#### Eligibility

\* indicates a required field

| Program                  |
|--------------------------|
|                          |
| This field is read only. |
|                          |
|                          |
| Application Number       |
|                          |
| This field is read only. |

#### Confirmation of Eligibility

Individuals / Organisations must:

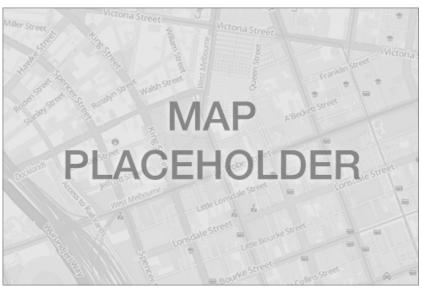
- Be legally constituted as an incorporated association, statutory authority, company limited by guarantee, or Aboriginal Corporation, or auspiced by another legally constituted organisation (auspice) for the activity proposed in the application (or be auspiced by ABN/Incorporated organisation if applying as an individual)
- Be not-for-profit and managed by a volunteer board/committee of management, or auspiced by a not-for-profit managed by a volunteer board/committee of management
- Be financially solvent
- Be physically located within Kingston City Council's geographical boundaries or if located outside of Kingston City Council's 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
- Deliver arts projects within Kingston municipality (for Arts category only)
- Provide current public liability insurance with a level of cover appropriate to the activity/ program
- Be in compliance with all requirements within the tenancy agreement (if a Council tenant)
- Have no overdue grant acquittals and have successfully acquitted previous grants received
- Have no overdue debts owing to Council, or have entered into a payment plan
- Have no active breaches against the obligations of Consumer Affairs Victoria, the Australian Not-for-Profit and Charities Commission, or the Australian Securities and Investment Commission, as applicable
- Have not received a grant for the same or similar activity from another Kingston Grants Program grant stream or other Council funding source in the same financial year running July to June
- Submit a complete application, including attachments or other supporting information requested by Council
- Adhere to the Victorian Child Safe Standards

Please select below: \*

○ Yes

| You must confirm that all statements above are true and correct.  |
|---|
| <b>Please note</b> if you select No, you will be ineligible for this funding stream and unable to complete this form. You will only be able to submit an incomplete form which will not be assessed.  |
| Ineligible  |
| Your response indicates that you are ineligible to apply for this grant.  For further information please contact the Kingston Grants Officers on 1300 653 356 or email <a href="mailto:community@kingston.vic.gov.au">community@kingston.vic.gov.au</a> |
| Contact Details   |
| * indicates a required field  |
| Applicant (Organisation or Individual) Details  |
| Applicant Name *  O Individual Organisation Organisation Name   |
|   |
| Title First Name Last Name  |
| For organisations/groups: please use the organisation's full name. Individual applicants for Arts Category only   |
| Applicant address Address   |
|   |
|   |
|   |

○ No



|                            | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ■ Bourk           | Collins Su      |
|----------------------------|---------------------------------------|-------------------|-----------------|
| <b>Applicar</b><br>Address | nt postal addre                       | ess               |                 |
| 0 11                       |                                       |                   |                 |
| Applicar                   | nt phone numb                         | er *              |                 |
| Applicar                   | nt email addre                        | 5S *              |                 |
| Applicar                   | nt website                            |                   |                 |
| Must be a                  | URL.                                  |                   |                 |
| Contac                     | t Details                             |                   |                 |
| <b>Primary</b><br>Title    | contact * First Name                  | Last Name         |                 |
| This is the                | person we will co                     | rrespond with abo | out this grant. |
| Position                   | held in organi                        | sation *          |                 |
| e.g., Mana Phone n         | iger, CEO, Commit                     | tee or Board men  | nber            |
|                            | n Australian phone                    | number.           |                 |

| Email a    | ddress *             |                      |                       |  |
|------------|----------------------|----------------------|-----------------------|--|
|            |                      |                      |                       |  |
| This is th | e address we will us | e to correspond with | you about this grant. |  |
| Second     | ary contact nam      | e *                  |                       |  |
| Title      | First Name           | Last Name            |                       |  |
|            |                      |                      |                       |  |
| Must be a  | a Committee or Boar  | rd member            |                       |  |
| Positio    | n held in organis    | sation/group *       |                       |  |
|            |                      |                      |                       |  |
| eg; Mana   | ger, CEO, Committe   | e or Board member    |                       |  |
| Phone i    | number *             |                      |                       |  |
|            |                      |                      |                       |  |
| Email a    | ddress *             |                      |                       |  |
|            |                      |                      |                       |  |
|            |                      |                      |                       |  |
| Individu   | ual Artist 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 Bus | iness 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              |                  |
|                                     |                  |

#### **Organisation Details**

\* indicates a required field

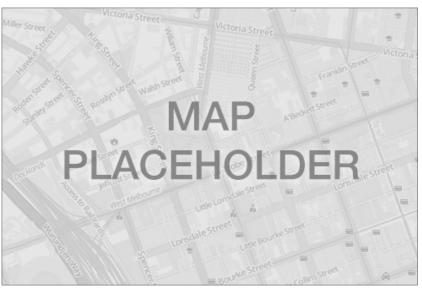
What is the legal structure of your not-for-profit organisation? \*

| Refer to the Australian Tax Office                          | ce website for definitions: www.ato.gov.au                             |                  |
|---|--|------------------|
| Have you previously prov<br>Council Grants Team? *<br>• Yes | vided your Incorporation Certificate to t                              | ne Kingston City |
|   |  |                  |
| What is your incorporatio                                   | on number?   |                  |
| Timut is your most portain                                  |  |                  |
| Incorporated Association or Aus                             | stralian Company Number  |                  |
| Please upload your Incorp                                   | poration Certificate *   |                  |
| Attach a file:  | poration dertineate  |                  |
|   |  |                  |
|   |  |                  |
| Applicant ABN   |  |                  |
|   |  |                  |
| The ABN provided will be use check that you have entered    | ed to look up the following information. Click<br>d the ABN correctly. | Lookup above to  |
| Information from the Australian                             | n 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                                      |  |                  |
| What is your organisation                                   | ula miasian atatament *  |                  |
| What is your organisation                                   | is illission statement   |                  |
|   |  |                  |
|   |  |                  |
| Please upload mission sta                                   | atement (if applicable)  |                  |
| Attach a file:  |  |                  |
|   |  |                  |

How many active members are in your organisation? \*

| Of this number, how many are Kingston residents? *   |
|--|
| Please upload your organisational policy/s relating to Child Safety aligning withe Victorian Child Safe Standards (if applicable)  Attach a file:                              |
| Link to Child Safe Standards https://ccyp.vic.gov.au/child-safe-standards/   |
| What is your organisation's current annual income? *   |
| Must be a dollar amount.   |
| What is the value of any cash reserves your organisation currently holds? *  |
| Must be a dollar amount.<br>Savings or funds held for purpose  |
| What plans (if any) do you have for spending your cash reserves? *   |
|  |
| If your organisation does not have any cash reserves, respond N/A  |
| What is your organisation's current annual expenditure? *  |
| Must be a dollar amount.   |
| Are you able to access other sources of funding for this activity? Please providetails *   |
|  |
| Please upload your most recent Financial Statement * Attach a file:  |
| Full financial statement required (i.e. balance sheet, funds held for purpose etc)   |
| Please upload your most recent Annual Report or AGM Minutes * Attach a file:   |
| Documents must comply with your Consumer Affairs Victoria, Australian Charities and Not-for-pro<br>Commission, or Australian Securities and Investments Commission obligations |

| Please upload your Certificate of Currency (Public Liability Insurance) * Attach a file:  |
|---|
|   |
| Public liability insurance (at least \$20 million required)   |
| Auspice Information   |
| * indicates a required field  |
| Are you auspiced by another organisation for the purpose of this grant? *  O Yes  No  |
| Artists or unincorporated organisations applying for a grant must be auspiced by an incorporated organisation   |
| <b>Please note</b> if you are not auspiced and select No for this question, you will be ineligible for this funding stream and unable to complete this form. You will only be able to submit an incomplete form which will not be assessed. |
| Ineligible  |
| Your response indicates that you are ineligible to apply for this grant.  |
| For further information please contact the Kingston Grants Officers on 1300 653 356 or email <a href="mailto:community@kingston.vic.gov.au">community@kingston.vic.gov.au</a>   |
| Auspice Organisation Details  |
| Auspice organisation name * Organisation Name   |
|   |
| Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.   |
| Auspice primary address Address   |
|   |
|   |



| A Jenus Mebourne   | Lorban Street  |
|--|--|
| A A A  | Little Marie |
| The same of the sa | Sdale Stree  |
|  | cuest =  |
| 12   | Bounte Street  |
| Auspice postal address   |  |
| Address  |  |
|  |  |
|  |  |
|  |  |
| Auspice Phone number *   | •  |
|  |  |
| Must be an Australian phone n  | umber.   |
| Auspice Email address *  |  |
| Auspice Elliali address  |  |
| Must be an email address.  |  |
|  |  |
| Auspice Website  |  |
|  |  |
| Must be a URL.   |  |
| Primary contact person   | at auspice organisation *  |
| Title First Name   | Last Name  |
|  |  |
| We may contact this person to  | verify that the auspice arrangement is valid and current.  |
| Position held in organisa  | ation *  |
|  |  |
| e.g., Manager, CEO, Board Me   | mber   |
| <b>-</b>   |  |
| Phone number *   |  |
| Must be an Australian phase  | umbor  |
| Must be an Australian phone n  | ulling.  |

| Email address *  |   |
|--|---|
|  |   |
| Must be an email address   |   |
| Please attach a letter from the arrangement is valid and curred Attach a file: | auspice organisation confirming that the auspice ent *                |
|  |   |
| The letter must be signed by an autho include: name, position, signature and   | rised person (e.g., Manager, CEO or Board Chair) and must<br>date.    |
| Auspice ABN *  |   |
|  |   |
| The ABN provided will be used to I check that you have entered the A           | ook up the following information. Click Lookup above to BN correctly. |
| Information from the Australian Busin  | ess 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.  |   |
|  |   |
| Please attach Auspice Certifica  | te of Incorporation *   |
| Attach a file:   |   |
|  |   |
| Please attach Auspice Certifica<br>Attach a file:                              | te of Currency (Public Liability Insurance) *                         |
|  |   |
|  |   |

#### **Funding Category**

Please indicate the category you are applying under

- Community Projects & ProgramsSmall Community Festivals & Events

| <ul><li>Minor Capital Works</li><li>Arts Projects &amp; Programs</li></ul>  |
|---|
| <b>Community Projects &amp; Programs:</b> Activities that help organisations strengthen Kingston These can be focussed on arts, culture, health, climate action, sports, and more.  |
| <b>Small Community Festivals Events:</b> Support for small events that connect, strengthen, and celebrate Kingston's diverse community.   |
| <b>Minor Capital Works:</b> Funding for minor upgrades or improvements to buildings or grounds used by not-for-profits or auspiced community groups. For example; kitchen upgrade, energy-efficient fixtures, or new flooring.  |
| <b>Arts Projects Programs:</b> Funding for creating and presenting arts activities in Kingston. For example; public art installations, exhibitions, or creative workshops.  |
| Small Community Festivals & Events  |
| * indicates a required field  |
| Successful applicants for small community festivals or events will be required to:  • Hold their festival or events within Kingston City Council's municipal boundaries.  |
| If the festival or event is to be held on Council land;   |
| <ul> <li>Provide the Approval in Principle letter after following the <u>Event Notification Process</u> including all requested documentation. This is not limited to but may include traffic management plans, risk management plans, emergency evacuation plans and communication plans.</li> </ul> |
| If festival or event is not to be held on Council land;   |
| <ul> <li>Provide a completed <u>Event Notification Form</u>.</li> </ul>   |
| Please note - the provision of a grant does not make the applicant exempt from any venue fee, service, permit or hire fees.   |
| Visit Event webpage for further information   |
| What is the location of your proposed small community festival or event? * Address  |
| Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia   |
| Is your small community festival or event to be held on Council land? *  ○ Yes  ○ No  |

Please upload the Approval in Principle and Event Notification form \* Attach a file:

| Please upload a completed Event Notification form * Attach a file:  |
|---|
|   |
|   |
| Minor Capital Works   |
| * indicates a required field  |
| A co-contribution may be required under the Minor Capital Works section:  |
| Which category applies to your application? *  ○ Group one Council lease with no liquor licence [no co-funding is required]  ○ Group one Council lease with liquor licence [you must match the funding 1:1. The co-funding can be cash or in-kind support]  ○ Group two Council lease with or without a liquor licence [you must match the funding 1:1. The co-funding can be cash or in-kind support]  ○ Other eligible private property [you must match the funding 1:1 with cash only] |
| Council Lease Group Definitions:  |
| <b>Group 1:</b> Kindergartens, Historical Societies, Life Saving Clubs (areas used exclusively for emergency services), Community Centres, Seniors Groups   |
| <b>Group 2:</b> Sports Clubs, Yacht Clubs, Life Saving Clubs (area other than that provided for in Group 1)   |
| Council Leased Property   |
| Attach Approval In Principle (AIP) * Attach a file:   |
| See Council's Property Services Department  |
| Privately Owned Property  |
| Support letter from landlord / owner of building if NOT Council owned property * Attach a file:   |
| Include photos and specifications of proposed fixtures or fittings  |

#### Arts Projects & Programs

\* indicates a required field

#### Arts Projects & Programs Supporting Materials

Arts Projects Programs must commence from July 2025 and be completed by 30 June 2026

| Please upload the following information *  ☐ Relevant support materials in support of your application ie: examples of previous work and your intended product (3-10 images, video links, up to 3 pages of writing), media clippings ☐ (If applicable) Biographies and confirmation letters (letters must show that key personnel and any partners are available and willing to work on your project) ☐ Project timeline (show when each stage of your project will happen) ☐ Your Curriculum Vitae (CV) ☐ If you are working in a group, please upload their Curriculum Vitaes (CV's) ☐ Any additional support material ☐ Proof of Kingston residency (ie photo of licence) Or intention to release project within Kingston municipality Check the above boxes to advise which documentation you are attaching |
|---|
| *   |
| Attach a file:  |
|   |
| Do you intend to use Aboriginal cultural knowledge? If you wish to use indigenous cultural knowledge, upload a signed letter from Bunurong Land Council or Boon Wurrung Foundation giving their permission for you to use their cultural property *  O Yes O No eg. can include art, dance, smoking ceremonies, practices, skills, innovation. Contact Kingston's Diversity & Inclusion Team for more advice community@kingston.vic.gov.au  |
| Upload permission to use cultural property *  |
| Attach a file:  |
|   |
|   |
| Have you obtained the rights / Intellectual Property for your project? You must have permission to use work that is owned by another party. If yes, upload evidence showing that you have obtained the rights to use this work *  O Yes O No O Not Applicable By selecting Not Applicable, you are confirming that the work proposed in this application is your own  |
| and you are not infringing on third party copyright or intellectual property  Upload evidence *   |

Attach a file:

| Please provide further detail *  |  |
|--|--|
|  |  |
|  |  |
| Activity Details   |  |
| * indicates a required field   |  |
|  |  |
| Title: *   |  |
| Provide a name for your activity. This title will the title is short but descriptive | be referred to in all correspondence so please ensure  |
| Hero Image<br>Attach a file:   |  |
|  |  |
| .0   |  |
| Upload an image that represents your project. image you wish to submit.              | . Drag and resize the square to define the area of the |
|  |  |
| Anticipated start date *   | Anticipated end date *                                 |
| Project must start after 1 July 2025   | Project must be completed by 30 June 2026              |
|  |  |
| Please provide a short summary of y  | our activity *   |
|  |  |
|  |  |
| Must be no more than 250 words.<br>Be descriptive, but succinct. Include a brief su  | mmary of what you are requesting funding for, what yo  |

will do (i.e. the activities you will perform), who will benefit from the activity, what effects you expect to result from your activities (i.e. what impact it will make), and the project's concept/artform (for Arts category). Must be no more than 250 words

The following questions address the grants Assessment Criteria as outlined in the Kingston Grants Program <u>Guidelines</u>.

#### **Community Need**

\* indicates a required field Assessment criteria weighting: 25% Why is this activity needed? \* What issue (community need) is your activity addressing? Consider who in the community is affected and why this activity is needed What are the aims of your activity and how do they align with the need you have identified above? \* What do you want to achieve with this funding? Explain how the aims of your activity address the identified need. Provide a clear connection between the two Who will benefit from the activity? \* ☐ Animal welfare groups ☐ People experiencing ☐ Indigenous communities homelessness ☐ Arts and cultural groups ☐ LGBTQIA+ community ☐ People with disabilities ☐ Families ☐ Children (0-12 years) ☐ Refugees or asylum seekers  $\square$  Culturally and linguistically  $\square$  Men □ Women diverse (CALD) groups ☐ Young people (12-25 years) ☐ Environmental or ☐ Older adults (55+ years) sustainability groups Select all that apply How many Kingston residents will participate in, or benefit from, the activity? \* Provide an estimate Community Benefit \* indicates a required field Assessment criteria weighting: 25% How does the activity benefit the wider Kingston community? \*

To support the wider Kingston community, the activity must include those outside of your organisation, group membership or personal network

| Does your activity support access, diversity and inclusion (refer to the definitions below)? Please provide further detail ${}^{\star}$   |
|---|
|   |
|   |
|   |
| <b>Access</b> - Please explain how your activity will give people a chance to join in or take part. How will you address any physical, communication or financial barriers to peoples participation (such as physical, communication, financial, social, cultural, technological, time, educational or psychological barriers).   |
| <b>Diversity</b> - Refers to a mix of various characteristics such as race, culture, gender, abilities, and perspectives within a group or community. Activities that support a variety of populations, such as both Chinese and Italian communities, or Greek communities and People with Disabilities, are considered diverse. An activity cannot be considered diverse if i serves only one population, regardless of whether that population faces disadvantages. |
| <b>Inclusion</b> - Please explain how your activity will ensure everyone feels welcome, respected, and valued. How will you create an environment where all people, regardless of their differences, can fully participate and have equal opportunities.  |
| Does the activity have support from the community? Specifically, do the people who are affected by this activity support it? *  |
| <ul><li>No</li><li>Unknown</li></ul>  |
| What evidence do you have of the community support? *   |
|   |
| Upload evidence of support (if available/relevant) Attach a file:   |
|   |
| A maximum of 5 files can be attached eg; letters, social media content  |
| Provide further detail *  |
|   |
|   |

If your organisation is not located within the City of Kingston's geographical boundaries, and does not have a majority number of Kingston residents (e.g. more than 50% of active members or participants), please outline how your activity provides significant benefit to the Kingston community

#### Outcomes

Please outline the outcomes that will occur as a result of your activity and explain how they align with Council's strategic priorities listed in the table below. For more information on Council's priorities refer to the <u>Council Plan</u> and the <u>Public Health and Wellbeing Plan</u>.

You may identify up to 3 outcomes. Outcomes are the changes you expect to occur for the beneficiaries of your activity. Generally, outcomes can be framed as an increase or decrease in one or more of the following;

- Skills, knowledge, confidence, aspiration, motivation (these are generally immediate or short-term outcomes)
- Actions, behaviour, change in policy (these are generally intermediate or medium-term outcomes)
- Social, financial, environmental, physical conditions (these are generally long-term outcomes)

For example: The outcomes of a community health program might include "an increase in the number of people exercising (short-term), decreased rates of chronic illness (medium-term), and an increase in life expectancy (long-term)"

| Outcome   | Timeline                                  | Council priority  | Your outcome alignment with Council  |
|---|---|---|--|
| What changes do you expect will occur as a result of your activity? One per row | What is the timeline of expected outcome? | Which of Council's priorities will your activity contribute to? If multiple apply, pick the most relevant | Please explain how your intended outcome helps contribute to the Council priority you selected. Must be no more than 100 words |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |

#### Capacity to Deliver

\* indicates a required field

Assessment criteria weighting: 35%

#### **Activity Tasks**

Tell us about the activities you will undertake. List one per row.

Location

**Activity** 

You can choose one location for each activity. If you have one activity happening in more than one location, you can list each location as a separate activity.

Must start after 1

Must complete by

| •  | July 2025                           | 30 June 2026                         |
|--|-------------------------------------|--------------------------------------|
| One activity per row. Add more rows if you want to list additional activities. Must be no more than 100 words. | Must be a date.                     | Must be a date.                      |
|  |                                     |                                      |
| How do you intend to pron  | note your activity? *               |                                      |
| Think about how you get people to foin   | o be involved in your activity, and | how you will attract different types |
| Have you done this activity  | ,, or something like it, befor      | re? Please give details *            |
|  |                                     |                                      |
| Please explain the experie run this activity *   | nce, skills, and knowledge o        | of the main people who will          |
|  |                                     |                                      |
| How will their skills help make yo   | ur activity successful?             |                                      |
| Please provide further info  | rmation on how you intend           | to deliver this activity *           |
|  |                                     |                                      |
| Upload any additional supple deliver this activity Attach a file:  | porting documentation to de         | emonstrate capacity to               |
|  |                                     |                                      |
|  |                                     |                                      |
| Budget   |                                     |                                      |
| * indicates a required field   |                                     |                                      |
| Total Amount Requested *   | \$                                  |                                      |

| What is the total financial support you are requesting in this                            |     |
|---|-----|
| application? [Note: the minimum amount available is \$2,001 a maximum amount is \$10.0001 | anc |
|   |     |
| <b>d</b>  |     |
| <b>&gt;</b>   |     |
| What is the total budgeted cost [dollars] of your activity?                               |     |

Your budget should show all the money coming in (income) and going out (expenditure) for this activity.

In the **Income** column, write what funding you will receive (e.g. Council grant, fundraising night, ticket sales, or sponsorship). In the **Expenditure** column, list your expenses (e.g. venue hire, entertainment, or traffic management).

Use the **Notes** column to provide any extra information we should know.

Please remember: GST does not apply to Kingston City Council grant payments

#### Income and Expenditure

**Total Project/Program** 

Please enter details of all income and expenditure items for your activity.

| <b>Income Description</b> | Income Type                                    | Income Amount (\$) | Notes   |
|---------------------------|--|--------------------|---|
|                           | If 'Other' please provide explanation in Notes |                    | Please provide more detail. Also use this to      |
|                           | explanation in Notes                           |                    | provide an explanation<br>for income type 'Other' |
|                           |  | \$                 |   |
|                           |  | \$                 |   |
|                           |  | \$                 |   |
|                           |  | \$                 |   |

| Expenditure Expenditure Type Description                               |   | Expenditure AmountNotes (\$) |   |
|--|---|------------------------------|---|
| These budget items are for the activity you are requesting funding for | If 'Other' please provide<br>explanation in Notes |                              | Please provide more detail. Use this section to explain if quotes cannot be provided, or to provide an explanation for the expenditure type 'Other' |
|  |   | \$                           |   |
|  |   | \$                           |   |
|  |   | \$                           |   |
|  |   | \$                           |   |

**Budget Totals** 

| Total Income Amount   | Total Expenditure Amount   | Income - Expenditure                 |
|---|--|--------------------------------------|
| \$  | \$   |                                      |
| This number/amount is calculated.                                     | This number/amount is calculated.  | This number/amount is calculated.    |
|   |  |                                      |
|   |  |                                      |
| Attach quotes for all exper<br>Attach a file:                         | nditure items listed above (   | excluding in-kind) *                 |
|   |  |                                      |
| If you are unable to provide quote notes column for each item without |  | lease include an explanation in the  |
|   | essful but received partial fu   | ınding, would you still be           |
| <pre>able to deliver your activit</pre>                               | y: "   |                                      |
| O No Due to high demand for funding,                                  | there is a possibility that partial fu   | nding may be offered                 |
| Briofly summarise how this  | s would impact your deliver  | · *                                  |
| briefly Summarise flow this   | s would impact your delivery   | y ·                                  |
|   |  |                                      |
| Word count:<br>Must be no more than 100 words                         |  |                                      |
|   |  |                                      |
| Capacity for Sustaina   | bility   |                                      |
| * indicates a required field  |  |                                      |
|   |  |                                      |
| Assessment criteria weight  | ting: 5%   |                                      |
| What are your plans for fu  | ture funding of your activity  | /? <b>*</b>                          |
|   |  |                                      |
| Harris III. and the same this said                                    | the control of the co |                                      |
| Council funding?  | rity can keep going on its own in th   | e future, without needing to rely on |
| Describe the environmenta   | al impacts of your activity a  | nd outline your plan to              |
| address these impacts *   | ar impacts or your activity a  | na outime your plan to               |
|   |  |                                      |
| For example - waste managemen   | nt/reduction, recycling  |                                      |

Other Considerations

| * indicates a required fi  | eld  |   |
|--|--|---|
| Assessment criteria  | weighting: 10%   |   |
| Why is this grant ess  | ential to your activity's  | success? *  |
|  |  |   |
|  | n accessing alternative funding<br>our activity without this funding                     | g sources and how these challenges impact   |
| Is there something s   | pecial about your activit  | ty that we should know?   |
| Use this space to share ar your application  | y further details not already o  | covered in other questions, that may support  |
| Upload any additiona<br>Attach a file:   | l supporting document  | ation   |
| Accdem a me.   |  |   |
|  |  |   |
| Certification and  | Feedback   |   |
| * indicates a required fi  | eld  |   |
| Privacy Notice   |  |   |
| requested on this form administration and/or a other external party wit to alter any of the person | is being collected by Kings<br>ny other directly related pu<br>hout your consent, unless | our privacy. The personal information<br>ton City Council for the purpose of grant<br>urpose. It will not be disclosed to any<br>required or authorised by law. If you wis<br>supplied, please contact Kingston Grants<br>ngston.vic.gov.au |
|  | y Policy may be obtained f<br>u/Contact-Us/Privacy or fro                                | rom the Kingston website:<br>om one of our Customer Care Centres or   |
| Certification  |  |   |
|  |  | ely authorised person on behalf of the contact person listed earlier in this  |
| application are true a organisation is appro   | and correct, and I under   | e statements made within this stand that if the applicant will be required to accept the terms e letter of approval.  |
| l agree *  | ○ Yes  | ○ No  |

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Your response indicates that you are ineligible to apply for this grant.

For further information please contact the Kingston Grants Officers on 1300 653 356 or email <a href="mailto:community@kingston.vic.gov.au">community@kingston.vic.gov.au</a>

| Name of                      | <b>f authorised pers</b><br>First Name | s <b>on *</b><br>Last Name       |  |                         |
|------------------------------|--|----------------------------------|--|-------------------------|
| TIEIC                        | I ii se ivaine                         | Lust Nume                        |  |                         |
| Must be a                    | senior staff member                    | , Board member                   |  |                         |
| Position                     | *                                      |                                  |  |                         |
|                              |  |                                  |  |                         |
| Position h                   | eld in applicant orgai                 | nisation (e.g. CEO, <sup>-</sup> | Treasurer) (if artist, enter             | 'artist')               |
| Contact                      | phone number *                         |                                  |  |                         |
|                              |  |                                  |  |                         |
| We may c                     | ontact you to verify t                 | that this application            | is authorised by the appl                | icant organisation      |
| Contact                      | Email *                                |                                  |  |                         |
|                              |  |                                  |  |                         |
| Must be a                    | n email address.                       |                                  |  |                         |
| Date *                       |  |                                  |  |                         |
| Maratalaa                    | data                                   |                                  |  |                         |
| Must be a                    | date                                   |                                  |  |                         |
| Applica                      | ant Feedback                           |                                  |  |                         |
|                              | ou review your app<br>e some feedback  | lication and click               | the <b>SUBMIT</b> button ple             | ease take a few moments |
| Please i  Calculate the Easy | ndicate how you                        | found the onlin                  | e application proces                     |                         |
| Casy                         |  | O Neutrai                        | O DII                                    | ilcuit                  |
|                              |  |                                  | about any improve<br>m that you think we |                         |
|                              |  |                                  |  |                         |
| What F                       | lappens Next?                          |                                  |  |                         |

Thank you for your application.

Once you select submit, the email address you registered will be sent an email confirmation of your application with a copy of your application. If you do not receive this confirmation, please check you have submitted the application and also your junk mail.

Council may contact you for more information about your application.

All applicants will be advised of the outcome once recommendations are approved by Councillors at the June 2025 Council Meeting.

For further information about Kingston's Bi-annual Grants program or to view the Guidelines please visit <a href="https://www.kingston.vic.gov.au/community/grants/grants-program">https://www.kingston.vic.gov.au/community/grants/grants-program</a> or contact the Kingston Grants Officers on 1300 653 356 or email <a href="mailto:community@kingston.vic.gov.au">community@kingston.vic.gov.au</a>