

Small Grants Program 2627

Form Preview

Welcome to Small Grants 26/27

Update for 26/27

In line with the new financial year, Glen Eira City Council's Community Strengthening team has introduced round-based application periods to align with Council's grant assessment and decision-making timelines.

Council will provide outcomes for grant applications at the following times each year:

- September
- December
- March
- June

To support timely assessment and decision-making, each application round will close approximately 8 weeks prior to the relevant outcome period.

Applicants are encouraged to plan ahead and submit their applications within the appropriate round to ensure consideration within the desired timeframe.

Contact Community Strengthening with any questions

The Community Strengthening Team are available Mon-Fri for any grants related queries.

Please feel free to reach out via 03 9524 3333 and ask for a Community Grants and Awards Officer or email via communitygrants@gleneira.vic.gov.au.

Eligibility - Let's check if you are eligible to apply

* indicates a required field

1 - Are you a not-for-profit community group or organisation that provides services to the Glen Eira community? *

☐ Yes ☐ No (ineligible to apply)

If your organisation isn't a not-for-profit entity you can't apply.

Sorry, you are ineligible to apply for a Glen Eira City Council Community Grant

Unfortunately you have answered 'No' to the first question, which means you are ineligible to apply. This program was established to provide grants to not-for-profit groups/organisations that provide services to/support Glen Eira residents.

2 - Is your organisation incorporated? *

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☐ Yes

☐ No (potentially ineligible to apply)

If your organisation is not incorporated you can not apply, unless you are auspiced by an organisation that meets the eligibility requirements.

3 - Does your organisation have an ABN? *

☐ Yes

☐ No (potentially ineligible to apply)

If your organisation does not have an ABN you can not apply, unless you are auspiced by an organisation that meets the eligibility requirements.

4 - Does your organisation have a minimum of \$20 million public liability insurance? *

☐ Yes

☐ No (potentially ineligible to apply)

If your organisation does not have public liability insurance to a value of \$20 million you cannot apply, unless you are insured through an eligible auspice organisation.

If you answered no to questions 2, 3 or 4 you are only eligible to apply if you have an auspice organisation that agrees to support and manage your application and grant.

Are you using an auspice organisation?

☐ Yes

☐ No

Sorry, you are ineligible to apply for a Glen Eira City Council Community Grant

Unfortunately, your answers to the above questions mean that you do not meet the eligibility requirements to apply for a Glen Eira City Council Community Grant. This program was established to provide grants to not-for-profit groups/organisations that service/support Glen Eira Residents, are incorporated, have an ABN and public liability insurance in a minimum value of \$20 million.

Organisation details

* indicates a required field

Name of organisation *

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation.

Physical address of organisation *

Address

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

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Postal address of organisation *

Address

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

Website

Must be a URL.

Copy from your website.

Facebook page

Provide a URL

Contact

Primary Contact

Who is the first person we should contact if we have any questions about your application? *

Title	First Name	Last Name

Position title *

Phone number *

Include the area code, eg 03 95243333

Email address *

Must be an email address.

Who is the first person we should contact if we have any questions about your application? *

Title	First Name	Last Name

Position title *

Phone number *

Include the area code, eg 03 95243333

Email address *

Must be an email address.

Secondary Contact

Secondary contact name

Title	First Name	Last Name

Hint this could be a member of the Committee, or the person signing the declaration

Position title

Phone number

Must be an Australian phone number.

Email address

Must be an email address.

Secondary contact name

Title	First Name	Last Name

Hint this could be a member of the Committee, or the person signing the declaration

Position title

Phone number

Must be an Australian phone number.

Email address

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Who is the first person we should contact if we have any questions about your application? *

Title	First Name	Last Name

Position title *

Phone number *

Include the area code, eg 03 95243333

Email address *

Must be an email address.

Must be an email address.

Secondary contact name

Title	First Name	Last Name

Hint this could be a member of the Committee, or the person signing the declaration

Position title

Phone number

Must be an Australian phone number.

Email address

Must be an email address.

Incorporation ACN or ICN number:

Australian Company Number (ACN), Indigenous Corporation Number (ICN)

What legal status is your organisation? *

- ☐ Incorporated Association - incorporated under State/Territory legislation
- ☐ Company registered under the Corporations Act 2001 (e.g. Company Limited by Guarantee, Australian Public Company)
- ☐ Aboriginal and Torres Strait Islander corporation registered under the Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cth)
- ☐ Other entity established by statute

ABN

Applicant 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

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ACNC Registration
Tax Concessions
Main Business Location

Must be an ABN.

Attach your public liability insurance Certificate of Currency *

Attach a file:

A minimum of 1 file must be attached.

Insurance date of renewal *

Must be a date.

The date that your Public Liability Insurance is due to be renewed.

What does your organisation do? *

Word count:

Must be no more than 100 words.

Your answer may be your mission/vision statement or a brief description of the core reason for your group operating.

How many members/services users in your organisation? *

Must be a whole number (no decimal place).

What is the membership fee per year? *

\$

Must be a whole dollar amount (no cents).

You can put \$0 if there is no membership fee

How many Glen Eira residents are served by your organisation? *

Must be a whole number (no decimal place).

Attach your most recent annual financial report *

Attach a file:

A minimum of 1 file must be attached.

If most recent financial report is more than 12 months old please provide an explanation.

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This may include that date of your next Annual General Meeting

Auspice

* indicates a required field

Attach auspice paperwork here *

Attach a file:

See link to the Council's auspice form below

Community Groups that do not meet the eligibility requires may apply under the auspice of a Group that does meet the eligibility requirements. Community Groups are not able to provide auspice for individuals, sole traders, or for-profit businesses.

The auspicings form is available on Council's website: [Auspice paperwork](#)

Auspice Organisation

Auspice Organisation *

Organisation Name

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	
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.

Auspice Primary Address *

Address

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Auspice Primary Website

Must be a URL.

Attach Auspicing agent's public liability insurance Certificate of Currency *

Attach a file:

Insurance date of renewal *

Must be a date.

Auspicing agents Incorporation ACN or ICN number: *

Attach your Auspice agents most recent annual financial report *

Attach a file:

Auspice contact details

This will be the person who represents the auspice organisation, and is responsible for:

- receiving, banking and administering all monies related to the grant;
- monitoring the project and ensuring timely completion;
- completing the financial acquittal and ensuring funding is acquitted on time; and
- providing the group with public liability insurance.

Name *

Title First Name Last Name

Auspice Project Contact Position *

Auspice Project Contact Primary Phone Number *

Must be an Australian phone number.

Auspice Project Contact Primary Email *

Must be an email address.

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Project details

* indicates a required field

Project Title *

Are you seeking funding to: *

- ☐ responding to an identified community need?
- ☐ matching funding from another source?
- ☐ trying out a new idea or activity?
- ☐ other?

Provide details of the other funding source:

How does the idea/activity differ from what has been done in the past?

Please provide more details:

Provide a brief description of your project *

Word count:

Must be no more than 200 words.

Provide a short description of your project - what do you plan to do?

Choose a program objective that best aligns with your project: *

- | | |
|---|---|
| ☐ build capacity and establish good governance | ☐ support environmental sustainability |
| ☐ support small programs, activities and events | ☐ support volunteering |
| ☐ support cultural celebrations | ☐ support neighbourhood projects |
| ☐ support sport and recreation | ☐ support health and wellbeing |
| ☐ support social inclusion and community connectedness | ☐ support diversity. |

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Explain the key stages of the project. *

Word count:

Must be no more than 500 words.

How do you plan to implement the project? Include any provisions you will have to comply with DHHS COVID-safe guidelines.

Explain the expected outcomes of the project. *

Word count:

Must be no more than 300 words. Be specific and describe what benefit this project will have on the community.

Where will the project take place?

Provide location name/s and full address

What is the expected timeframe for delivery of project? *

How many people will benefit from this project? *

Must be a whole number (no decimal place).

How many Glen Eira residents will benefit from this project? *

Must be a whole number (no decimal place).

Attach additional information that will support your application.

Attach a file:

Only enter information that cannot be entered in the application form.

Budget

* indicates a required field

Totals

These numbers are automatically calculated and can only be adjusted by changing the numbers in the budget table.

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Calculated Cost of Project

\$

This number/amount is calculated.

Calculated Cost of Grant request *

\$

This number/amount is calculated.

The maximum amount able to be applied for is

\$1,000

Budget

Please note, any expenses over \$100 require a quote or proof of cost (screenshots are acceptable). Failure to provide evidence of cost may rule the budget item ineligible for funding.

Describe the project item/s that you want funded	Cost of project item (\$)	Upload evidence of cost (for items \$100 or more)	Grant request (\$)
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At least one cost must be entered.	Round up to whole numbers Must be a whole number (no decimal place).		Must be a whole number (no decimal place).

Part funding

Council may decide to support your grant request with a funding amount of less than the amount you have requested.

This may be because some items you requested are listed in the guidelines under the heading of 'What will not be funded'. Or, in cases where sufficient funds are not available, Council may award a smaller amount than requested to show support for the project.

If Council approves part funding of your grant request would you consider adapting your project plan for the project to go forward? *

☐ Yes

☐ No

Provide details of how you would adapt your project plan if part funded.

Declaration

* indicates a required field

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I certify and/or acknowledge and agree as applicable*:

- I am authorised by the President or Secretary of this group/organisation to submit this application.
- The information provided is true and correct and is an accurate representation of the organisation's status.
- All information provided (with the exception of individual's personal information) may be inspected by and/or made available to members of the public.
- That any material misstatement may invalidate this application and any subsequent grant allocated and may result in the organisation being liable to repay the amount of the grant.
- The Conditions of Funding on page 4 of the Small Grants Program Guidelines Council's website at: <https://www.gleneira.vic.gov.au/about-council/grants-and-recognition/grants-and-funding/small-grants-program>

Declaration *

☐ Yes, I have read and agree with the information in this application

Name *

Title First Name Last Name

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Position *

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Date *

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Must be a date.

Community Development Mailing List

Would you like to join the Community Development mailing list? Members of the Community Development mailing list receive a range of community information such as upcoming events and workshops along with the Our Community newsletter and other publications.

Join the mailing list here: <https://www.gleneira.vic.gov.au/about-council/grants-and-recognition/community-group-opportunities>

Feedback

We are interesting in hearing your thoughts on how you found the application process.

How easy was it to fill out the form?

- ☐ Very easy
- ☐ Easy
- ☐ Okay
- ☐ A bit difficult
- ☐ Very difficult

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How long did it take you to complete this form?

Any comments or feedback for us?