Eligibility

Before starting your application

Please read our guidelines to make sure your project meets our criteria: <u>Ripple Effect Grants Program Guidelines</u>

- Make sure you submit your application before or by the closing date 5pm, Monday
 24 March 2025
- Incomplete applications and/or applications received after the closing date will not be considered
- Your project must be completed by Monday 4 May 2026.
- If you have any questions about our eligibility criteria, please contact **us on 1300 926 666 or** <u>rippleeffect@wannonwater.com.au</u>.

Confirm your eligibility

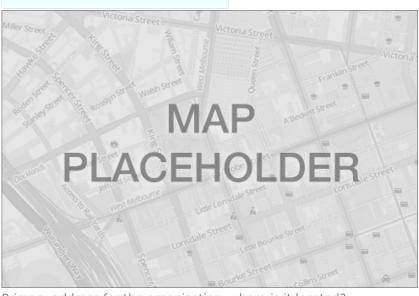
Does your project meet our criteria? See Ripple Effect Grants Program Guidelines ☐ Yes ☐ No
□ Not sure (Please contact us before submitting your application)
Eligibility outcome
Thank you for your interest in our Ripple Effect grants program. It looks like your project may not be eligible to apply for our grants.
Please get in touch if you're unsure and would still like to apply - 1300 926 666 or rippleeffect@wannonwater.com.au
Applicant
* indicates a required field
Organisation details
Organisation name * Organisation Name
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.

Organisation address *

Address



Primary address for the organisation, where is it located?

Postal Address Address	*
Email *	

Must be an email address.

Website
Must be a URL.
What does your organisation do? *
Word count: Please provide a brief overview of the activities and programs you deliver (100 words max)
Contact details
Is the person applying for this grant the head of the organisation? * ○ Yes ○ No
Head of organisation (where different from application contact)
Name *
Title First Name Last Name
Position *
Phone *
Must be an Australian phone number
Must be an Australian phone number.
Email *
Must be an email address.
Application contact
Name * Organisation Name
Who will be our main point of contact for this application?
Position / title *
Phone number *
This is the number we will use to contact you about this application

Email *
Must be an email address.
Organisational capacity
The following questions help us to understand if your organisation has the resources and support to deliver this project.
Please indicate which category mostly aligns with your organisation: *
Do you have a written letter of support ? (only necessary for projects where the activity will be carried out on property not owned by your organisation). Attach a file:
Project concept - this section is worth 50% of your assessment score
* indicates a required field
Grant streams
You can apply for the following grant streams: • School grant – Up to \$1,000 • International aid – Up to \$4,000 • Community grant – Up to \$5,000
Which grant stream are you applying for? *
Project title *
This is the title we will use to refer to your project from this point on.
Briefly describe your project, clearly stating what you'll do with the requested funding. *
Word count: Please provide a statement of what your project intends to do and achieve (max 200 words)

Why does this work need to be done? *

Word count: What do you hope will change as a retrying to address? (max 200 words)	sult of your project? What issue or communit	y need are you
Start date *		
Must be a date.		
End date *		
Must be a date.		
Project Activities		
Please list the activities you plan	to deliver as part of your project.	
List one per row.		
Activity *		
Activity		
	One per row. Add more rows if you want to li	st additional
	activities.	
Location *	Address	
	Where will your activity occur? Leave blank if or not relevant.	f location is unknown
Charle data *		
Start date *		
	Must be a date. Leave blank if date is unknown or not relevan	nt.
End date *		
Ellu uate	Must be a date	
	Must be a date. Leave blank if date is unknown or not relevan	nt.

Project Outcomes

Please tell us about the outcomes you expect to result from your project. Outcomes are the changes you expect to occur for the beneficiaries of your project. Generally outcomes can be framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation (these are generally immediate or short-term outcomes)
- Actions, behaviour, change in policy (these are generally intermediate or medium-term outcomes)
- Social, financial, environmental, physical conditions (these are generally long-term outcomes)

Immediate outcomes occur directly following an activity (e.g. within 1 month); medium-term outcomes are those that fall between the short and long-term outcomes (e.g. between 1 month and 2 years); and long-term outcomes are those we expect to see years later (e.g. 2, 5, 10 or 50 years after the activity).

• If your project will have more than one outcome, use the 'Add More' button to list each one separately.

Your project outcome *				
	Tell us what outcomes you expect to achieve through your project			
Alignment with our strategic community priorities *	Please select the strategic community priority that best aligns with your project.			
How will you measure your project outcome/s?				
 We've included a list of indicators to measure any activities that would be funded as part of your project. Please select at least one of the following to report against each project outcome. 				
You can add multiple indicators by clicking the 'Add more' button.				
Example:				
 Indicator - increased volunteer participation Target - 100 participants Collection method - sign in sheet at event Explanatory notes - if further explanation or context is required 				

additional metrics.

Must be a number.

No more than 1 choice may be selected.

Which of our metrics (if any) will you track? You may be required to report on your progress. Add more rows if you want to list

Indicator *

Target *

	Identify a target for the metric you have chosen - an estimated total for your project.			
Collection method *				
	How will you collect and verify the data? E.g. survey, headcount, observation/estimation.			
Explanatory notes (optional)				
	Add notes if you need to provide more context.			
Who will benefit? - this s	section is worth 30% of your assessment			
Who are the primary bene	eficiaries of this project/program?			
Which age group will most be Infants and early childhood Children (6-12) Adolescents (13-18) Young adults (19-25)	enefit from your project? Out Adults (26-64) Out Seniors (65+) Out All age groups			
Which gender group will most benefit from your project? ○ All males ○ Majority males >60% ○ All females ○ All females ○ Majority females >60% ○ Gender diverse				
Participation, inclusion and diversity				
Priority will be given to projects that include and support a broad range of community members, including those who:				
 Are experiencing financial vulnerability Are living with a disability Identify as Aboriginal and Torres Strait Islander Are culturally and linguistically diverse Are experiencing family violence 				
Will your project directly include any of these priority groups? ☐ Yes ☐ No ☐ Not sure				

How will you address participation, inclusion and diversity?
Please describe how your project will address and encourage inclusive participation from at least one of the groups listed above?
Gender Equity
People of different genders may experience challenges in participating in community projects and activities.
We ask you to consider ways in which you can address barriers to participation to your project with a gender lens.
For information on the impact of gender, visit <u>Funding Centre Applying a "gender lens" to your work</u>
Will your project address gender inequity? ☐ Yes ☐ No ☐ Don't know
How will your initiative address gender inequity?
How will you address the needs of people of different genders in the design and management of your initiative?
How will you measure the gender reach of your project/ program?
Project budget - this section is worth 20% of your assessment score

* indicates a required field

Project funding

Ripple Effect Grants 2025-26 application form

Total Amount Requested *	
\$	
Must be a dollar amount.	
What is the total financial support you are requesti	ng from Wannon Water in this application?
Total Project Cost *	
\$	
Must be a dollar amount. What is the total budgeted cost (dollars) of your pr	oject?

Income and expenditure

Outline your project budget including details of other funding that has been confirmed and applied for. The budget MUST balance (total income = total expenditure).

INCOME - include ALL funding sources, including the amount requested in this application, other confirmed funding sources, contributions from your own organisation, unconfirmed funding and in-kind contributions. For in-kind contributions, please include an estimated value for non-cash contributions such as volunteer hours, services, equipment, time and materials)

EXPENDITURE - Breakdown of individual line items that describe how funds will be spent, i.e. purchase of equipment, hire of labour, booking fees, purchase of materials, transport costs etc.

Income	\$ Expenditure	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Budget totals

REMEMBER - Income MUST balance expenditure.

Total Income Amount	Total Expenditure Amount	Income - Expenditure
\$	\$	\$
This number/amount is	This number/amount is	This number/amount is
calculated.	calculated.	calculated.

Project promotion

* indicates a required field

Promotion and dissemination

Recipients are required to acknowledge our support and use our corporate logo in all promotional materials. This can be done through your project/event advertising, website, and social media. Successful applicants will be provided with a copy of the Wannon Water corporate logo and brand guide to support this requirement.

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	agree that a Water for c				l you se	end may be used by
to share		-resolution				roject. Do you agree siness days of the
Yes	-			○ No		
Does yo ☐ Facel ☐ Insta ☐ Other:	oook gram	project ha	ve an asso	ciated social i	media a	account?
What is	the address	of your so	ocial media	a page?		
Anythi	ng else?					
Please a Attach a		ther files o	or photos t	hat may be re	levant	to your application.
Water	and Sustai	nability E	Education	l		
	ir our amazing r education se				per of co	ommunity organisation
Occasion	ally we share	information	n about thes	se opportunities	and ac	tivities.
O Yes -		ion is intere	ested in taki	ocoming educating part in an ed		
Author	risation to	submit				

* indicates a required field

Authorisation details

This section must be completed by an appropriately authorised person on behalf of the applicant organisation.

applicat approve	cion are true ed, my organ ole Effect gra	and correction will	t, and I un be require	derstand	that if my a	application	is
O YES	_			\bigcirc NO			
Authori s Title	sed person * First Name	Last N	ame				
Position	*						
Contact	Phone Num	ber *					
Date of	submission	*					
Must be a	date.						
Feedba	ack						
	ou review you con the applic			UBMIT plea	ase take a mo	oment to pro	vide
Please i ○ Very 6	ndicate how easy O E	you have f asy	ound the o		olication pro Difficult		difficult
How lon	g did it take	you to con	nplete this	applicati	on? *		
How man	y minutes?						
	orovide any s ion process/					itions to th	e
☐ Facel☐ Insta☐ Wanr☐ Word	gram non Water We l of mouth non Water em edin	bsite	Ripple Effe	ct Grants	Program?	k	