Community Grants 2026/27 PS Application Form
Form Preview

Introduction

Before Completing this application

1. Please read the Community Grants Guidelines
2. If required, discuss your 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

Can you provide an ABN or an auspice organisation ABN? *
○ 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

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

Is your group actively working towards compliance with the Victorian Child Safe Standards? *

○ Yes ○ No

If you answered **No to both** 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 answered **No** to 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 or Meeting 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.

Organisation Phone Number *

Must be an Australian phone number.

Website (optional)

Must be a URL.

Provide a brief description of your organisation *

Word count:
Must be no more than 100 words.
What is its core business?

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, charity or community group
○ An Organisation or Group with an Auspice
○ A School

Contact Details

Please provide contact information for 2 members of your organisation.

Contact Person 1 (applicant or project lead) *
First Name Last Name

Position held within organisation *

Phone Number *
Must be an Australian phone number.

Email Address *
Must be an email address.

Contact Person 2 *
First Name Last Name

Position held within organisation *

Phone Number *

Must be an Australian phone number.

Email address *

Must be an email address.

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.

Program Details

* indicates a required field

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Program Title *

Brief description of the program *

Word count:
Must be no more than 50 words. Please provide a brief program description that if successful we can use it to describe your program. Please include: who, what, where and when in this description.

Where will the proposed 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 program is taking place outside of the municipality please type the suburb in 'other'

Program Start Date *

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

Program End Date *

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

Program Proposal

* indicates a required field

Demonstrated need for the program

Is your program addressing: *

- ○ An emerging need
- ○ An existing need

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

Word count:
Must be no more than 100 words. Have you consulted with the community? Does your program link to one of Council's strategies?

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

Word count:
Must be no more than 100 words.
"What difference will there be?" e.g. Targeted individuals will experience an increased sense of wellbeing after attending the workshops

Participation

What age groups will your program 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 program 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 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 program? *

Must be a number.

How many participants will be City of Port Phillip residents? *

Must be a number.

* This question must be answered for your application to be processed.

Environmental Sustainability

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

Word count:
Must be no more than 100 words.

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):

For more detail, refer to the Council Plan and Budget - City of Port Phillip

A Healthy and Connected Community ○

An Environmentally Sustainable and Resilient City ○

A Safe and Liveable City ○

How will the program align with Council's Strategic Directions selected above? *

Word count:
Must be no more than 100 words.

Please indicate the objective your program 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
- ○ Celebrates diversity and multiculturalism

How will your program align with the selected objective? *

Word count:
Must be no more than 150 words.

Planning and Management

* indicates a required field

Program Planning

How will the program be managed? *

Word count:
Must be no more than 200 words.

How will you ensure that your program 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 program aim and outcomes? *

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

Program Budget

* indicates a required field

Grant Request

Your program 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 program? *

$
Must be a dollar amount

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

$
Must be a dollar amount and no more than 1000.

Does your program 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

Program Income

Please list all income, including funding sought from City of Port Phillip, other grants, in-kind contributions, and any other income sources allocated towards this 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 program 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 for social media campaign* *$2,000*

✔ *facilitator costs for 6 workshops* *$4,800*

✔ *workshop materials* *$1,500*

Expenditure	$
	$
	$
	$
	Must be a dollar amount.

Expenditure - Other Funding

Please outline **other program 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 *

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

How did you hear about the Community Grants Program?

- ☐ Council Website
- ☐ Word of Mouth
- ☐ Email / Newsletter from City of Port Phillip
- ☐ Email / Newsletter from other organisation
- ☐ Promotional poster
- ☐ Other:

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
- ☐ Crowdfunding
- ☐ Managing Finances and Budgets
- ☐ Other:

Volunteers / Staff

- ☐ National Standards
- ☐ Volunteer Management and Policies
- ☐ Volunteer Recruitment and Retention
- ☐ Managing Volunteers and the Law
- ☐ Engaging Young People
- ☐ Managing Staff
- ☐ De-escalation/Conflict Training
- ☐ First Aid Training
- ☐ 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: