Quick Response Grant Program Organisations Applications form 2026-27

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 cannot be made to the application.
- After submission, you can also return to **https://portphillip.smartygrants.com.au** 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)**
- Most recent **annual report** and/or **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 organisation.**

Eligibility

* indicates a required field

Eligibility Checklist

Are you a social enterprise, a school, a charity, an incorporated legal entity or auspiced by an incorporated entity? *
○ Yes ○ No

Is your organisation not-for-profit? *
○ Yes ○ No

Can you provide your organisation's ABN or an auspice ABN? *
○ Yes ○ No

Is your organisation located within the City of Port Phillip municipality? *
○ Yes ○ No

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

Has your organisation 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 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.

Applicant Organisation Phone Number *

Must be an Australian phone number.

Primary Website

Must be a URL.

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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 the organisation *

Contact Telephone

Applicant Mobile Phone Number *

Must be an Australian phone number.

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 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.

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.

Project Details

* indicates a required field

Project Title *

Brief description of the project *

Word count:

Must be no more than 50 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.
Projects must start no earlier than 8 weeks from time of application

Project End Date *

Must be a date and no later than 30/6/2027.

Project Proposal

* indicates a required field

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? Does your project address a key Council strategy or priority area? etc

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 whether your project aligns with other program's objectives and timelines? Was there an unforeseen gap in budget forecast? Was this an unexpected activity that couldn't be planned for? etc

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 primary targeted project participants? *

- ☐ Older people
- ☐ People who identify as LGBTIQ+
- ☐ People with a disability
- ☐ People from multicultural backgrounds
- ☐ First Peoples
- ☐ People experiencing economic disadvantage
- ☐ Other:

What strategies will you use to engage participants? *

Word count:
Must be no more than 100 words.

From which suburbs do you expect project

- ☐ Port Melbourne
- ☐ East St Kilda / Balaclava

participants to come from? *

☐ South Melbourne
☐ Elwood / Ripponlea
☐ Albert Park / Middle Park
☐ St Kilda
☐ 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.

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.

Environmental Sustainability

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

Word count:
Must be no more than 100 words.

Council Strategic Directions

* indicates a required field

Please indicate which of the following Council Strategic Directions the project 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 ○

A Vibrant and Thriving Community ○

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

Word count:
Must be no more than 100 words.

Please indicate the primary 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
○ Celebrates diversity and multiculturalism

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

Word count:
Must be no more than 150 words.

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

○ 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 a thriving arts, culture, sport and recreation
○ Celebrates diversity and multiculturalism

How will the project align with the secondary program objective?

Word count:
Must be no more than 150 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 Description	Milestone
Milestone 1 Name *	**Milestone 1 Description** *	**Milestone 1 Expected Completion Date** *
Example: Planning	Brief overview no more than 50 words.	Must be a date.
Milestone 2 Name	**Milestone 2 Description**	**Milestone 2 Expected Completion Date**
Example: Major Activities	Brief overview no more than 50 words.	Must be a date.
Milestone 3 Name	**Milestone 3 Description**	**Milestone 3 Expected Completion Date**
Example: Evaluation	Brief overview no more than 50 words.	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.

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 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 provide information where program costs and/or outcomes may vary.

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

How will the City of Port Phillip funding add value to your activity? *

What added value will the grant provide? Please refer to the items you are allocating the CoPP grant funding to in your budget below

What is the impact of not receiving this funding? *

Will you be able to proceed with the activities?

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

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

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 applicable)

Attach a file:

Auspice agreement (if applicable)

Attach a file:

Letter of Support (if applicable)

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 Quick Response 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 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 Quick Response 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 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 Quick Response Grant Program? *

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

How can City of Port Phillip Quick Response Grant Program be improved?

Word count:
Must be no more than 50 words.

Any other comments?

Word count:
Must be no more than 50 words.