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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  NO  If no, please indicate why only quote could be obtained. |
| Is the application for funding to remove, destroy or lop trees?  YES  NO  If 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

|  |  |
| --- | --- |
| Cemetery trust: | |
| Postal address: | |
| Suburb: | Postcode: |
| Email: | Contact person: |
| 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

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

# Lodgement

Email: [cemeteries@health.vic.gov.au](mailto: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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