

2024 - Community Small Grants Start Up Category

Form Preview

Eligibility

* indicates a required field

Program

This field is read only.

Applicants: Please Note

Before completing this application form, you should have read the: [Kingston Grants Program Guidelines](#)

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help determine your eligibility for this grant stream. It is important that you read and understand the Confirmation of Eligibility and acknowledge that you meet the criteria.

If you have any questions in regards to these eligibility criteria, please contact the Community Grants team on **1300 653 356** or email community@kingston.vic.gov.au.

Please quote the application number below for all enquiries:

Application number

This field is read only.

Confirmation of Eligibility

Organisations must:

- Be registering as not-for-profit and managed by a volunteer board/committee of management
- Have majority members as Kingston residents
- Be physically located within the City of Kingston geographical boundaries or if located outside the City of Kingston geographical boundaries, have a majority number of Kingston residents (e.g. more than 50% of active members or participants) or be able to demonstrate significant benefit to the Kingston community
- Submit a complete application, including attachments or other supporting information requested by Council
- Adhere to the [Victorian Child Safe Standards](#)

I confirm the above eligibility *

☐ Yes ☐ No

You must confirm that all statements above are true and correct.

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Ineligible

Your response indicates that you are ineligible for Kingston's Community Small grant start up category.

For further information please contact the Kingston grants officers on 1300 653 356 or email community@kingston.vic.gov.au

Organisation Details

* indicates a required field

Name of group *

Organisation Name

Purpose of group *

Provide summary of activities your group will undertake

Meeting address or proposed meeting address

Address

Address where organisation meets

Number of members in your group/organisation *

Must be a number.

Number of members who are Kingston residents *

Must be a number.

Contact Details

* indicates a required field

Applicant Details

Logo

Attach a file:

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Upload a logo or image that represents your organisation. Drag and resize the square to define the area of the image you wish to submit.

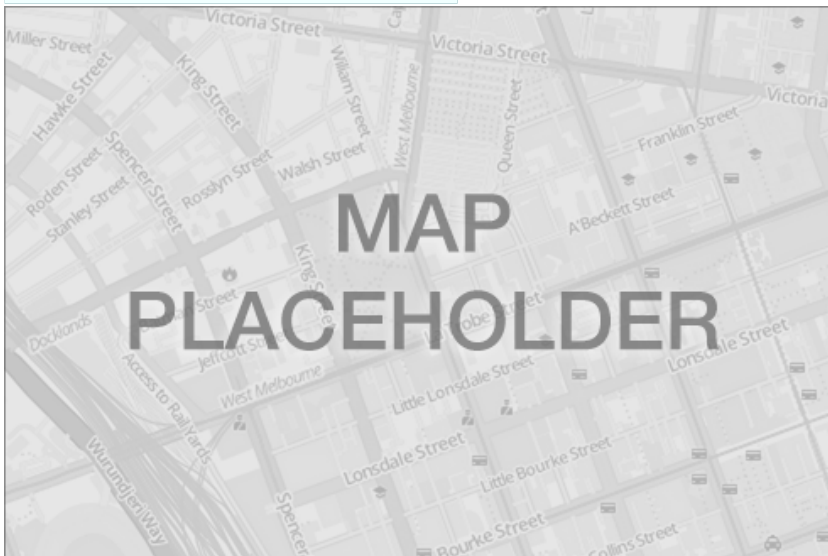
Applicant contact *

Title First Name Last Name

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Applicant primary address

Address



Applicant postal address

Address

PO Box preferred or 'as above'

Applicant primary phone number *

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Must be an Australian phone number.
Mobile number preferred

Applicant email address *

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Must be an email address.

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Applicant website

Must be a URL.

Project Details

* indicates a required field

Group name *

Short activity description *

What activities will your group undertake? Why is this group needed? How does your group align with the City of Kingston's outcomes - livability; environmentally sustainable; public health and wellbeing; connected, diverse and inclusive; economic prosperity; and informed and empowered?

Proposed start date of activity

Must be a date.

Proposed end date of activity

Must be a date.

Activities

What steps will you take to establish your new group with the funding requested:

example : Incorporation, insurance, venue hire for first year

Activity

One item per row.
Must be no more than 20 words.

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Budget

Total amount requested

\$

What is the total financial support you are requesting in this application?

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Total project/program cost

\$

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

Expenditure Description

Expenditure Amount (\$)

Funding source ie Council or other

	\$	
	\$	
	\$	
	\$	

Budget Totals

Total expenditure amount

\$

This number/amount is calculated.

Bank Details

Bank Name

Bank Account

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval and/or Funding Agreement.

I agree *

☐ Yes

☐ No

Name of proposed authorised person *

Title

First Name

Last Name

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Must be a senior staff member, board member or appropriately authorised volunteer

Proposed position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Contact email *

Must be an email address.

Date *

Must be a date

Applicant Feedback

Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback

Please indicate how you found the online application process

☐ Very easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very difficult

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider

Do you know someone in your organisation who may be a worthy nomination for Kingston Council's Awards (Citizen and Young Citizen of the Year or Kingston's Woman of the Year Awards)?

Please note this is NOT a nomination. By providing the information below you have agreed that you may be contacted in the future about the Kingston Awards or Woman of the Year Awards.

Name of Person

Nomination for:

☐ Citizen of the Year

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- ☐ Young Citizen of the Year
- ☐ Woman of the Year

Information Privacy

The City of Kingston is committed to protecting your privacy. The personal information requested on this form is being collected by City of Kingston for the purpose of grant administration and/or any other directly related purpose. It will not be disclosed to any other external party without your consent, unless required or authorised by law. If the personal information is not collected, please provide details of the organisation and contact details, however if you are applying as an individual, we will need your personal contact details. If you wish to alter any of the personal information you have supplied, please contact the Inclusive Community's Community Grants team at City of Kingston via telephone 1300 653 356 or email community@kingston.vic.gov.au

A full copy of our Privacy Policy may be obtained from the Kingston website: www.kingston.vic.gov.au/Contact-Us/Privacy or from one of our Customer Care Centres or Libraries.