Cultural Diversity Grants Program
July 2011

Funding contribution by City of Stonnington towards social support activities for culturally and linguistically diverse (CALD) senior citizen clubs in Stonnington.

APPLICATION FORM

PRIVACY STATEMENT

The personal information requested on this form is being collected by Council for the purposes of assessing eligibility under the cultural diversity grants program. The personal information will be used solely by Council for those primary purposes or directly related purposes. The applicant understands that the personal information provided is for these purposes and that they may apply to Council's Privacy Officer on tel. 82901333 for access and/or amendment of the information.

City of Stonnington
Cultural Diversity Grants Program, July 2011 – June 2012

Name of Club	
Address of Club/meeting place: **(Please list street address NOT PO Box Number)**	
Postal Address	
Contact Name	
Business Hours Phone Number:	
Mobile Number:	
email address:	
Facsimile Number:	

1. **Is your Club incorporated under the Associations Incorporation Act 1981?**
   (Please circle) **Yes** **No**

If 'No' the Club is ineligible to apply.

If 'Yes', then:

1.1 What is your Club's Incorporation number? _____

1.2 When did you last hold your Annual General Meeting? _____

1.3 When was your current Committee of Management elected?

_____

(√ Please attach copies of - Incorporation Certificate; latest AGM Report and list of current Committee of Management members)

2. **Does your Club have Public Liability Insurance up to $10 million?**

(Please circle) **Yes** **No**

If 'No', the Club is ineligible for the grant

If 'Yes', what is the date of certificate of currency? _____

Period of Insurance from _____ to _____

(√ Please attach evidence of current insurance)

3. **Does your Club meet in the City of Stonnington?**

(Please circle) **Yes** **No**

If 'No', the club is ineligible for the grant

If 'Yes', where does your club meet?

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4. **How often does your Club meet?**

(Please circle) **Weekly** **Fortnightly** **Monthly**

Other.....

5. **What is the predominant language spoken by your members?**

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6.1 What is the current membership of your Club?

(√Please attach a membership list which needs to include full name and residential address of each member)

Total number of members	
Number of men	
Number of women	
How many of your members are Stonnington residents? **(at least 50% must be Stonnington residents)**	

6.2 How many people attend your club each week on average?

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6.3 Are there any other restrictions, apart from age and language, to joining your Club? If you have too many people wishing to join the Club, how will you manage the waiting list?

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7.1 If the Club is going to provide meals/refreshments, please outline whether the Club will cook its own meals, or have alternative arrangements (this needs to be approved by Council)

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7.2 If the Club is going to cook the food, does the Club use an approved kitchen for preparation of meals?

(Please circle) Yes or No

If 'No', the Club is ineligible for this grant.
If 'Yes', which Kitchen facility do you use? Please note that this must be a Council approved kitchen

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7.3 Do any of your members have a Food Safety Certificate?

(Please circle) Yes or No

If 'Yes', please provide names and copies of certificates:

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(√ **Please attach copies of Food Safety Certificates)**

8. **Please provide a brief description of the proposed social support activities that will be undertaken by your Club. Additionally, please provide a month to month breakdown of activities (attach another sheet if necessary).**

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Activity	Month

9. **Budget – please provide a breakdown of your proposed expenditure**

Activity	Number per year	Annual cost
Provision of meals		
Guest speakers		
Outings		
Health promotion activities		
Culturally specific activities		
Other activities Please state		 ....
TOTAL ANNUAL COST		

9.1 Amount of funding requested from Council .....

DECLARATION

I declare that all details supplied in this application form and in the attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management committee of the applicant organisation.

I have read the accompanying guidelines.

I agree to advise in writing to the City of Stonnington in the event that any information regarding this application changes or is found to be incorrect.

Name: (please print):	
President of Club	
Signature:	
Date:	

Name: (please print):	
Treasurer of Club:	
Signature:	
Date:	

Name: (please print):	
Secretary of Club:	
Signature:	
Date:	

Attachments to be submitted with this application:

- Certificate of Incorporation
- Current Public Liability Insurance certificate
- Current membership list
- Latest Annual General Report
- Current list of Committee of Management members
- Copies of Food Safety Certificates (if available)

SUBMISSION OF APPLICATIONS

Please submit applications with all attachments to:

Jaya Manchikanti
Cultural Diversity Planner (Community Focus)
City of Stonnington
PO Box 21
Cnr Greville and Chapel Sts
Prahran
VIC 3181

Enquiries: 8290 3206
jmanchik@stonnington.vic.gov.au
(Available Wednesdays and Fridays)