

Vibrant Spaces Micro Grant Application 2024/2025

Form Preview

Vibrant Spaces Micro Grant Fund

Introduction

The Vibrant Spaces Micro Grant Fund program supports short term, low cost projects that encourage community based projects and place activations across Port Stephens. This program provides the opportunity for artistic and creative ideas that connect our community.

Program Description

This program aims to create opportunities for residents to drive place activation programs that connect our community, increase the vibrancy of our town centres and improve the visitor experience.

Initiatives could include:

- workshops and pop up performance
- community picnics
- street activities
- temporary or semi-permanent street art projects in all forms
- street games
- decorative lighting
- civic garden projects or anything that improves the look, feel and vibe of our public spaces.

For more information on eligibility and assessment for this fund, and for further information for all our grant and sponsorship funds, please refer to our [Community Funding Guidelines](#)

Key Dates

Applications accepted year round from 30 July 2024 to 30 June 2025.

Funding Available

A total of \$15,000 is available for the Vibrant Spaces Micro Grant Fund program with a maximum of \$1000 per application being available.

Who Can Apply

- Individuals*
- Incorporated, not-for-profit organisations or charities
- Registered Businesses with ABN
- Sole Traders
- Schools
- Artists

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- Community and volunteer groups (e.g. land care groups)
- Service Organisations
- Town Teams

*Individuals must reside in within the Port Stephens LGA. Applicants must supply a Certificate of Currency for a minimum of \$20 million Public Liability Insurance for activities on Council land.

Application Contact Details

* indicates a required field

Applicant Details

Applicant *

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

Applicant Primary Address *

Address

Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Organisation Details

Organisation Name

Organisation Name

ABN (if applicable)

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

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Entity name
ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type
ACNC Registration
Tax Concessions
Main business location

[More information](#)

Must be an ABN.

Organisation Primary Address

Organisation Primary Phone Number

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Must be an Australian phone number.

Organisation Primary Email

--

Must be an email address.

Project Details

* indicates a required field

Project Description

Project Title *

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Short project description *

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Provide a short description (100 words recommended) of your project - what are you out to do?

When will the project commence *

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Must be a date.

When will the project be completed (estimate) *

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Must be a date.

Project Location

Where do you plan to implement your project? *

Is the location on public land or privately owned land? *

- ☐ Public
- ☐ Private

Do you have landowners consent? *

- ☐ Yes
- ☐ No

Either private landowner consent or Council consent. Please note additional approvals may be required eg. event application

Project Financial Details

Funding amount you are applying for *

\$

Must be a dollar amount and no more than 1000.

Has your organisation or group received a Port Stephens Council grant and/or donation within the last 3 years? *

- ☐ Yes
- ☐ No
- ☐ Unsure

Please note all previous grants must be acquitted prior to allocating further funding

Has your organisation made an application for financial assistance from other bodies for this project? *

- ☐ Yes
- ☐ No

Project Alignment

* indicates a required field

Project Alignment to Funding Criteria

Describe how the project will show creativity and innovation and contribute to improving the culture of Port Stephens? *

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Outline how the project will improve the vibrancy and quality of the public space? *

This may include increasing visitation or visitor spend, increasing foot traffic in town centres, or improving trade in business.

How will you measure your achievements? *

Tell us about who you will talk to and who will help you with planning and implementing the project? *

Supporting Documentation

* indicates a required field

Insurance

Do you have Public Liability Insurance to cover your project? *

- ☐ Yes
☐ No

Please upload the applicable Public Liability Insurance

Attach a file:

Budget

If you have a completed budget, please upload below

Attach a file:

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Include an itemised list of all expenditure for the project including funds that may not be covered by grant

If you have not attached a budget above, please complete your budget below to the best of your ability

Expenditure Description	Expenditure Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Budget Totals

Total Expenditure Amount

\$

This number/amount is calculated.

Further supporting documentation

Please upload any further documentation to support your application.

Attach a file:

Attach a file:

Attach a file:

Attach a file:

Organisation Financial Details

* indicates a required field

Is this organisation registered for GST *

- ☐ Yes
- ☐ No

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Sign and Submit

* indicates a required field

Please tell us how you heard about our program? *

- ☐ Word of mouth - through friends, family or colleagues
- ☐ Social Media - Facebook
- ☐ Council Website
- ☐ Direct email from Council
- ☐ Newspaper
- ☐ Radio
- ☐ Other:

How would you rate your experience completing this application form? *

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

1 Very Dissatisfied - 5 Very Satisfied

Please provide any feedback on the application process

Declaration

- I certify that to the best of my knowledge the statements made in this application are true.
- I certify that I am authorised by my group/organisation to complete this application.
- I understand that if Port Stephens Council approves this application, I will be required to accept the conditions of the funding agreement.
- I consent to the information contained within this application being disclosed to or by Port Stephens Council for the purpose of assessing, administering and monitoring my current and any future grant applications.
- I understand that if Port Stephens Council approves a grant, I will be bound by the contents of my application to carry out my project as I have described and my application will form part of my contractual agreement with Port Stephens Council.

I agree to the above *

- ☐ Yes
- ☐ No

Authorised person's name *

Date

Must be a date.

