

Seniors Festival 2026 Events Grants Application Form

Form Preview

Introduction

Before completing this application

1. Please refer to the [Seniors Festival Guidelines 2026](#)
2. If required, discuss your project with Seniors Festival Project Lead on 03 9209 6777 or email grants@portphillip.vic.gov.au

Completing the Application

- Put on the kettle and make yourself a cup of tea.
- 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 (to the value of \$20 million)

Eligibility

* indicates a required field

Before completing this application, you are required to read the [Seniors Festival Event Grants Guidelines 2026](#). Please note you cannot apply for more than \$800 (plus GST if applicable)

City of Port Phillip Seniors Festival runs from Thursday 1 to Wednesday 14 October 2026 and your event must occur on or during these dates.

Have you read the Seniors Festival Event Grants Guidelines 2026 *

Yes

No

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Is your organisation a not-for-profit? *

- Yes No

Are you an incorporated legal entity or auspiced by an incorporated entity? *

- Yes No

Does your organisation operate within the Port Phillip municipality or are you able to demonstrate that the program benefits residents within the municipality? *

- Yes No

If you have previously received funding through the City of Port Phillip have you met all acquittal requirements? *

- Yes NA
 No

Do you have Public Liability Insurance with a Certificate of Currency of \$20 million? *

- Yes No

If you have answered NO to any of the above questions you should not proceed with this application. If you have any questions, please contact the Community Building Officer on 9209 6777 or email grants@portphillip.vic.gov.au

Organisation Details

* indicates a required field

Organisation Details

Applicant Organisation *

Organisation Name

Applicant Contact Person *

First Name

Last Name

Applicant Organisation Position *

Applicant Organisation Primary Address *

Address

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

Applicant Organisation Postal Address *

Address

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

**Applicant Organisation
Primary Phone Number**

Must be an Australian phone number.

**Applicant Contact
Person Mobile Phone
Number**

Must be an Australian phone number.

**Applicant Organisation
Primary Email ***

Must be an email address.

**Applicant Organisation
Primary Website**

Must be a URL.

**Applicant Organisation
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.

**Provide a brief
description of what
your cultural and or
community organisation
does: ***

Must be no more than 100 words.
100 word maximum.

**How many members in
your organisation? ***

Number, if you do not have members put 0.

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Is your organisation or group incorporated? *

Yes No

If NO please supply name and contact information of your auspice organisation. (see additional notes in the information kit). Note: Payments are made out to auspice organisations.

Incorporated Organisations

What is your organisations incorporation number

Auspice Organisation Details

Auspice Organisation

Organisation Name

Auspice Contact Person

First Name

Last Name

Auspice Contact Person Position

Auspice Organisation Primary Address

Address

Auspice Organisation Postal Address

Address

Auspice Organisation Primary Phone Number

Must be an Australian phone number.

Auspice Organisation Primary Website

Must be a URL.

Auspice Organisation 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 |
|-----|

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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.

Event Details

* indicates a required field

Program Objectives

Please nominate which program objectives your event will meet: *

- Strengthen and leverage the capacity of local community groups and networks
- Enable access to inclusive and accessible events particularly for older people, people who identify as LGBTIQ+, people with disability, people from multicultural backgrounds, First Peoples, people at risk of or experiencing homelessness, and persons experiencing social and economic disadvantage
- Build social connections, value diversity and address health and wellbeing inequities in our communities
- Promote volunteering whilst enhancing the provision of community services, programs and support
- Foster sustainability initiatives that maximise reuse and recycling opportunities and supports the circular economy.

Please provide details on how your event will meet the nominated objectives: *

Word count:

Must be no more than 200 words.

Council Plan Priorities

Please indicate which of the below priorities the event aligns best with. You may select more than one.

Healthy and Connected

- A Healthy and connected community

Vibrant

- A vibrant and thriving community

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Event Details for Seniors Festival Program

If any of these details change after the grant is approved, the applicant must contact the Seniors Festival Project Lead on 03 9209 6777 or email grants@portphillip.vic.gov.au.

Name of Event: *

Please describe the aim (purpose) of this event: and the benefits to the community *

Must be no more than 200 words.
Describe the specific issue or need you want to address (200 words recommended)

Describe the event as you would like it to read in the Seniors Festival Program *

Must be no more than 100 words.
Provide a short description (100 words recommended) of your event.

Event date:

Must be a date and between 1/10/2026 and 14/10/2026.
You can use the calendar to select a date.

Event start time: *

eg: 10am

Event finish time: *

eg: 2pm

Name of venue where the event is taking place: *

eg: South Melbourne Community Centre

The address of the venue where the event is taking place: *

Address

Suburb State Postcode

Must be an Australian postcode.
Full address

Venue confirmation *

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Have you confirmed the venue availability for date and time?
Provide details i.e. Organisations venue or booked through CoPP
Community Facilities

What is the capacity of venue? (how many people can come?) *

Must be a number.

Participant cost: *

Put a cost for the event or put FREE i.e. FREE includes morning tea

Are bookings are essential? (If not then your event listing will say No Bookings Required) *

Please provide contact and phone number

If bookings are essential please provide the latest date they will be accepted:

Must be a date.

Please nominate which category your event would be classified as:

- | | |
|--|--|
| <input type="radio"/> Dance | <input type="radio"/> Musical afternoons |
| <input type="radio"/> Exhibition | <input type="radio"/> Talks |
| <input type="radio"/> Fitness | <input type="radio"/> Literary events |
| <input type="radio"/> Gardening | <input type="radio"/> Showcases |
| <input type="radio"/> Information sessions | <input type="radio"/> Other: |

Movies

Target Population

How many participants do you estimate will attend?

Must be a number.

How many of the participants will be Port Phillip residents? (estimate) *

Must be a number.

Planning Management

How will your organisation plan and manage the event to ensure environmental sustainability? *

Word count:

Must be no more than 150 words

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How many volunteers will be needed to organise and run this event? *

Must be a number.

How many volunteer hours will be needed to organise and run this event? *

Must be a number.

Budget

* indicates a required field

Budget

Please note maximum funding available per application is \$800 (+GST if applicable), please do not apply for more.

Overall cost of this project *

Must be a dollar amount.

What is the total budgeted cost (dollars) of your project?

Total funds sought from Port Phillip Seniors Festival Grants - up to \$800 only *

Must be a dollar amount, do not apply for more than \$800, if you are registered for GST it will be added on to your requested amount. Depending on the demand for event funding your organisation may not be allocated the full amount of your request.

If you are not allocated your full requested amount will you be able to go ahead with your event? *

Yes

No

Are you applying for funding for this project from other sources *

Yes

No

If Yes, please advise from where and how much?

Word count:

Must be no more than 150 words.

What in-kind contributions will your organisation bring to the program? *

Word count:

Must be no more than 150 words.

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eg: Administration, catering, set up, advertising etc

Budget

| Income | \$ | Expenditure | \$ |
|---|----|-------------|----|
| Port Phillip Seniors Festival Grant | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| This space must be completed for your application to be processed, your columns totals should equal each other. | | | |

Additional Information

Please attach the following information relating to your organisation:

Public liability insurance certificate *

Attach a file:

The certificate of currency needs to be for a minimum of \$20 million.

Other relevant document

Attach a file:

This could include documents that are legal or financial in nature that supports your application.

Application Checklist

* indicates a required field

1. Have you attached your certificate of Public Liability Insurance *

Yes No

2. Have you included your ABN? *

Yes No

Do you currently have any acquittal forms

Yes No NA

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overdue from previous grants rounds? *

Declaration

I certify that all details 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 full knowledge and agreement of the management/committee of the applicant organisation.

I have read the [Seniors Festival Event Grants Guidelines 2026](#) 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.

I agree to the above *

Applicant Contact

First Name

Last Name

Applicant Contact Position

The personal information requested on this form is collected by Council for the Seniors Festival Funding Grants. This information will be used solely by Council for this primary purpose or directly related purposes. Without this information the Seniors Festival Funding Grant application will not be eligible, and not be considered during the assessment process. The applicant understands that the personal information provided is for the verification of the Seniors Festival Funding Grants application and correspondence purposes. The applicant may apply to the Council for access to and/or amendment of the information. Requests for access and or correction should be made to Seniors Festival Funding Grants Officer.

Applicant Feedback

*** indicates a required field**

Applicant Feedback

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How did you hear about the Seniors Festival Funding Grants Program

*

- Council website
- Word of Mouth

- E bulletin
- Other:

Did you find the guidelines and application form easy to understand? *

- Yes No

How can they be improved?

Any other comments?

Community Organisation Training and Development Requirements

Which of the following training areas would be of benefit to your organisation?

Funding / Finances

- Sources of Funding
- Grant writing - Beginner
- Grant writing - Advanced
- Fundraising and Sponsorship
- Crowdfunding
- Managing Finances and Budget
- Other:

Staff / Volunteers

- National Standards
- Volunteer Management and Policies
- Volunteer Recruitment and Retention
- Engaging Young People
- First Aid Training
- Managing Staff
- Managing Volunteers and the Law
- De-escalation / Conflict Training
- Other:

Communications / Social Media

- Social Media
- Marketing and Promotion
- How to Work with Media
- Other:

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Management / Governance

- Creating an incorporated organisation
- Governing a Community Organisation
- Leading a Child Safe Organisation
- Making Your Organisation more Inclusive/ Accessible
- Financial Management for Small Organisations
- Strategic Planning
- Project Planning
- Project Evaluation
- Managing Mental Health in the Workplace
- Safety, Risk and Insurance
- Other:

Committees of Management/ Boards

- Top Legal Tips for Community Organisations
- Roles and Responsibilities
- How to Conduct an Effective Meeting
- How to Write Minutes
- Other:

Other