QRGP Unincorporated Community Groups - Application 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 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.

Eligibility

* indicates a required field

Eligibility Checklist

Is your group not-for-profit? *

○ Yes ○ No

Are you an unincorporated community group? *

○ Yes ○ No

Will your activities take place in the City of Port Phillip municipality? *

○ yes ○ no

Has your group 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 and funding? *

○ 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 group 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 Quick Response Grant 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 Quick Response Grant Program.

Applicant Details

* indicates a required field

Applicant Group Name *

Organisation Name

Provide a brief description of your group? *

Word count:

What do you do, how long have you been a group, why do you do what you do, and who is involved (how many members etc)? 100 words or less

Website or Social Media page link (optional)

Must be a URL.

Where does your group meet? *

Address

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

Please demonstrate your group's relationship to the City of Port Phillip municipality? *

Examples include: Your group has a CoPP address, key members of your group are based in CoPP, a website that demonstrates your group is City of Port Phillip focused

Group ABN (optional)

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

Note: the ABN must match the name of your group provided in this application. You cannot provide an ABN belonging to an individual or business.

Does your group 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.

Name of group contact person *

First Name | Last Name

This can be the applicant (you)

Position held within group *

Postal Address *

Address

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

Group Contact Email Address *

Contact Phone Number *

Must be an Australian phone number.

Activity Details

* indicates a required field

Activity name: *

Brief description of the activity: *

Word count:

Must be no more than 50 words. Please provide a brief description of your activities. Please include who, what, where and when in this description.

Why is there a need for the activity? How did you identify this need? *

Word count:
Must be no more than 100 words. Have you consulted with the community? Evidence of community support is generally highly regarded as projects with community buy-in tend to be more successful.

Where will the activity 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

Activity Start Date *

Must be a date.
Activities must start no earlier than 8 weeks from time of application

Activity End Date *

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

Planning and Management

* indicates a required field

Please provide some information about your group's ability to undertake the work you've proposed that will give us confidence that you can complete the activity you've described in this application? *

Word count:
Must be no more than 200 words.
Please provide any information about specific skills and relevant experience, and describe how the activity will be planned, managed and implemented.

How will you ensure that your activity is accessible and inclusive for all participants? *

Word count:
Must be no more than 150 words.
If you are e.g cost, physical access, translation, safe & welcoming spaces

Milestones

Please outline the top three milestones of the activity.

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.

Council Strategic Directions

* indicates a required field

Please indicate which of the following Council Strategic Directions your activities align with (you may select more than one):

A Healthy and Connected Community ○

An Environmentally Sustainable and Resilient City ○

A Safe and Liveable City ○

A Vibrant and Thriving Community ○

How will your activity align with Council's funding priority/ priorities selected? *

Word count:
Must be no more than 100 words. Describe how your activities address the Council Priorities identified.

Activity Outcomes

* indicates a required field

How many people will participate in this activity? *

Must be a number.

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

Must be a number.

What are the expected benefits to the City of Port Phillip community? *

Word count:
Must be no more than 100 words.

Who are your primary targeted participants? *

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

What 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.

What age groups are your participants? *

- ☐ 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.

Environmental Sustainability

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

Word count:
Must be no more than 100 words.

Budget

* indicates a required field

Grant Request

Your income budget will include details of all proposed activity income e.g. THIS City of Port Phillip grant, ticket sales, fundraising, in-kind support, other 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 activity? *

$

Must be a whole dollar amount (no cents).
Must be a dollar amount

Amount requested from Port Phillip Quick Response Grant Program? *

$

Must be a whole dollar amount (no cents) and no more than 750.

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

$

Must be a dollar amount.

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

○ Yes ○ No

If yes, please provide information where costs and/or outcomes may vary.

Word count:
Must be no more than 100 words.

Does your activity 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 group's contribution to this activity? *

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.

Activity Income

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

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 expenditure to be provided in the next section

- *Please provide a clear breakdown of items, for example*

✔ *Public Liability Insurance* *$400*
✔ *Incorporation Costs* *$100*
✔ *Venue hire* *$150*
✔ *Administration costs* *$100*

Please see the guidelines for additional items that can and can't be funded

Expenditure	**$**
	$
	$
	$
	Must be a dollar amount.

Expenditure - Other Funding

Please outline other activity 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

Please upload any support documentation relating to your application (optional):

Letter of support (if applicable)

Attach a file:

Other support documentation

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.

Do you agree with the above statement *

○ I agree

Declaration of Contact Person *

Title | First Name | Last Name

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

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 the 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.