

Wyndham Arts Grants 2027 Application Form

Form Preview

Before you start

Before you start make sure you have:

- Read the Wyndham Arts Grant guidelines to ensure you and your proposed activity are eligible.
- Speak to an Arts and Culture Officer before submitting your application to help you clarify your project activity and answer any questions you have.
- Call Wyndham City Council and speak with an Arts and Culture Officer or email arts@wyndham.vic.gov.au
- Gather supporting documents: You will need to upload supporting documents to this application form. If you need support, please contact an Arts and Culture officer.

Completing this form

- For help with this form, please refer to the [Applicant Help Guide](#)
- Please ensure that you save this application regularly to avoid losing data.
- If you are unsure about questions in this form, please contact arts@wyndham.vic.gov.au.

Applicant details

* indicates a required field

Applicant Contact Details

We will send all correspondence related to your grant application to the person listed in this section.

First Name *

Last Name *

I am 18 years old or over *

- ☐ Yes
☐ No

Applicants must be over 18 to apply.

Applicant

- ☐ Individual ☐ Organisation

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Organisation Name

Title

First Name

Last Name

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	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

If you

Applicant Primary Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Applicant must be a resident of Wyndham City to apply for a Creative or Skills development grant.

Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Applicant Primary Website

Must be a URL.

Applicant Primary Bank Account *

Account Name

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BSB Number Account Number

Must be a valid Australian bank account format.

Applicant Postal Address

Address

Organisation Information

* indicates a required field

Organisation Information

The organisation listed in this section is the applicant organisation, and must be a non-profit entity, such as an incorporated association, a registered charity and/or a non-profit organisation by constitution. If your application is successful, this organisation will be responsible for ensuring all requirements of the grant are met.

Are you applying on behalf of an organisation?

- ☐ Yes
☐ No

Tell us about your organisation

Must be between 30 and 100 characters.

What does your organisation do and what is it's purpose. If you are applying as an individual, please tell us about you

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	

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Tax Concessions

Main Business Location

Must be an ABN.

Organisation Postal Address

Address

Where your correspondence will be forwarded

Organisation Email

Must be an email address.

Organisation Phone Number

Must be an Australian phone number.

Organisation Website

Must be a URL.

Is your organisation incorporated? *

☐ Yes ☐ No

If your organisation is being auspiced, tick 'No' because you are applying as a non-incorporated group.

Incorporation Number

Auspice Organisation

The organisation listed in this section is the Auspice Organisation, and must be a non-profit entity, such as an incorporated association, registered charity and/or non-profit by constitution. If your application is successful, the auspice will be responsible for ensuring all requirements of the grant are met.

Providing Evidence

A signed Auspice Agreement/Letter of Support is required to be attached to this application to be eligible for funding.

Note: If you do not have an auspice for your funding application, you will not be able to complete this section in the form.

Is there an auspice for this application? *

☐ Yes ☐ No

Auspice Organisation Name

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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.

Auspice Contact First Name

Last Name

Auspice Contact Position

Auspice Contact Address

Address

Auspice Contact Postal Address

Address

Auspice Phone Number

Must be an Australian phone number.

Auspice Primary Email

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Must be an email address.

Auspice Primary Website

Must be a URL.

Auspice Agreement

Attach a file:

Please upload evidence of your auspice agreement/support.

Project details

*** indicates a required field**

Overview

The word project has been used throughout this application form and refers to all activities seeking funding for.

Project Title *

Must be no more than 250 characters.

What best describes the activity you are seeking funding for? *

- ☐ Skills development (up to \$3000)
- ☐ Creative Development (up to \$3000)
- ☐ Presentation (up to \$5000)

Select what stream of funding you are applying to. To be eligible for Skills and Creative Development grant you must be a Wyndham resident. To apply for a Presentation grant the outcome must take place in the City of Wyndham.

Project Summary *

Word count:

Must be no more than 50 words.

In 50 words or less, what are you trying to achieve and how?

Start Date *

Must be a date and no earlier than 1/1/2027.

End Date *

Must be a date and no later than 31/12/2027.

Activity Type *

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☐ Visual Art ☐ Public Art ☐ Performance ☐ Literature ☐ Digital Art / Technology ☐ Music
Other

What is the proposed activity you are seeking funding for? *

Word count:

Must be no more than 1000 words.

Please include what will you be doing? Where does it take place? Who does it involve? If relevant, who is your intended audience? What is the goal of the activity?)

What location(s) will your project take place in? *

☐ Cocoroc	☐ Mambourin	☐ Werribee	☐ Quandong
☐ Eynesbury	☐ Manor Lakes	☐ Werribee South	☐ Tarneit
☐ Hoppers Crossing	☐ Mount Cottrell	☐ Williams Landing	☐ Wyndham Harbour
☐ Laverton	☐ Point Cook	☐ Laverton North	☐ Wyndham Vale
☐ Outside of Wyndham	☐ Truganina	☐ Little River	

Have you discussed your project with a Council Officer? *

☐ Yes ☐ No

It is an eligibility requirement to speak to an Arts Officer before applying.

If yes, what is the name of the Arts Officer?

Please provide a detailed timeline of your proposed activity *

Attach a file:

Upload one page maximum

How many people (estimated) will participate in your project? *

Must be a number.

Venue details

Do you have a venue booking? *

☐ Yes ☐ No ☐ Not applicable

If you have a venue booked please provide proof of confirmation in your support material.

What venue/location(s) will your project take place in? *

Venue Address *

Address

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Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Grants Budget

When completing the budget expenditure table (How will you use the grant funds requested?), please only include items that you will use grant funds for.

The following items are NOT eligible for funding:

- Ongoing operational costs
- Outstanding loans or debts

Total amount requested

Must be a dollar amount.

How will you use the grant funds requested?

Please only include expenses grant funds will be used for

Expenditure description

How will you use the grant funds requested?

Provide clear descriptions for each budget item.	Enter the total amount to be expended on this budget item. Must be a dollar amount.
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Please note: Grant expenditure will calculate based on your costs listed above

Total amount requested

This number/amount is calculated.
The amount cannot exceed the maximum amount available.

Applicant contribution

How many volunteers are involved in the planning and delivery of your project? *

Must be a number.

How many volunteer or in-kind staff hours will be required to deliver your project?

*

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Must be a number.

Dollar value of volunteer contribution

This number/amount is calculated.

Council recognises volunteer hours as equivalent to \$45/hour

Are there any other cash or in-kind contributions for this project ? *

☐ Yes

☐ No

This may be from the applicant organisation or project partners

Other cash or in-kind contributions for this project

Please list the organisation supporting the project and whether it is in-kind support or cash.
Please provide a letter of support confirming their involvement in your project in the support material.

Organisation supporting the project	What support are they providing	How much support are they providing (\$)?
-------------------------------------	---------------------------------	---

This may be the applicant or partner organisations	This may be the applicant or partner organisations	Must be a dollar amount.

Total value of applicant contribution

This number/amount is calculated.

Total value of this project

This number/amount is calculated.

Supporting documentation and declaration

* indicates a required field

Please attach the following documentation:

Please only provide support material that is relevant to your application.

Please attach artists biographies (please include multiple artists in one document)

Attach a file:

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Supporting Documents: Letters of Support

Attach a file:

Examples include: Letters of support from artists involved in your project, partner organisations, targeted audience members providing evidence of interest in your project.

Supporting Documents: Examples of previous work or current project

Attach a file:

Examples include images, scripts, music files, links to video clips or websites. Rather than supplying separate images please attach a pdf with all relevant images and a description of why the image is relevant to your application.

Venue Confirmation and/or Project Quotes

Attach a file:

Please include confirmation of your venue booking and/or any quotes relevant to your project costs.

Declaration

Declaration

This declaration must be made by the applicant or authorised representative of the applicant organisation

General

I understand that:

- 1.Funding is NOT guaranteed and that the application will be assessed against criteria outlined in the Wyndham Arts Grant 2027 Guidelines
- 2.The funding decision of Council is final.
- 3.I understand that if this application is successful, the applicant/auspice organisation will be required to enter into a funding agreement with Council and comply with its Terms and Conditions.

I declare that:

- 1.I am an Authorised Representative for the applicant organisation in this funding application (if applicable)
- 2.All information provided in this application is true and correct to the best of my knowledge at the time of submission.
- 3.I have read and understand all requirements outlined in the Wyndham Arts Grants 2027 Guidelines and this application form.

Privacy

I understand that:

- Wyndham City Council will use any information provided in this application for the purpose of assessing, and/or administering this grant
- Personal information is only accessed by persons authorised to do so and in conjunction with Council's Privacy Policy
- Wyndham City Council may publish the applicant and/or auspice organisation's name and project details on their website or in promotion of the Wyndham Arts Grant 2027.

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By selecting the YES box, you are agreeing to this declaration *

☐ Yes

Applicant or Authorised Representative *

First Name

Last Name

Authorised representative position (if applicable)

Contact Phone Number *

Must be an Australian phone number.

Contact Email *

Must be an email address.

Applicant feedback

Please indicate how you found the online form:

☐ Very Easy

☐ Easy

☐ Difficult

☐ Very Difficult

In total, how long did it take you to complete this form?

Must be a number.

Estimate in minutes (e.g. 1 hour = 60)

Please provide any improvement suggestions we should consider for Wyndham City's Community Grants Program or application forms

How did you hear about Wyndham City's Community Grants Program?

☐ Community Centre

☐ Social media

☐ Word of mouth

☐ Wyndham City Council website

☐ Flyer or poster

☐ Other:

☐ Council e-newsletter or email

☐ Newspaper