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| Cemetery grants program application form |
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**Note: Cemetery trusts must read the Cemetery grants program guidelines before completing this form.**

# Trust details

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| Cemetery trust:  |
| Contact person and position:  |
| Postal address:  |
| Phone:  |
| Email:  |
| Has the trust applied to the department for a cemetery grant in the past? [ ]  YES [ ]  NO If yes, have all previous cemetery grants been acquitted? [ ]  YES [ ]  NO  |
| Has the trust submitted its latest Abstract of Accounts? [ ]  YES [ ]  NO  |
| Have the trust’s fees been updated during the past two years? [ ]  YES [ ]  NO  |

# 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 (e.g. trust funds, contributions from neighbours, Lions Club, Rotary, Returned and Services League, local council):  |
| Describe how the proposed activity/expenditure will benefit the cemetery, community or trust member:  |
| Does this application relate to public construction that will cost more than $50,000? [ ]  YES [ ]  NO(E.g. constructing chapels, mausolea, crematoria, roads, fences, drainage, retaining/niche walls, buildings, excavation, grading, engineering design, surveying construction and project management.)If yes, does the proposed expenditure meet the requirements set out in the Class B cemetery trust guidelines for public construction procurement in Victoria? [ ]  YES [ ]  NO |

# 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 the proposed expenditure? [ ]  YES [ ]  NOIf no, please indicate why only quote could be obtained.  |
| Is the application for funding to remove, destroy or lop trees? [ ]  YES [ ]  NOIf yes, has the trust attached the Removing, destroying or lopping trees attachment? [ ]  YES |
| 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:  |
| Postal address: |
| Suburb:  | Postcode:  |
| Email:  | Contact person:  |
| ABN:  |
| Bank:  |
| Branch:  |
| BSB:  |
| Account number:  |
| Account name:  |

## Verification of bank details

|  |  |
| --- | --- |
| 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: Cemetery Sector Governance Support Program
 Department of Health

 GPO Box 4057

 MELBOURNE VIC 3001

Fax: (03) 9096 9186

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| To receive this document in another format email the Cemetery Sector Governance Support Program <cemeteries@health.vic.gov.au>.Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Australia, Department of Health, June 2021.Available at [health.vic](https://www2.health.vic.gov.au/public-health/cemeteries-and-crematoria/grants) <https://www2.health.vic.gov.au/public-health/cemeteries-and-crematoria/grants> |