACNC or CAV registered name

**Upload a copy of your Certificate of Incorporation or Registration of Business name \***

Attach a file:

### Public Liability Insurance

Applicants are required to have Public Liability Insurance (PLI) to the value of \$20 million (minimum)

**Attach a current copy of your PLI certificate here \***

Attach a file:

### Auspice Details (only required for unincorporated organisations or groups)

ONLY COMPLETE THIS SECTION IF YOU ARE APPLYING VIA AN AUSPICE ORGANISATION

# Night Time Diversification (Quick Response) 2024/25

## Form Preview

**Please attach Auspice Letter of Agreement**

Attach a file:

Please attach evidence that the auspice has agreed to accept responsibility for the grant funding.

**Auspice Organisation Name**

Organisation Name

**Auspice 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                                  | <a href="#">More information</a> |
| ACNC Registration                                 |                                  |
| Tax Concessions                                   |                                  |
| Main business location                            |                                  |

**Auspice Primary Address**

Address

  

**Auspice Postal Address**

Address

  

**Auspice Primary Website**

Must be a URL.

**Auspice Primary Contact**

Title      First Name      Last Name

# Night Time Diversification (Quick Response) 2024/25

## Form Preview

**Position in Auspice Organisation**

**Primary Phone Number**

**Mobile Phone Number**

**Primary Email**

## Activity Details

\* indicates a required field

**Activity Name \***

**Short description \***

**Word count:**

Must be no more than 100 words.

This is the first thing that assessors read when assessing all funding applications - be descriptive and concise. This text may be used in publications to describe the activity and its outcomes.

**Proposed start date of Activity \***

**Proposed finished date of Activity \***

**Proposed time/s \***

The start and finish times. Eg. Saturday & Sunday 10am-6pm.

**How many Maribyrnong residents do you estimate will participate in the planning and delivery the activity? \***

Include anyone part organising committee, volunteers, event staff, performers, stallholders etc

**How many people TOTAL do you estimate will attend or participate in the activity? \***

# Night Time Diversification (Quick Response) 2024/25

## Form Preview

**What percentage of attendees do you estimate will be from outside the City of Maribyrnong? \***

Location/s

**Location/s of activities \***

ie. The specific park, street/s or proposed venues

**Have you made a tentative booking or confirmed the use of venue/s? \***

☐ Yes

☐ No

You must at least have a tentative booking. If you are planning to use a Council managed space or venue, please check availability and make a tentative reservation. For reserves and open space visit: <https://apps.imscomply.com.au/maribyrnongrm/> For libraries, community centres etc visit: <https://maribyrnong.bookable.net.au/>

**Attach venue reservation here \***

Attach a file:

Cost to participate

**Is your activity free or ticketed**

☐ Free

☐ Ticketed

☐ A mixture of free and ticketed

**If ticketed (or a mixture), please provide an outline of likely ticket prices**

Partners

Provide a brief overview of the festival including cultural and artistic programming, demonstrated community buy-in &/or support for the festival, who your target audience/s are etc

**Will you be partnering with other organisations, businesses or groups to develop and deliver the festival \***

☐ Yes

☐ No

**Please list organisations or groups and**

# Night Time Diversification (Quick Response) 2024/25

## Form Preview

briefly describe their involvement

### Timeline

List the major steps/stages in developing & delivering your activity

| Activity / Milestone | Who will be responsible | Start date      | Completed date  |
|----------------------|-------------------------|-----------------|-----------------|
|                      |                         |                 |                 |
|                      |                         |                 |                 |
|                      |                         |                 |                 |
|                      |                         |                 |                 |
|                      |                         |                 |                 |
|                      |                         |                 |                 |
|                      |                         |                 |                 |
|                      |                         | Must be a date. | Must be a date. |

### Assessment Criteria

\* indicates a required field

### Assessment Criteria

Please address the following assessment criteria

**Outline the capacity of your business/ organisation to deliver the activity in a safe and professional manner. If relevant, provide examples of previous place-based initiatives you have delivered. \***

Word count:  
Must be no more than 200 words.

**If applicable, attach relevant documents (eg. the poster, media clippings, survey results etc from previous place-based initiatives you have produced)**

Attach a file:

Attach a file:

Attach a file:



# Night Time Diversification (Quick Response) 2024/25

## Form Preview

**Describe how the activity addresses a community need and/or will be relevant and engaging for the local community and help to strengthen its neighbourhood identity**

\*

Word count:

Must be no more than 200 words.

**How will the activity offer benefits to local businesses &/ or artists and/or help further Maribyrnong's reputation as a night time destination of choice?**

\*

Word count:

Must be no more than 200 words.

**What measures will be implemented to promote gender equity, inclusion and accessibility in the planning and delivery of your activity**

\*

Word count:

Must be no more than 200 words.

**Please identify what strategies you will implement to reduce the environmental impact of the activity**

\*

Word count:

Must be no more than 200 words.

## Finances

\* indicates a required field

### Funding Request

**How much funding (GST exclusive amount) are you are requesting from Maribyrnong City Council for the activity?**

\*

\$

**How much funding are you expecting to secure from other sources for the activity?**

\*

\$

This may be funds contributed by your own or partner organisation/businesses, other grant funds, sponsorship, stallholder fees, sale of food and beverages etc

# Night Time Diversification (Quick Response) 2024/25

## Form Preview

### Budget

Please attached a detailed budget that is **clear and realistic and include all in-kind and financial** contributions and expenses.

Do **NOT** include GST in your budget.

Clear item descriptions must be given (e.g. artist fees, venue hire, security. advertising, volunteer hours etc).

The budget should balance (ie. TOTAL INCOME = TOTAL EXPENDITURE).

**Please attach a detailed budget for the activity \***

Attach a file:

Preferred file format is excel

**Please provide any assumptions or notes to your budget here**

### Support Material (optional)

**You can attach any additional material here in support of your application**

Attach a file:

Attach a file:

Attach a file:

### Privacy and Declaration

**\* indicates a required field**

#### Privacy

I understand that: • Maribyrnong City Council will use any information provided in this application for the purpose of assessing, administering and monitoring any applications submitted by the Applicant and for remaining in contact with the Applicant • Personal information is only accessed by persons authorised to do so • Maribyrnong City Council may publish the applicant or auspice's name and details about the project on its website or in promoting the grant program.

# Night Time Diversification (Quick Response) 2024/25

## Form Preview

**By selecting the YES box you are agreeing to this Privacy Statement \***

☐ Yes

### Declaration

- I declare that I am the Authorised Representative for the applicant in this funding application. (If the applicant has been Auspiced, the Auspice should make this declaration).
- I declare to the best of my knowledge that all the details supplied in this form and in the attached documents are true and correct.
- I understand that there is no guarantee that funding will be provided. The application will be assessed against the criteria by an assessment panel and the funding decision of Council is final.
- I understand that if this application is successful, the applicant (or auspice if applicable) will be required to enter into a funding agreement with Council that will outline all of the grant requirements.

**Name \***

Title

First Name

Last Name

**Position \***

**Organisation \***

Organisation Name

**Date \***

### Submitting your form

\* indicates a required field

### Checklist

**Before submitting your application, please check that you have done the following: \***

☐ Completed an acquittal for any previous funding that your organisation has received from Maribyrnong City Council

☐ If applicable, attached a letter from your auspice organisation agreeing to auspice your festival (if applicable)

☐ Attached a copy of your organisation's (or auspice's if applicable) Certificate of Incorporation or Registration of Business

☐ Attached a copy of your organisation's (or auspice's if applicable) current PLI certificate to the value of \$20 million

# Night Time Diversification (Quick Response) 2024/25

## Form Preview

☐ Attached a venue booking form or email confirming your venue reservation and associated cost of the venue hire (this can be a tentative booking)

**If you are a first time applicant, have you spoken to a City Experience and Visitation Officer about your application? \***

- ☐ Yes  
☐ No  
☐ N/A

**Name of Council Officer/s**

**All forms are due by 12pm Midday on Monday 25 November 2024.**

Once you have submitted your form you will receive an email with your form attached as a PDF document. Save a copy for your records.

Please note once it is submitted you cannot go back to make any more changes.

If you are unable to submit supporting materials online, please contact Council's City Experience and Visitation Unit on 9688 0200 or [festival.city@maribyrnong.vic.gov.au](mailto:festival.city@maribyrnong.vic.gov.au)