

Quick Response Grant Program Individuals - application form 2026-27

Form Preview

Introduction

Before completing this application

1. Please read 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:

- 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 of the City of Port Phillip for a minimum 6 months (evidence required)? *

☐ Yes ☐ No

Can you provide evidence of invitation to participate in the event? *

☐ Yes ☐ No

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Have you complied with all terms and conditions including the submission of a satisfactory project status and acquittal report for any previous City of Port Phillip Grants? *

☐ Yes ☐ No

If this is your first time applying, please select 'Yes'

If you answered **No** to the above eligibility question please do not proceed with this application. If you have any questions please contact the Grants and 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.

Victorian Government Values Statement

Grant recipients 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 Details

* indicates a required field

Applicant *

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First Name

Last Name

Applicant Home Address *

Address

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

Applicant Postal Address

Address

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 the 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? *

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Event or Activity Start Date *

Must be a date.

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

Event or Activity End Date (if applicable)

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

Participation Details

Describe the need for attending this event or activity: *

Word count:

Must be no more than 200 words.

Describe the barriers to participating in the event or activity: *

Word count:

Must be no more than 200 words.

Please provide as much information as possible to explain this barrier

Please provide evidence to support the barrier described (optional):

Attach a file:

Examples include Concession card, Statutory declaration, letter of support

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 not-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 money will be used for can be indicated with an asterisk (*)

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Both columns need to be equal.

Budget Example:

Income

\$

Expenditure

\$

CoPP Grant (NC)

500

Travel – bus fare*

200

Own Contribution (C)

200

Equipment costs*

150

Entrance Fee*

100

Accommodation – part*

50

Accommodation - part

200

Total Income

\$700

Total Expenditure

\$700

There are many resources that can help you with writing a budget including [The Funding Centre](#)

Total cost of this activity? *

\$

Must be a dollar amount.

What is the total cost of all your activity expenses?

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Total Amount Requested from City of Port Phillip? *

\$

Must be a dollar amount and no more than 500.

What is the total financial support you are requesting from City of Port Phillip in this application?

Budget

Income	\$	Expenditure	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

\$

This number/amount is calculated.

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 above

What is the impact of not receiving this funding? *

Will you be able to proceed with the activities?

Documentation

* indicates a required field

Please upload evidence of being a City of Port Phillip resident for a minimum of 6 months *

Attach a file:

Please provide at least 2 documents with proof of address (bank statements, utility bills, or rental receipts etc), one from the past month and one from at least 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:

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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 *

☐ 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 QRGF application and correspondence purposes and that they 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 / Newsletter from other organisation |
| ☐ Council Website | ☐ Promotional poster |
| ☐ Word of Mouth | ☐ Other: <input type="text"/> |
| ☐ Email or Newsletter from City of Port Phillip | |

How can the Quick Response Grant Program be improved?

Any other comments?

