EOI for Precinct Recovery Grants ProgramForm Preview

Eligibility

* indicates a required field

Expression of Interest for the Precinct Recovery Grants Program

Before completing your expression of interest (EOI), you should have read the **Precinct Recovery Grants** Program Guidelines

Incomplete EOIs and/or EOIs received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact Joy Saunders, Business Development Officer, on 9205 5013 or email_joy.saunders@yarracity.vic.gov.au

Confirmation of Eligibility

I confirm that the applicant ...

- is submitting an EOI on behalf of a group of five or more business and community representatives with at least two businesses represented (herein referred to as 'project partners');
- is a business operating in the City of Yarra with an active ABN as at 1 March 2020;
- is able to clearly articulate how the project will activate, promote, or enhance a retail and services precinct in the City of Yarra;
- does not own or operate Electronic Gaming Machines (EGMs), or receive funding or inkind support from EGM venues; nor do any of the relevant project partners;
- operates in accordance with any applicable code of conduct and ethical standards and holds all appropriate permits and licenses; as do all of the relevant project partners;
- will comply with any relevant COVID-19 restrictions and regulations in the delivery of the project.

Please select below: *	
○ Yes	○ No
You must confirm that all statements	above are true and correct.

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the <u>Australian Privacy Principles</u> (APPs) as established under the <u>Privacy Act 1988</u> and amended by the <u>Privacy Amendment (Enhancing Privacy Protection) Act 2012</u>.

EOI for Precinct Recovery Grants Program

Form Preview

Organisation Name

Must be a URL

Primary contact person *
Title First Name Last Name

Ap	plicant	Orgai	nisation	Details

Registered business name *

Please use your organisation's full name. Check your spelling and make sure	you provide the sam
name that is listed in official documentation such as with the ABR, ACNC or A	TO.
rading name	
rading name	
different from your business name	
Business Primary Address * Address	
Victoria Street	
Mer Street Victoria Street	
Street Victoria	
Translation of the street water street at the street at th	
MAP	
IVIAL	
PLACEHOLDER	
PLAGLIGEDEN	
Intertoristate	
dale street = authe street	
Total Confession Confe	
Bourke Street	
Address Line 1, Suburb/Town, and State/Province are required. Must be in the City of Yarra	
idst be in the City of Tarra	
Applicant Postal Address	
Address	
Applicant website	

EOI for Precinct Recovery Grants Program

Form Preview

This is the person w	vo will correspond wit	th shout this grapt		
Position held in	ve will correspond with organisation *	tii about tiiis grant		
e.g. Manager, Busir	ness owner etc			
Primary phone				
Must be an Australi Back-up phone				
Must be an Australi				
Primary contact	person's email a	address *		
This is the address	we will use to corres	pond with you about	this grant.	
Project Partne	ers			
Please list the nar to deliver this pro	me/s of the busines ject or event.	ss and/or communi	ty members you a	re partnering with
You must list a m be represented.	inimum of 4 other	project members. <i>i</i>	A minimum of 1 ot	her business must
Select 'Add more'	if you have more	than 4 project part	ners.	
Member Type	Business / Community Member Name	Contact Phone Number	Email	Website
		Must be an Australian phone number.	Must be an email address.	Must be a URL.

Project Details

* indicates a required field

Ple	ase indicate	what typ	e of proj	ect or ev	ent you i	ntend to	deliver: *
П	Activations th	at create	a noint of	interest fo	or a precip	ct	

EOI for Precinct Recovery Grants Program Form Preview

□ Promote destination man opportunities □ Beautifications that stren initiatives □ Training programs - targ businesses □ Partnerships between bu □ Promotional Event □ Other: Please select which best ○ Project ○ Event	ngthen business d eted programs tha sinesses or busine	istricts through impro at directly benefit a lo ess and community	ved public realm cation-based group of
Anticipated start date *		Anticipated end date *	
If unknown, provide your best g	uess or leave blank	Must be a date and no I All projects must be cor 2021	
Proposed location and Proposed location and Proposed for the precincts listed, please * Projects that relate to the Esupport of the Bridge Road Topromotional activities. EOIs to	e select 'Other' ar Bridge Road precion Traders Association	nd let us know the stre nct will be considered n who receive a Speci	et. with the financial al Rate to support
* Other:			
Please provide an outline	of the project o	or event *	
Be descriptive, but succinct. Incompared what you will do (i.e. the activitic activities (outcomes). Go to the answersbank#Qu1 if you need so	ies you will perform Funding Centre's A), and what effects you enswers Bank at https://w	expect to result from your www.fundingcentre.com.au/
How does the project or e precinct? *	event stimulate	the business comm	unity within the
Event Details			

EOI for Precinct Recovery Grants Program

Form Preview

Event Description
Word count:
Event Date/s
Word count:
Event Type □ Public □ Private □ Ticketed
Estimated attendance
Must be a number.
Event Frequency
One offRecurring
Event elements ☐ Amplified music ☐ Live entertainment ☐ Food (for sale/catered/BYO) ☐ Alcohol ☐ Road closure/s ☐ Activity on footpaths
Supporting Documentation
SmartyGrants strongly recommends that uploaded files be kept to under 5MB in size. Please keep the combined file size of attachments under 100MB.
Note: your upload speed is dependent on the speed of your computer and internet connection. Please ensure you leave plenty of time to upload your documents before the application deadline.
Supporting documentation Attach a file:
Attach a nic.
Any information to help substantiate your application including quotes, images, or plans. Multiple files can be uploaded.

Project Budget

* indicates a required field

EOI for Precinct Recovery Grants Program Form Preview

Total Amount Requested *	\$ Must be a dollar amount and What is the total financial sup application?	no more than 20000. oport you are requesting in this
Total Project/Event Cost	\$ What is the total budgeted co	ost (dollars) of your project?
Certification and Feedb	ack	
* indicates a required field		
Certification		
This section must be completed the applicant organisation (may application form).		
I certify that to the best of mapplication are true and correlaterest only, and will be ass Recovery Grants Program guinvitation from Council to sub	ect. I understand that thi essed against the criteria idelines. This EOI may or	is is an Expression of a coutlined in the Precinct
l agree *	○ Yes	○ No
Name of applicant *	Title First Name	Last Name
Contact phone number *	Must be an Australian phone We may contact you to verify by the applicant organisation	number. that this application is authorised
Contact phone number * Contact Email *	We may contact you to verify	
	We may contact you to verify	
	We may contact you to verify by the applicant organisation	
Contact Email *	We may contact you to verify by the applicant organisation Must be an email address.	
Contact Email * Date *	We may contact you to verify by the applicant organisation Must be an email address. Must be a date pplication process. Before years	ou review your application and

EOI for Precinct Recovery Grants Program Form Preview

How many minutes in total did it take you to complete this application? * Estimate in minutes i.e. 1 hour = 60
How did you hear about this grant program? City of Yarra website Internet search E-newsletter Social media Word of mouth Other:
Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.