

Quick Response Grant Program Organisations Application Form 2023-24

Form Preview

Introduction

Before Completing this application

1. Please refer to the [Quick Response Grant Program Guidelines](#)
2. If required, discuss your project 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**
- Recent **Profit and Loss Statement**
- If applying as a **Social Enterprise** you will be required to provide certification by [Social Traders](#) or evidence that includes:
 - having a defined primary social, cultural or environmental purpose consistent with a public or community benefit, and
 - deriving a substantial portion of their income from trade, and
 - investing efforts and resources into their purpose such that public/community benefit outweighs private benefit.
- If you are applying through an Auspice Organisation you will need a **signed certification letter from the Auspice**
- If applying in partnership, you must attach a **letter of support** from your partnership organisation

Eligibility

* indicates a required field

Eligibility Checklist

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Are you a social enterprise, a school, a charity, an incorporated legal entity or auspiced by an incorporated entity? *

☐ Yes ☐ No

Is your organisation a not-for-profit? *

☐ Yes ☐ No

Is your organisation located within the City of Port Phillip 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

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 9209 6777 or grants@portphillip.vic.gov.au

Child Safe Standards

The City of Port Phillip has zero tolerance for child abuse and we are a committed Child Safe organisation. Our commitment is to ensure that a culture of child safety is embedded across our community to safeguard every child and young person accessing City of Port Phillip. All grant applications 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)*.

All grant applications that work directly with children and young people that are not compliant with the [Victorian Child Safe Standards](#) or be actively working towards compliance to the satisfaction of the Commission for Children and Young People, will not be eligible to receive funding under the Community Grant Program. For more information on the Victorian Child Safe Standards please refer to the above link.

For more information on how CoPP is creating a child safe Port Phillip please [Contact us - City of Port Phillip](#).

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 program actively working towards compliance to the satisfaction of the Commission for Children and Young people? *

☐ Yes ☐ No

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If you answered **No** to either of the above two questions unfortunately you are ineligible for funding under the Quick Response Grant 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.

Primary Website

Must be a URL.

Provide a brief description of your organisation? *

Word count:

What is its core business? 100 words or less

Name of contact person *

First Name

Last Name

Position held within organisation *

Contact Telephone

Applicant Mobile Phone Number *

Must be an Australian phone number.

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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: *

- ☐ A social enterprise or An incorporated organisation
- ☐ Auspiced by an incorporated organisation

Social Enterprise or 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.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Auspice Organisation Details

* indicates a required field

Auspice Organisation *

Organisation Name

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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.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information

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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 Priorities the project aligns with (you may select more than one):

Inclusive Port Phillip

☐ Port Phillip is a place for all members of our community, where people feel supported, and comfortable being themselves and expressing their identities. Port Phillip is more accessible and welcoming for people of all ages, backgrounds and abilities

Liveable Port Phillip

☐ Port Phillip is a great place to live, where our community has access to high quality public spaces, development and growth are well managed, and it is safer and easier to connect and travel within.

Sustainable Port Phillip

☐ Port Phillip has a sustainable future, where our community benefits from living in a bayside city that is cleaner, greener, cooler and more beautiful. The importance of action in this area is emphasised by Council declaring a Climate Emergency in 2019.

Vibrant Port Phillip

☐ Port Phillip has a flourishing economy, where our community and local social enterprise thrive, and we maintain and enhance our reputation as one of Melbourne's cultural and creative hubs.

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

Word count:

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

Please indicate the primary objective your project aligns with: *

☐ Support programs and projects that increase social connection and participation, particularly for marginalised, vulnerable and disadvantaged cohorts.

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- ☐ Support programs and projects that enhance, beautify and celebrate our neighbourhoods' character.
- ☐ Support sustainability initiatives that maximise reuse and recycling opportunities and supports the circular economy.
- ☐ Support economic and creative initiatives that encourages access to employment and education.

How will the project align with the primary program objective? *

Word count:

Must be no more than 150 words.

Please indicate the secondary objective your project aligns with (optional):

- ☐ Support programs and projects that increase social connection and participation, particularly for marginalised, vulnerable and disadvantaged cohorts.
- ☐ Support programs and projects that enhance, beautify and celebrate our neighbourhoods' character.
- ☐ Support sustainability initiatives that maximise reuse and recycling opportunities and supports the circular economy.
- ☐ Support economic and creative initiatives that encourages access to employment and education.

How will the project align with the secondary 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? *

- | | | |
|--|--|--|
| <input type="checkbox"/> Online | <input type="checkbox"/> Port Melbourne | <input type="checkbox"/> St Kilda |
| <input type="checkbox"/> Albert Park / Middle Park | <input type="checkbox"/> South Melbourne | <input type="checkbox"/> Whole of Port Phillip |
| <input type="checkbox"/> East St Kilda / Balaclava | <input type="checkbox"/> St Kilda Road Neighbourhood | <input type="checkbox"/> Other: <input type="text"/> |

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☐ Elwood/
Ripponlea

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

Project Start Date *

Must be a date.

Projects must start no earlier than 8 weeks from time of application

Project End Date *

Must be a date.

Projects must end no later than 30/06/2024

Project Proposal

* indicates a required field

Please provide an overview of the project: *

Word count:

Must be no more than 200 words.

For example: what, when, who, why, where and how

What are the expected benefits this project will deliver to the City of Port Phillip community? *

Word count:

Must be no more than 100 words.

Demonstrated need for the project

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

Word count:

Must be no more than 100 words. Have you consulted with the community? How does your project link to Council's priorities?

Why is the program, project or event required to be funded through the Quick Response Grant Program? *

Word count:

Must be no more than 150 words.

Please provide reasoning for applying under this program rather than other Council grant programs. Have you considered

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whether your project aligns with other program's objectives and timelines?

Participation

What age groups will your project participants be in? *

- | | |
|---|--|
| <input type="checkbox"/> Children and Youth (0 - 17) | <input type="checkbox"/> Older Adults (50 - 64) |
| <input type="checkbox"/> Young Adults (12 - 25) | <input type="checkbox"/> Seniors (65+) |
| <input type="checkbox"/> Middle-Aged Adults (18 - 49) | <input type="checkbox"/> All or Mixed Age Groups |

You may select more than one option.

Who are your primary targeted project participants? *

- | | |
|--|---|
| <input type="checkbox"/> Older people | <input type="checkbox"/> First Peoples |
| <input type="checkbox"/> People who identify as LGBTIQ+ | <input type="checkbox"/> People at risk of or experiencing homelessness |
| <input type="checkbox"/> People with a disability | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> People from multicultural backgrounds | |

What strategies will you use to engage participants? *

Word count:

Must be no more than 100 words.

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

- | | |
|--|--|
| <input type="checkbox"/> Port Melbourne | <input type="checkbox"/> East St Kilda / Balaclava |
| <input type="checkbox"/> South Melbourne | <input type="checkbox"/> St Kilda Road |
| <input type="checkbox"/> Elwood / Ripponlea | Neighbourhood |
| <input type="checkbox"/> Albert Park / Middle Park | <input type="checkbox"/> Whole of Port Phillip |
| <input type="checkbox"/> St Kilda | <input type="checkbox"/> Other: <input type="text"/> |

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.

* This space must be completed for your application to be processed.

Environmental Sustainability

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

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Word count:

Must be no more than 100 words.

Planning and Management

* indicates a required field

Project Planning

How will the project/program be planned, managed and implemented? *

Word count:

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

Milestones

Please outline the top three milestones of the project/program.

Milestone name

Milestone 1 Name *

Example Planning; Major Activities; Evaluation

Milestone 2 Name

Example Planning; Major Activities; Evaluation

Milestone 3 Name

Example Planning; Major Activities; Evaluation

Milestone Description

Milestone 1 Description *

Brief overview no more than 50 words.

Milestone 2 Description

Brief overview no more than 50 words.

Milestone 3 Description

Brief overview no more than 50 words.

Milestone

Milestone 1 Expected Completion Date *

Must be a date.

Milestone 2 Expected Completion Date

Must be a date.

Milestone 3 Expected Completion Date

Must be a date.

Evaluation

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

Word count:

Must be no more than 100 words.

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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 [Our Community Website](#)

Total cost of this project? *

\$
Must be a dollar amount

Funding sought from Port Phillip Quick Response Grant Program for the project? *

\$
Must be a dollar amount and no more than 2000.

What is the minimum amount of Port Phillip funding required for the project's viability? *

\$
Must be a dollar amount.

If your organisation is offered funding less than the amount you have requested would you be able to proceed with your project? *

☐ Yes ☐ No

If yes, please discuss any areas where program costs and/or outcomes may vary.

Word count:
Must be no more than 100 words.
If No please advise not applicable.

Does your project involve volunteers? *

☐ Yes ☐ No

Volunteers

Total estimated number of volunteer hours:

Must be a number.

Total value of volunteer contribution:

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\$

This number/amount is calculated.

\$28 per hour. Volunteer hours are to be included as in-kind contributions in both the income and expense budgets

In kind contributions: What is your organisation's contribution to this project? *

Word count:

Must be no more than 100 words.

In-kind contribution is the 'non cash' contribution made by the applicant that can be allocated a financial value, e.g. a venue, transportation etc. In-kind contributions are to be listed in the income and expenditure budgets.

Project Income

Please list all income, including funding sought from CoPP and in-kind contributions for this project.

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 \$500

✓ facilitator fees (2x workshops @ \$600 each) \$1,200

✓ transport costs \$300

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

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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:

Evidence of Social Enterprise Status (if relevant)

Attach a file:

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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 Quick Response Grants Guidelines 2023/24 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 Quick Response 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 Quick Response Grants application and correspondence purposes and that he or she 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

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- ☐ 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.