Form Preview

Eligibility

* indicates a required field

Program
This field is read only.
Application Number
Application Number

Welcome to the Kingston Grants Program, Operational & Partnership - Community Interest Organisations grant stream. This is a three-year grant cycle covering 2024-2027.

This application is for year 2 (2025-26) and year 3 (2026-27). To be considered for funding, applications must be submitted by midnight on Friday 28 February 2025.

Before completing this form, you should read the Kingston Grants Program Guidelines.

If you have any questions, please contact. Kingston Grants officers on 1300 653 356 or community@kingston.vic.gov.au.

Eligibility

Organisations must

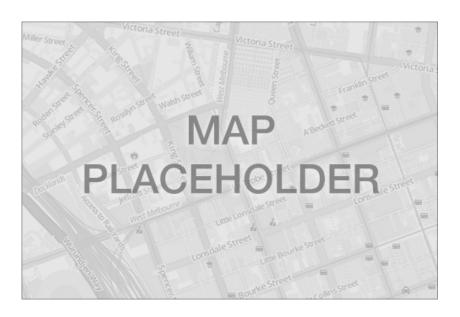
- Be legally constituted as an incorporated association, company limited by guarantee, or Aboriginal Corporation, or auspiced by another legally constituted organisation (auspice) for the activity proposed in the application
- Be not-for-profit and managed by a volunteer board/committee of management, or auspiced by a not-for-profit managed by a volunteer board/committee of management
- Be financially solvent
- Be physically located within the Kingston City Council geographical boundaries or if located outside the Kingston City Council 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
- Provide current public liability insurance with a level of cover appropriate to the activity/ program
- If a Council tenant, be in compliance with all requirements within the tenancy agreement
- Have no overdue grant acquittals and have successfully acquitted previous grants received
- Have no outstanding 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

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- 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 <u>Victorian Child Safe Standards</u>

Please select below: *
 Yes No You must confirm that all statements above are true and correct.
Ineligible
Your response indicates that you are ineligible to apply for Kingston's Operational $\&$ Partnership Grant.
For further information please contact Kingston grants officers on 1300 653 356 or email community@kingston.vic.gov.au
Contact Details
* indicates a required field
Privacy Notice
Kingston City Council is committed to protecting your privacy. The personal information requested on this form is being collected by Kingston City of Council 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 you wish to alter any of the personal information you have supplied, please contact the Kingston grants officers on 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.
Applicant Organisation Details
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.
Organisation address Address

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Addiess				
PO Box or where mail will be collected manually	. If your addr	ess does not ap	pear you may	enter the de
Organisation phone number *				
Must be an Australian phone number.				
Organisation email address *				
Must be an email address.				
Organisation website				
organisación website				
March In a st IDI				
Must be a URL.				
Hero Image				
Attach a file:				
.0				

Organisation postal address

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

Primary Contact Details

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Primary Title	contact * First Name	Last Name	
This is the	person we will corre	espond with about th	nis grant
Position	held in organisa	ation *	
Must be C	EO, manager, comm	ittee / board membe	er
Phone n	umber *		
Must be a	n Australian phone n	umber.	
Email ac	ldress *		
This is the	address we will use	to correspond with	you about this grant.
Second	lary Contact D	etails	
Seconda Title	ary contact * First Name	Last Name	
Tide	THE NUMBER	Lust Nume	
This perso	n will be contacted i	f we are unable to re	each the primary contact
Seconda	ary contact posit	ion held *	
Must be el	lected committee me	ember	
Seconda	ry contact phon	e number *	
Much la a a	a Avetualian ulana	v von la ave	
Must be a	n Australian phone n	lumber.	
Seconda	ary contact emai	l address *	
Must be a	n email address.		
Must be di	i ciliali addi ess.		

Organisation Details

* indicates a required field

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

Refer to the Australian Tax Office website for definitions: https://www.ato.gov.au/businesses-and-organisations/not-for-profit-organisations/getting-started/in-detail/registration/legal-structures-for-not-for-profits

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Ineligible

Your response indicates that you are ineligible to apply for Kingston's Operational & Partnership Grant.

For further information please contact Kingston Grants Officers on 1300 653 356 or email community@kingston.vic.gov.au

Have you previously provided your Incorporation Certificate to the Kingston Cit Council Grants Team? * ○ Yes ○ No	ţy
What is your incorporation number? *	
Please upload your Certificate of Incorporation? * Attach a file:	
Applicant Organisation's 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.	Э
Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type <u>More information</u>	
ACNC Registration	
Tax Concessions	
Main business location	
What is your organisation's purpose or mission? *	

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Upload your organisation's mission statement or constitution (if applicable) Attach a file:
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. 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 provide details $\mbox{^{*}}$
Please upload the following supporting documentation:
A list of all current Committee Members and their role * Attach a file:
Your organisation's Certificate of Currency * Attach a file:
Public Liability Insurance (at least \$20 million required)
Your organisation's most recent Annual Report * Attach a file:
Documents must comply with your Consumer Affairs Victoria, Australian Charities and Not-for-profits Commission, or Australian Securities and Investments Commission obligations

Your organisation's most recent Financial Statement *

Attach a file:

2025-27 O&P Community Interest Organisations Form Preview

Must include full financial picture (i.e. balance sheet, funds held for p	ourpose etc)
Your organisational policy/s relating to Child Safety alig Child Safe Standards (if applicable) Attach a file:	gning with the Victorian
Child Safe Standards: https://ccyp.vic.gov.au/child-safe-standards/	
Community Need	
* indicates a required field	
Please provide a short summary of how this grant fund organisation's operational activities *	ing will support your
Be descriptive, but succinct. Include a brief summary of who the activities you will perform), and what you ex (outcomes).	
Upload brochure or any relevant documents about your Attach a file:	r activities
Where applicable	
The following questions address the grants Assessment Critericants Program Guidelines.	ia as outlined in the <u>Kingston</u>
Assessment criteria weighting: 25%	
Why are your activities needed? *	
How and why are your activities needed? How will it benefit the com	munity?
What are aims and objectives of your activities and how need you have identified above? *	w do they align with the
What do you want to achieve with this funding? Explain how the aims address the identified need. Provide a clear connection between the	
Who will participate in your activities? *	
☐ Children (0-12 years) ☐ Families	□ People with disabilities□ Refugees or asylumseekers

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☐ Culturally and linguistically	□ Men	□ Women
diverse (CALD) groups ☐ Environmental or	☐ Older adults (55+ years)	☐ Young people (12-25 years)
sustainability groups Indigenous communities	☐ People experiencing homelessness	
How many people attend y	our activities annually? *	
Provide an estimate if unknown		
Of this number, how many	are Kingston residents? *	
Provide an estimate if unknown		
Operating Hours		
What days and hours does you	ur organisation operate?	
,		
Days of the week	Hours of operation	New Question
For example: Monday	For example: 12.30pm-2.30pm	Use this space to provide more relevant information
Community Benefit		
* indicates a required field		
Assessment criteria weight	ing: 25%	
How does your organisatio	n's activities benefit the wic	der Kingston community? *
	ctivities support access, div Please provide further detai	
	Table processors and actual	-

Access - Please explain how your activity will give people a chance to join in or take part. How will you address any physical, communication, financial barriers to peoples participation (such as physical, communication, financial, social, cultural, technological, time, educational or psychological barriers).

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Diversity - 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 it serves only one population, regardless of whether that population faces disadvantages.

Inclusion - Please explain how your activity will ensure everyone feels welcome, respected,

Which other organisations are you engaging with to deliver this	In what capacity will they support you in delivering this activity?	A maximum of 5 files can be attached eg; letters, social media		
Partner	Role of Partner	Please upload letters of support (where applicable)		
Please list any organisational partners involved in delivering your activities				
Organisational Partners				
A maximum of 5 files can be attached eg; letters, social media content				
Please upload evidence of support (if available/relevant) Attach a file:				
What evidence do you have	e of the community support	? *		
		. *		
Yes No Evidence of community support is highly regarded as projects with community buy-in tend to be more successful				
Do your activities have support from the community? Specifically, do the people who are affected by these activities support it? *				
and valued. How will you create an environment where all people, regardless of their differences, can fully participate and have equal opportunities.				

Which other organisations are	In what capacity will they support	
you engaging with to deliver this	you in delivering this activity?	attached eg; letters, social media
activity?		content

Operational Outcomes

Please note - where the following questions refer to project/program this relates to your operational activities

What are the primary areas of focus for this project/program? *

No more than 2 choices may be selected.

^{*} indicates a required field

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You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)

Outcomes

In this section you are asked to identify your organisation's outcome goals and how they align with Council's strategic goals that are outlined in the <u>Council Plan</u> and the <u>Public Health and Wellbeing Plan</u>.

Please tell us about the outcomes you expect to result from your operational activities.

You only need to identify up to 3 outcomes.

Outcomes are the changes you expect to occur for the beneficiaries of your project. 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)

Your outcome goals		Council's outcome goals	How does your intended outcome link to Council's outcome goals?
	from the following	outcome goals will your operational activities contribute to? If multiple apply pick the most	Please explain how your intended outcome helps contribute to Council's goals. Must be no more than 100 words.

Capacity to Deliver

* indicates a required field

Assessment criteria weighting: 35%

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

You can stipulate one location for each activity. If you have one activity taking place in multiple places, please list each location as a separate activity.

Activity	Location
Describe your activities key milestones or tasks	Where will your activity occur?

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How do you intend to promote your act	ivities2 *
now do you intend to promote your act	iviues:
Think about how you get people to be involved in of people to join	your activity, and how you will attract different types
Have you done these activities before?	Please give details *
Please explain the experience, skills, ar	nd knowledge of the main people who will
How will their skills help make your activities suc	cessful?
Upload any additional supporting docui deliver your activities Attach a file:	mentation to demonstrate capacity to

Operational Activities - Tracking Progress

Council's metrics

A metric is a way to measure if you're making progress towards a goal and how much progress you're making. Please select the metric in the table below that you will report on.

Metric			Explanatory notes
Which of our metrics will		How many do you aim to	-
	5 5 /	measure?	provide more context.
	headcount, observation/		
your progress. Add more			
rows if you want to list	verified sources (e.g.		
additional metrics.	government or public		
	datasets).		

Describing the effectiveness of your operational activities

This section is about checking how good your activity is, not just counting how many people take part or are affected.

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Please explain how you will check if you're making progress toward your goal.

Examples could include: interviewing participants, asking for feedback or testimonials, organizing focus groups and writing summaries, tracking social media posts, watching for media mentions, or using photos, videos, or audio (like podcasts) to show what's happening.

Methods	Explanatory notes
Select the type of method you will use to help	Add notes if you need to provide more context, or
track your progress. One per row. Add more rows if	if you have selected 'Other'
you want to list additional types of methods.	Must be no more than 100 words.

Budget

* indicates a required field

Total Amount Requested *	\$ How much funding are you asking for each year in this application?		
Total Operational Expenses *	\$ What is the total cost of y	your activity each year?	

Budget

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, like 'Council grant', 'fundraising night', 'ticket sales', or 'sponsorship'. In the 'Expenditure' column, list your expenses, like 'venue hire', 'entertainment', or 'traffic management'.

Use the 'Notes' column for any extra information we should know.

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

Income Description	Income Type	Confirmed Funding?	Income Amount (\$)	Notes
	If 'Other' please provide explanation in Notes			Please provide more detail. Also use this section to provide an explanation for income type:
			\$	
			\$	
			\$	
			\$	

Form Preview

Expenditure Description	Expenditure Type	Expenditui (\$)	re AmountNotes
These budget items are for the activity you are requesting funding for	If 'Other' please provide explanation in Notes		Please provide more detail. Also use this section to provide an
, 3			explanation for the expenditure type: 'Other
		\$	
		\$	
		\$	
		\$	
Budget Totals			
Total Income Amount	Total Expenditure A	mount	Income - Expenditure
\$	\$		
This number/amount is calculated.	This number/ar calculated.	nount is	This number/amount is calculated.
operational activities Non-monetary things continude: equipment or sure (like audio-visual gear), with marketing or promous (like free ads), skills or example, an event photographer, or IT supperfree transportation (provipartner organization). Plus who will provide these	uld upplies help otion xpertise olanner, oort), or ided by a ease tell		
able to deliver your O Yes O No Due to high demand for	s successful but reco operational activition funding, there is a possib now this would impac	es? *	
Word count: Must be no more than 10	00 words.		

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Capacity for Sustainability

* indicates a required field

Assessment criteria weighting: 5% What are your plans for future funding of your activities? * How will you make sure this activity can keep going on its own in the future, without needing to rely on Council funding? Describe the environmental impacts of your operations and outline your plan to address these impacts * For example - waste management/reduction, recycling Other Considerations * indicates a required field

Assessment criteria weighting: 10%

Why is this grant essential to your operational activities? *

Describe any limitations in accessing alternative funding sources and how these challenges impact your ability to carry out this activity without this funding

Is there something special about your operational activities that we should know?

Use this space to share any further details that may support your application

Certification and Feedback

* indicates a required field

Certification

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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 adhere to the Kingston Grants Program Guidelines, and accept the terms and conditions of the grant as outlined in the letter of approval and funding agreement.

I agree *	○ Yes	○ No
	J	
Name of authorised	-	
Title First Name	Last Name	
Must be CEO, senoir man	ager, committee / board meml	ber
Position *		
Position held in applicant	organisation (e.g. President, C	CEO, Treasurer)
Contact phone numb	per *	
-		
Must be an Australian pho	one number.	
		thorised by the applicant organisation
Contact Email *		
Must be an email address	·	
Date *		
Must be a date		

Ineligible

Your response indicates that you are ineligible to apply for Kingston's Operational & Partnership, Community Interest Organisations grant program.

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

Applicant Feedback

You have reached the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

2025-27 O&P Community Interest Organisations Form Preview

Please indicate how you found the online application process				
○ Easy ○ Neutral		Difficult		
Did you find the Guideline	<u>-</u>	and? No		
Please provide us with your suggestions about any improvements and/or additions to the application process or form that you think we need to consider				

What Happens Next?

Thank you for your application.

Once you select submit, the email you registered with will be sent an email confirmation of your application with a copy of your application.

Council may contact you for more information about your application.

All applicants will be advised of the outcome in mid 2025, once recommendations are approved by Council.

For further information about Kingston's Operational and Partnership Grants program or to view the Grant Guidelines, please visit https://www.kingston.vic.gov.au/community/grants-program or contact the Kingston Grants Officers on 1300 653 356 or email community@kingston.vic.gov.au