Introduction

Before Completing this application

- 1.Please refer to the Youth Access Grant Guidelines
- 2.If required, discuss your project with the grant contact, Martika Shakoor martika.shakoor@portphillip.vic.gov.au or call 03 9209 6777

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:

Proof of age • Proof of age is required with the application to demonstrate the intended beneficiary is aged 12 to 18 years. This can include a birth certificate, passport, driver's licence or proof of age card.

Live, work, study or recreate in the City of Port Phillip • At least one document that demonstrates the recipient lives, works, studies or recreates in the City of Port Phillip. This could include evidence of the parent or carer's proof of residence.

Eligibility

* indicates a required field

Eligibility Checklist

Is the beneficiary aged between 12 to 18 years (at the time of application) * \odot Yes

Note: A parent or carer must complete and submit the application if the intended beneficiary is aged 12 to 17 years. If the application is successful, the parent or carer will also be responsible for managing the funds and completing an acquittal report. An organisation cannot submit an application or manage a grant on behalf of an individual.

Does the beneficiary O Yes	y live, work, study oı	recreate in the City of Port Phillip? * O No
	any of the above eligib	
	have any further quest	ility questions, please do not proceed with ions, please reach out to the grant contact
Child Safe Standa	ards	
Safe organisation. Our across our community Phillip. All grant applic to comply with legislat	commitment is to ensue to safeguard every ching ations that work directly ion and regulations relabilities.	child abuse and we are a committed Child ure that a culture of child safety is embedded ld and young person accessing City of Port y with children and young people are required ating to child safety including but not limited a Working with Children Regulations 2016 and
compliant with the Vic to the satisfaction of the receive funding under	torian Child Safe Stand ne Commission for Chile	children and young people that are not ards or be actively working towards compliance dren and Young People, will not be eligible to Program. For more information on the Victorian e link.
Applicant Detail	S	
* indicates a required	field	
Applicant First Name	Last Name	
Applicant Home Add Address	Iress	
Applicant Mobile Ph	one Number	
Must be an Australian ph	one number.	
Applicant Personal I	Email	
Must be an email address	S.	
Reneficiciary name		

Last Name

First Name

Title

What is the age of the benefit 0 12 0 13 0 14 0 15 0 16 0 17 0 18	ciary at time of a	pplication? *	
Please tick any of the following beneficiary: (optional) experiencing financial disadv. living in social/public, or community from First Peoples backgroun from a culturally and linguisti living with disability gender diverse/non-binary Other: Recreation Activity Details.	antage munity housing (inc d cally diverse (CALD	cluding transitional h	
* indicates a required field			
Brief description of the activity: *			
	description that if su	an 30 words. Please pro accessful we can use it de: who, what, where a	to promote your
Where will the proposed activity take place? *	☐ Online ☐ Albert Park / Middle Park ☐ East St Kilda / Balaclava ☐ Elwood/ Ripponlea If your project is taki	☐ Port Melbourne ☐ South Melbourne ☐ St Kilda Road Neighbourhood	□ Whole of PortPhillip□ Other:
Activity Start Date *	Must be a date and i	no earlier than 1/4/202	25.
Activity End Date *			

	Must be a date and no later than 30/9/2025.	
Describe the need for the young person to participate in this		
activity? *	Up to 100 words	
What are the top two expected benefits for the young person? *		
, , ,	up to 100 words	

Project Budget

Grant Request

Your activity **income** budget will include details of all proposed activity income e.g. City of Port Phillip (CoPP) Grant, in-kind contribution, fundraising etc.

Applicants will then specify the items of **expenditure** allocated towards the activity (please add "City of Port Phillip" beside all expenditure items the grant will be used for).

Income and Expenditure columns should equal the same value.

There are many resources that can help you with writing a budget including Our Community Website

Budget

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

Budget Totals

otal Income Amount	Total Expenditure Amount	Income - Expenditure
\$	\$	\$
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated. This should equal 0

Documentation

* indicates a required field

Please upload proof of age documentation to demonstrate the intended beneficiary is aged 12 to 18 years *

Attach a file:

This can include birth certificate, passport, driver's licence, or proof of age card

Please upload at least one document that demonstrates the beneficiary lives, works, studies or recreates in the City of Port Phillip. *

Attach a file:

This could include evidence of the applicant, parent or carer's proof of residence (bank statements, utility bills, or rental receipts etc)

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 Youth Access Grants 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	Title	First Name	Last Name
Declaration of Applicant *	Title	riist ivaille	Last Name
	beneficiar successful	y is aged 12 to 17 ye , the parent or carer	te this section if the intenders. If the application is will also be responsible folleting an acquittal report.
Do you agree with the above statement *	○ l agre	e	
	•		equested on this form is acil for the Youth Access

being collected by the council for the Youth Access
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
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 Youth Access Grants
Program 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

* indicates a required field

How did you hear about the Youth Access Grants Program? *	 □ School / Community Organisation □ Council □ Word of Mouth □ Email / Newsletter from City of Port Phillip □ E Bulletin □ Other: 		
How can Youth Access Grants Program be improved?			
proteat	Word count: Must be no more than 50 words.		
Any other comments?			
	Word count: Must be no more than 50 words.		