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| Cemetery grants program application form |
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**Note: Cemetery trusts must read the** [Cemetery grants program guidelines](https://www.health.vic.gov.au/cemeteries-and-crematoria/cemetery-grants-program) **available at <https://www.health.
vic.gov.au/cemeteries-and-crematoria/cemetery-grants-program> before completing this form.**

# Trust details and eligibility

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| Cemetery trust name:  |
| Cemetery trusts are required to have expended all previous cemetery program grants before a new grant application can be made.Has the trust previously applied to the department for a cemetery grant? If yes, have all previous cemetery grants been acquitted? | [ ]  YES [ ]  NO[ ]  YES [ ]  NO |
| Cemetery trusts are required to have submitted their Abstract of Accounts for the previous financial year before a grant can be considered. Has the trust submitted its Abstract of Accounts? | [ ]  YES [ ]  NO |
| Operational cemetery trusts are required to have a suitable scale of fees.Has the trust reviewed its fee schedule in the past three years?Tick ‘not applicable’ if the trust manages a closed or inactive cemetery.  | [ ]  YES [ ]  NO ☐ Not applicable  |
| Trust members cannot quote or be paid to carry out any part of the proposed works.The trust confirms the attached quotes have not been provided by a trust member or a business that is operated by a trust member.If the quote/s have been provided by a relative or employer of a trust member, the trust confirms it has identified and managed the conflict of interest.  | [ ]  YES[ ]  YES |

# Grant details

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| Estimated **total cost** of the proposed activity/expenditure (GST inclusive): $  |
| Amount sought by the trust (GST inclusive): $  |
| Describe the proposed activity/expenditure:  |
| Please provide details of any other sources of funding related to the proposed activity/expenditure (for example, trust funds, contributions from neighbours, community clubs, local council):  |
| Describe how the proposed activity/expenditure will benefit the cemetery, community or trust member:  |

# Required documentation

This application **must** meet the requirements of the Cemetery grants program guidelines. The following questions will assist the trust to meet the documentation requirements.

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| Has the trust attached two quotes for each item of the proposed expenditure?If no, please indicate below why only quote could be obtained.   | [ ]  YES [ ]  NO |
| Is the application for funding to remove, destroy or lop vegetation?If yes, the trust must complete a Removing, destroying, lopping vegetation attachment. | [ ]  YES [ ]  NO |
| Has the trust attached photos? | [ ]  YES [ ]  NO[ ]  Not applicable |

# **Trust authorisation**

Note: Three trust members **must** sign this application.

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| Trust member name | Signature | Date |
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# Electronic Funds Transfer

## Contact and Banking details

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| Cemetery trust:  |
| Contact person: |
| Postal address: |
| Suburb:  | Postcode:  |
| ABN:  |
| Bank:  |
| Branch:  |
| BSB:  |
| Account number:  |
| Account name:  |

## Verification of bank details

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| --- | --- |
| Please obtain a bank stamp (initialled and dated) to verify the bank account details provided or attach a cancelled cheque or bank deposit slip. | Stamp: |

## Signature of trust chairperson or representative

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| --- | --- | --- |
| Name | Signature | Date |
|  |  |  |

# Lodgement

Email: cemeteries@health.vic.gov.au

Post: Divisional Portfolio Entity and Appointments Advisory Unit
Department of Health

 GPO Box 4057

 MELBOURNE VIC 3001

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| To receive this document in another format, phone 1800 034 280, using the National Relay Service 13 36 77 if required, or email the department <cemeteries@health.vic.gov.au>.Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Australia, Department of Health, April 2024.Available at [Cemetery grants program](https://www.health.vic.gov.au/cemeteries-and-crematoria/cemetery-grants-program) <https://www.health.vic.gov.au/cemeteries-and-crematoria/cemetery-grants-program> |