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| Cemetery grants program application form |
| OFFICIAL |

**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

|  |  |
| --- | --- |
| 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: | |
| Does this application relate to public construction that will cost more than $50,000?  For example, constructing chapels, mausolea, roads, fences, drainage, niche walls, buildings, excavation, grading, engineering design, surveying and project management.  Class B cemetery trusts are required to comply with the [guidelines for public construction procurement in Victoria](https://www.health.vic.gov.au/cemeteries-and-crematoria/class-b-cemetery-trust-compliance-for-public-construction-procurement), available at <https://www.health.vic.gov.au/ cemeteries-and-crematoria/class-b-cemetery-trust-compliance-for-public-construction-procurement>. Class A cemetery trusts are required to comply with the Ministerial Directions 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 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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|  |  |  |
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# Electronic Funds Transfer

## Contact and Banking details

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

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

# Lodgement

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

Post: Cemetery Sector Governance Support 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 Cemetery Sector Governance Support Unit](mailto:cemeteries@health.vic.gov.au) <cemeteries@health.vic.gov.au>.  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Australia, Department of Health, November 2022.  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> |