Form Preview

Introduction

Before completing this application

1.Please refer to the **Quick Response Grant Program Guidelines**

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:

- Evidence of being a City of Port Phillip resident for a minimum of 6 months.
- A letter or **invitation from the hosting organisation** as evidence of the request to participate in the event or activity.

Eligibility

* indicates a required field

Eligibility Checklist

| Have you been a resident o required)? * | f City of Port Phillip for a minimum 6 | months (evidence |
|--|---|------------------|
| ○ Yes | ○ No | |
| Can you provide evidence o | of invitation to participate in the eve | nt? * |
| ○ Yes | ○ No | |

Form Preview

| - | ct status and acquittal report for any previous City of Port |
|---|--|
| ○ Yes | ○ No |
| • | the above eligibility question please do not proceed with this e any questions please contact the Grants and Funding Officer on 03 portphillip.vic.gov.au |
| Child Safe Standa | ards |
| Safe organisation. Our across our community Phillip. All grant applic to comply with legislat | has zero tolerance for child abuse and we are a committed Child commitment is to ensure that a culture of child safety is embedded to safeguard every child and young person accessing City of Port rations that work directly with children and young people are required tion and regulations relating to child safety including but not limited hildren Act 2005 and the Working with Children Regulations 2016 and se Standards (CSS). |
| compliant with the Vic to the satisfaction of the receive funding under | that work directly with children and young people that are not storian Child Safe Standards or be actively working towards compliance he Commission for Children and Young People, will not be eligible to the Community Grant Program. For more information on the Victorian please refer to the above link. |
| For more information of City of Port Phillip. | on how CoPP is creating a child safe Port Phillip please <u>Contact us -</u> |
| Applicant Detail | S |
| * indicates a required | field |
| Applicant * First Name | Last Name |
| Applicant Home Add | dress * |
| | |
| Address Line 1, Suburb/T | Town, and Postcode are required. |
| Applicant Postal Ad Address | dress |
| | |

Form Preview

| Applicant Primary Phone Number |
|--|
| Must be an Australian phone number. |
| Applicant Primary Email * |
| Must be an email address. |
| Applicant Mobile Phone Number * |
| Must be an Australian phone number. |
| Event or Activity Details |
| * indicates a required field |
| Event or activity name * |
| |
| Brief description of event or activity: * |
| Word count: Must be no more than 50 words. This will be used in publications if your application is successful |
| Where will the event or activity take place: * |
| Event or Activity Start Date * |
| Must be a date. Projects must start no earlier than 8 weeks from time of application |
| Event or Activity End Date (if applicable) |
| Must be a date and no later than 30/11/2025. |
| Participation Details |
| Describe the need to attend this event or activity: * |
| |
| Word count: |

Must be no more than 200 words.

Form Preview

100

| Describe the barrier to participate in the event or activity: * |
|---|
| Word count: Must be no more than 200 words. |
| What will be the benefits for the individual and or Port Phillip community with participating in the event or activity: * |
| |
| Word count: Must be no more than 200 words. |
| Event or Activity Budget |
| * indicates a required field |
| Grant request |
| Your project budget must include all costs associated with your project or activity. The income column will include details of all proposed income e.g. other confirmed (C) and n confirmed (NC) grants, in-kind, fundraising, your contribution etc. The expenditure column will include details of project or activity costs, and items the City of Port Phillip grant mon will be used for can be indicated with an asterisk (*) |
| Both columns need to be equal. |
| Budget Example: |
| Income |
| \$ |
| Expenditure |
| \$ CoPP Grant |
| 500 |
| Travel – bus fare (*) |
| 200 |
| Own Contribution |
| 200 |
| Equipment costs (*) |
| 150 |
| Entrance Fee (*) |

Form Preview

| Accommodation – part 50 | (*) | | |
|---|--|----------------------------------|--|
| Accommodation - part | | | |
| 200 | | | |
| Total Income | | | |
| \$700 | | | |
| Total Expenditure | | | |
| \$700 | | | |
| There are many resour Community Website | ces that can help you v | vith writing a budget i | ncluding the Our |
| Total Amount Reque \$ Must be a dollar amount What is the total financia | | ng from City of Port Phill | ip in this application? |
| Budget | | | |
| | | | |
| Income | \$ | Expenditure | \$ |
| Income | \$ | Expenditure | \$ |
| Income | \$ \$ | Expenditure | \$ \$ |
| Income | \$ | Expenditure | \$ |
| Budget Totals | \$ \$ \$ \$ | | \$ \$ \$ |
| | \$ \$ \$ | | \$ \$ \$ |
| Budget Totals Total Income Amount | \$ \$ \$ Total Expenditure Am | ount Income - | \$ \$ \$ Expenditure umber/amount is |
| Budget Totals Total Income Amount \$ This number/amount is | \$ \$ \$ Total Expenditure Am \$ This number/am | ount Income - \$ ount is This no | \$ \$ \$ Expenditure umber/amount is |
| Budget Totals Total Income Amount \$ This number/amount is calculated. | \$ \$ Total Expenditure Am \$ This number/am calculated. | ount Income - \$ ount is This no | \$ \$ \$ Expenditure umber/amount is |

Form Preview

| Please provide at | least 2 do | cuments with | proof of | address | (bank staten | າents, ເ | ıtility bills, | or renta |
|--------------------|------------|---------------|------------|-----------|--------------|----------|----------------|----------|
| receipts etc), one | from the | past month ar | nd one fro | om at lea | st 6 months | prior to | applying | |

| Please upload a letter or invitation from the hosting organisation as evidence of the request to participate in the event or activity: * 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. I have read the Quick Response Grant Program 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 applicant * |
| First Name Last Name |
| |
| Do you agree with the above statement * O I agree |
| The personal information requested on this form is being collected by the council for the Quick Response Grant 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 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 QRGP application and correspondence purposes and that he or she may apply to the council for access to and/or amendment of the information. |
| Applicant Feedback |
| How did you hear about the Quick Response Grant Program? □ Social Media □ Email or Newsletter from City of Port Phillip □ Council Website □ Other: |
| □ Word of Mouth |
| How can the Quick Response Grant Program be improved? |
| Any other comments? |

| Quick Response Grant Program Individuals App | lication Form |
|--|---------------|
| 2024-25 | |
| Form Preview | |