

# Venue Hire Grant Application form 2025

## Form Preview

### Venue booking

\* indicates a required field

**Have you received your booking confirmation or hire agreement? \***

- ☐ Yes  
☐ No

**Do you know the cost of the venue booking? \***

- ☐ Yes  
☐ No

**Have you read the Facility Hire Grant Guidelines and acknowledge that this grant does not cover bond or auxillary costs? \***

- ☐ Yes  
☐ No

### Ineligible

Due to the answers you have provided, you are not currently eligible to apply for a Facility Hire Grant for your event.

***Please obtain the required information and update your answers.***

Glen Eira Community Strengthening Officers are available for all grants queries on 03 9524 3333 or via [communitygrants@gleneira.vic.gov.au](mailto:communitygrants@gleneira.vic.gov.au)

### Part 1: Contact details

\* indicates a required field

Complete each part and include attachments where required.

Incomplete applications will not be considered.

**Name of organsiation: \***

**Street Address \***

Address

  

Suburb State Postcode

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

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### Who should we contact if we have a question about the application?

**Contact Name: \***

Title

First Name

Last Name

### Provide details of a committee member (other than the application contact)

**Committee member name**

Title

First Name

Last Name

**Position: \***

**Business hours telephone: \***

Must be an Australian phone number

**Committee member position:**

**Committee member business hours telephone:**

Must be an Australian phone number.

**Email: \***

**Committee member email:**

Must be an email address.

## Part 2: Eligibility details

\* indicates a required field

### Are you a not-for-profit group/organisation that services the Glen Eira community? \*

☐ Yes

☐ No (ineligible to apply)

If your organisation is not a not-for-profit entity you can not apply.

### What legal status is your organisation? \*

- ☐ Incorporated Association - incorporated under State/Territory legislation
- ☐ Company registered under the Corporations Act 2001 (Cth)
- ☐ Aboriginal and Torres Strait Islander corporation registered under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cth)
- ☐ Other entity established by statute

### What is your incorporation number?

If your organisation has an incorporate number provide it here.

### What is your 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	

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## Form Preview

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

**Attach a copy of your certificate of currency for Public Liability Insurance to the value of \$20 million. \***

Attach a file:

**MOVE What is your annual membership fee? \***

Must be a dollar amount

**MOVE Attach your most recent annual financial report \***

Attach a file:

**MOVE - REMOVE What is the approximate annual operating budget of your organisation?**

- ☐ Less than \$10,000    ☐ \$10,000-\$20,000    ☐ \$20,000-\$50,000    ☐ \$50,000-\$100,000    ☐ \$100,000 +

## Part 3: Background (painting the picture of who your group is)

\* indicates a required field

**What are your organisation's aims and objectives? \***

**Number of Glen Eira members or service users in your organisation? \***

Must be a number

**Overall number of active members or service users in your organisation: \***

Must be a number

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### Part 4: Purpose of request

\* indicates a required field

Please tell us about your proposed event - what are you doing? Who are you doing it for? Why is it important?

**Title of event: \***

**Describe the event: \***

at least 50 characters

**Main activities of the event: \***

**Number of individuals to attend the event: \***

Must be a number

**Number of Glen Eira residents to attend the event: \***

Must be a number. This number should not exceed the 'Number of individuals to attend the event'

**How will this event benefit the Glen Eira Community? \***

at least 50 characters

(Provide details of the number of Glen Eira residents expected to benefit/attend and list the expected outcomes)

**Is there any further information that will support your application? (detail below)**

### Part 5: Where and When

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**BEFORE YOU SUBMIT THIS APPLICATION YOU MUST BOOK THE FACILITY WITH THE APPRIATE AREA IN COUNCIL.**

Payment for facility hire will be made by a Council internal transfer.

Location	Date/s of facility booking	Time of booking:	Cost of booking (\$)	Booking confirmation
	Must be a date.	If you are booking for a certain time provide details here.	Use whole numbers	

## Acquittal Process

\* indicates a required field

All Glen Eira City Council grants now require an acquittal after completion of your applied event or project.

As this is an in-kind grant where funding is transferred between Glen Eira departments upon success, feedback and reflection of your event is the only required component of a Facility Hire Grant.

**Do you acknowledge the requirement for post-event feedback and reflection as part of this grant acquittal process \***

- ☐ Yes  
☐ No

Acquittal will be sent four weeks from grant approval date or four weeks post event depending on which is later.

## Acquittal Requirements

Details asked for in the acquittal process include:

- Attendance numbers (and if this did or did not meet expected attendance and why)
- Reflection on how the event went in comparison to intended aims.
- Photographs of your event

## Part 6: Declaration

\* indicates a required field

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"I certify:

- I am authorised as a representative of the organisation to make this application for a facility hire grant and sign this document;
- the information provided is true and correct and an accurate representation of the organisation's status;
- I acknowledge that any material misstatement may invalidate the application and any grant given making the organisation liable to repay the grant."

**Declaration: \***

- ☐ Yes, I have read and agree  
☐ No, I do not agree

**Authorised persons name \***

Title

First Name

Last Name

**Organisation Name \***

**Position \***

**Email \***

Must be an email address.

**Phone Number \***

Must be an Australian phone number.

**Date \***

Must be a date

## Information privacy

The personal information requested on this form is collected in order to provide the service or function referred to. Your personal information will only be shared with Council staff who are involved in providing the service or function or with the enforcement of related terms and conditions.

If you would like to access your personal information or amend it, please contact Council's Privacy officer on 9524 3333. A copy of Council's Privacy Policy is available at [www.gleneira.vic.gov.au](http://www.gleneira.vic.gov.au)