Diversity and Ageing Support Grant 26/27
Form Preview

Introduction

Before Completing this application

1. Please refer to the Community Grants Guidelines
2. If required, discuss your project/program with the Grants and Funding Officer on 03 9209 6777 or grants@portphillip.vic.gov.au

Completing the application

- Save regularly to avoid losing your work you can return and work on the application any time prior to submission.
- Navigate the form by clicking **Next Page** or **Previous Page** or using the index list.
- Having trouble answering a question? Look below each question for hints to help you answer the question.
- If submitting multiple applications, consider having general information e.g. description about your organisation in a word document to cut and paste into each application.
- When you submit the application, you will receive a confirmation email with a PDF copy of the submitted application.
- After submission, changes can not be made to the application.
- After submission, you can also return to **https://portphillip.smartygrants.com.au** at to view a copy of the submitted application.

Documentation required to be uploaded in this form:

- **Public Liability Insurance** Certificate of Currency (to the value of $20 million)
- A copy of your most recent **annual report or annual/financial statement** submitted to Consumer Affairs
- If it is your organisation's first time applying for a City of Port Phillip Community Grant, you will need a copy of your **Rules of Association**
- If you are applying using an Auspice Organisation you will need a **signed certification letter from the Auspice**

Eligibility

* indicates a required field

Eligibility Checklist

Are you a not-for-profit organisation, community group, school, or charity? *
○ Yes ○ No

Are you incorporated or applying through an auspice arrangement? *
○ Yes ○ No

Does your organisation operate within the Port Phillip municipality or are you able to demonstrate that the program benefits residents in the municipality? *
○ Yes ○ No

Can you provide an ABN or an auspice organisation ABN? *
☐ Yes ☐ No

Is your activity primarily focused on seniors and/or culturally and linguistically diverse communities? *
○ Yes ○ No

Are you able to demonstrate financial viability? *
○ Yes ○ No
You will need to provide a copy of your most recent annual report or annual statement/ financial statement submitted to Consumer Affairs

Do you have appropriate insurance for this project? *
○ Yes ○ No
Including but not limited to, public liability to the value of $20 Million, personal volunteer accident insurance, professional indemnity etc

Your organisation has complied with all terms and conditions including the submission of a satisfactory project status and acquittal reports for all previous City of Port Phillip Grants *
☐ Yes ☐ No

If you answered **No** to any of the above eligibility questions please do not proceed with this application. If you have any questions please contact Grants & Funding Officer on 03 9209 6777 or grants@portphillip.vic.gov.au

Child Safe Standards

The City of Port Phillip has zero tolerance for child abuse. We are a committed Child Safe organisation, ensuring that a culture of child safety is embedded into our practices and processes. Every child accessing Council services has the right to feel and be safe. This City embraces diversity and inclusion. Children of all age, gender, race, religion, disability, sexual orientation, family background and social background have equal rights to protection from abuse. All City of Port Phillip Councillors, employees, volunteers, contractors and community representatives must understand and act to prevent, detect, respond to and report any suspicions of child abuse, and maintain a child safe culture.

Grant projects and activities that work directly with children and young people are required to comply with legislation and regulations relating to child safety including, but not limited to, the *Working with Children Act 2005* and the Working with Children Regulations 2016 and the Victorian Child Safe Standards (CSS).

Successful applicants may be required to provide evidence of complying with Victorian Child Safe Standards by completing a declaration and providing copies of Working With Children Checks.

Will your program or activity work directly with children and young people? *
○ Yes ○ No

Does your program / activity comply with the Victorian Child Safe Standards? *
○ Yes ○ No
Successful applicants may be required to provide evidence of complying with Victorian Child Safe Standards by completing a declaration and providing copies of Working With Children Checks

Is your program actively working towards compliance to the satisfaction of the Commission for Children and Young people? *
○ Yes ○ No

If you answered **No** to either of the above two questions unfortunately you are ineligible for funding under the Community Grants Program.

Victorian Government Values Statement

Funded groups are required to uphold the Victorian Government values and the Commitment to Social Cohesion, when delivering their funded projects.

Further information can be found online: Victorian Government Values Statement | vic.gov.au

Do you agree to uphold the Victorian Government values and the Commitment to Social Cohesion? *
☐ Yes ☐ No

If you answeredto this question, unfortunately you are ineligible for funding under the Community Grants Program.

Applicant Organisation Details

* indicates a required field

Applicant Organisation *
Organisation Name

Primary Address *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Postal Address *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Applicant Organisation Phone Number

Must be an Australian phone number.

Applicant Mobile Phone Number *

Must be an Australian phone number.

Primary Website

Must be a URL.

Provide a brief description of your organisation? *

What is its core business? 100 words or less

Name of contact person *

First Name | Last Name

Position held within organisation *

Contact Telephone *

Email Address *

Does your organisation comply with the following Australian and Federal legislation? *

- ☐ Accounting and Auditing Requirements
- ☐ Equal Opportunity and Anti-Discrimination Laws
- ☐ Human Rights Laws
- ☐ Privacy, confidentiality and Freedom of Information Laws
- ☐ Registration or Accreditation of Professional Employees
- ☐ Preparation and Dissemination of Annual Reports
- ☐ Child Safe Standards

You may tick multiple answers. Please tick those that apply.

Are you applying as *

- ○ An Incorporated Organisation
- ○ An Organisation or Group with an Auspice

Incorporated Organisations

What is your organisation's Australian Corporation Number (ACN)

Must be an ACN https://abr.business.gov.au/

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.

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

ACNC Registration

Tax Concessions

Main Business Location

Must be an ABN.

Auspice Organisation Details

* indicates a required field

Auspice Organisation *

Organisation Name

Auspice Postal Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Has the Auspice Organisation agreed to manage the grant? *

○ Yes ○ No

Signed certification letter from Auspice Organisation *

Attach a file:

Auspice Contact Person *

First Name Last Name

Auspice Contact Person Position *

Auspice Contact Person Office Phone Number *

Must be an Australian phone number.

Auspice Contact Person Office Email *

Must be an email address.

What is the auspice's Australian Corporation Number (ACN)

Must be an ACN https://abr.business.gov.au/

Auspice 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.

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

ACNC Registration

Tax Concessions

Main Business Location

Must be an ABN.

Council Priorities and Program Objectives

* indicates a required field

Please indicate which of the following Council Strategic Directions the program aligns with (you may select more than one): *

☐ An Environmentally Sustainable and Resilient City

☐ A Healthy and Connected Community

☐ A Safe and Liveable City

How will the project align with Council's funding priorities selected? *

Must be no more than 100 words. Describe how your project aligns with the Council Priorities selected.

Please indicate the objective your project aligns with: *

- ○ Champion and embrace diversity
- ○ Foster collaboration and mutual support within the community
- ○ Improves the health and well-being of residents
- ○ Provide fair and equitable access to services
- ○ Prepare and build resilience to the impacts of climate change
- ○ Engages the community in enhancing environmental outcomes
- ○ Build community leadership and capacity to respond and recover from emergencies

○ Supports arts, culture, sport and recreation

How will the project align with the program objective? *

Word count:
Must be no more than 150 words.

Project Details

* indicates a required field

Project Title *

Brief description of the project *

Word count:
Must be no more than 30 words. Please provide a brief project description that if successful we can use it to promote your project. Please include: who, what, where and when in this description.

Where will the proposed project / program primary activities take place? *

☐ Online
☐ Albert Park / Middle Park
☐ East St Kilda / Balaclava
☐ Elwood/ Ripponlea
☐ Port Melbourne
☐ South Melbourne
☐ St Kilda Road Neighbourhood
☐ St Kilda
☐ Whole of Port Phillip
☐ Other:

If your project is taking place outside of the municipality please type the suburb in 'other'

Project Start Date *

Must be a date.
must be a date, between 1/12/2026 and 30/11/2027

Project End Date *

Must be a date.
must be a date, between 1/12/2026 and 30/11/2027

Project Proposal

* indicates a required field

Please provide an overview of the project: *

Must be no more than 200 words.
For example: what, when, who, why, where and how

What benefits (outcomes) will this program bring to the community? * *

"What difference will there be?" e.g. Targeted individuals will experience an increased sense of wellbeing after attending the workshops

Demonstrated need for the project

Is your project addressing: *

- ○ An emerging need
- ○ An existing need

Why is this project needed? How did you identify this need? *

Have you consulted with the community? How does your project link to Council's priorites?

Participation

What age groups will your project participants be in? *

- ☐ Children and Youth (0 - 17)
- ☐ Young Adults (12 - 25)
- ☐ Middle-Aged Adults (18 - 49)
- ☐ Older Adults (50 - 64)
- ☐ Seniors (65+)
- ☐ All or Mixed Age Groups

You may select more than one option.

Who are your targeted project participants? *

- ☐ Older people
- ☐ People who identify as LGBTIQA+
- ☐ People with a disability
- ☐ People from multicultural backgrounds
- ☐ First Peoples
- ☐ People at risk of or experiencing homelessness
- ☐ Other:

From which suburbs do you expect project participants to come from? *

- ☐ Port Melbourne
- ☐ South Melbourne
- ☐ Elwood / Ripponlea
- ☐ Albert Park / Middle Park
- ☐ St Kilda

☐ East St Kilda / Balaclava
☐ St Kilda Road Neighbourhood
☐ Whole of Port Phillip
☐ Other:

You may select multiple answers.

How many people will participate in this project? *

Must be a number.

How many participants will be Port Phillip residents? *

Must be a number.

Environmental Sustainability

How will you incorporate recycle, reduce and reuse initiatives into your project? *

Must be no more than 100 words.

Planning and Management

* indicates a required field

Project Planning

How will the project/ program be managed? *

Must be no more than 200 words.

How will you ensure that your project is accessible and inclusive for all participants? *

Word count:
Must be no more than 150 words.
e.g cost, physical access, translation, safe & welcoming spaces

Evaluation

How will you know whether you have achieved the project aim and outcomes? *

Must be no more than 100 words.
Examples include feedback from participants and program evaluation

Project Budget

* indicates a required field

Grant Request

Your project income budget will include details of all proposed project income e.g. ticket sales, grants etc.

Applicants will then specify which items of expenditure City of Port Phillip grant money will be used for.

There are many resources that can help you with writing a budget including The Funding Centre

An example of a grant budget is available on our website

Total cost of this project? *

$

Must be a dollar amount

Funding sought from Port Phillip Community Grants for the project? *

$

Must be a dollar amount and no more than 1000.

Does your project involve volunteers? *

○ Yes ○ No

Volunteers

Total estimated number of volunteer hours:

Must be a number.

Total value of volunteer contribution:

$

This number/amount is calculated.
$28 per hour. Volunteer hours are to be included as inkind contributions in both the income and expense budgets

Project Income

Please list all income, including funding sought from CoPP, other grants, in-kind contributions, and any other income sources allocated towards this project/program.

Income	**$**
	$
	$
	$
Please indicate if any other income is confirmed (C) or not confirmed (NC)	Must be a dollar amount.

Expenditure - City of Port Phillip Grant Funding Only

Please list only the items and amounts you intend to spend **City of Port Phillip grant funding on**. Other project expenditure to be provided in the next section

- *If successful this table will be included in your grant agreement.*
- *Please provide a clear breakdown of items for example*

✔ *promotional costs $800*

✔ *excursion fees $1,000*

✔ *transport costs $700*

Expenditure	**$**
	$
	$
	$
	Must be a dollar amount.

Expenditure - Other Funding

Please outline **other project costs** that will be incurred but you will **not** spend City of Port Phillip grant funding on

Expenditure	**$**
	$
	$
	$

Budget Totals

The below totals are calculated from figures you have entered above.

Income - Expenditure = Balance

- *The balance must equal 0 or you will not be able to submit. If your balances are not 0 please check your figures.*

Income
Total Income

$

This number/amount is calculated.

Expenditure
Total Expenditure

$

This number/amount is calculated.

Balance
Balance

$

This number/amount is calculated.

Documentation

* indicates a required field

Please upload the following information relating to your organisation:

Most recent annual report or annual statement/ financial statement submitted to Consumer Affairs *

Attach a file:

Public liability insurance certificate (to the value of $20 Million) *

Attach a file:

Any other relevant insurance such as volunteer insurance, professional indemnity etc.

Attach a file:

Rules of Association (required if applying for the first time)

Attach a file:

Any other documentation supporting the application.

Attach a file:

Declaration

* indicates a required field

I certify that all details supplied in this application form and in the attached documents are true and correct to the best of my knowledge and that the application has been submitted with the full knowledge and agreement of the management/committee of the applicant organisation.

I have read the Community Grants Guidelines and understand the information contained within it forms part of the conditions of payment if this application is successful.

I agree to contact the City of Port Phillip in the event that any information regarding this application changes or is found to be incorrect.

Declaration of Contact Person *

Title | First Name | Last Name

Do you agree with the above statement *

○ I agree

The personal information requested on this form is being collected by the council for the Community Grants Program. The personal information will be used solely

by the council for that primary purpose or directly related purposes. If this information is not collected the Community Grant application will not be considered eligible, and therefore will not be considered during the assessment process. The applicant understands that the personal information provided is for the verification of Community Grants application and correspondence purposes and that they may apply to the council for access to and/or amendment of the information. Requests for access and or correction should be made to Council's Information Privacy Officer.

Applicant Feedback

* indicates a required field

How did you hear about the Community Grants Program? *

☐ E Bulletin
☐ Email / Newsletter from City of Port Phillip
☐ Council Website
☐ Other:
☐ Word of Mouth

How can City of Port Phillip Community Grants program be improved?

Word count:
Must be no more than 50 words.

Any other comments?

Word count:
Must be no more than 50 words.

Community Organisation Training and Development Requirements

Which of the following training areas would be of benefit to your organisation?

Funding / Finances

☐ Sources of Funding
☐ Grant Writing- Beginner
☐ Grant Writing - Advanced
☐ Fundraising and Sponsorship
☐ Crowfunding
☐ Managing Finances & Budgets
☐ Other:

Volunteers / Staff

- ☐ Natational Standards
- ☐ Volunteer Management and Policies
- ☐ Volunteer Recruitment and Retention
- ☐ Managing Volunteers and the Law
- ☐ Engaging Young People
- ☐ Managing Staff
- ☐ Other:

Communications / Social Media

- ☐ Social Media
- ☐ Marketing and Promotion
- ☐ How to work with media
- ☐ Other:

Management / Governance

- ☐ Creating an Incorporated Organisation
- ☐ Governing a Community Organisation
- ☐ Leading a Child Safe Organisation
- ☐ Making Your Organisation More Inclusive / Accessible
- ☐ Financial Management for Small Organisations
- ☐ Strategic Planning
- ☐ Project Planning
- ☐ Project Evaluation
- ☐ Managing Mental Health in the Workplace
- ☐ Safety, Risk and Insurance
- ☐ Other:

Committees of Management / Boards

- ☐ Top Legal Tips for Community Organisations
- ☐ Roles and Responsibilities
- ☐ How to Conduct an Effective Meeting
- ☐ How to Write Minutes
- ☐ Other:

Other: