2024/25 Community Small Grants Application
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 about these eligibility criteria, please contact the Kingston Grants Program Officers 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 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 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
- Provide current public liability insurance with a level of cover appropriate to the activity/program (new community group applicants seeking start-up support are exempt)
- 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
- 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

I confirm the above eligibility *
○ 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 Community Small Grant program.

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

Contact Details

* indicates a required field

Applicant Details

Logo
Attach a file:

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 primary address
Address

Applicant postal address
Address

PO Box preferred or 'as above'

Applicant primary phone number *

Must be an Australian phone number.
Mobile number preferred

Applicant email address *

Must be an email address.

Applicant website

Must be a URL.

Primary Contact Details

Primary contact *

Title	First Name	Last Name

This is the person we will correspond with about this grant.

Position held in organisation *

e.g., Manager, Board Member or Fundraising Coordinator.

Primary contact phone number *

Must be an Australian phone number.
Mobile number preferred

Primary contact email address *

This is the address we will use to correspond with you about this grant.

Organisation Details

* indicates a required field

Group/Organisation name *
Organisation Name

For organisations: 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.

Purpose of Group/Organisation *

Word count:
Must be no more than 250 words.

Meeting Address *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
Address where organisation meets

Number of active members in your Group/Organisation *

Must be a number.

Number of active members who are Kingston residents? *

Must be a number.

Is your organisation incorporated? *
○ Yes
○ No

If no, is your organisation auspiced by another organisation for the purpose of this grant?

○ Yes
○ No
Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation.
If you do not have an auspice you should not apply for this grant.

What is your incorporation number?

Incorporated Association or Australian Company Number

Please attach Certificate of Incorporation *
Attach a file:

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
ACNC Registration	
Tax Concessions	
Main business location	

Please provide your current financial statement *
Attach a file:

Balance Sheet

Financial documents

Please provide current financial statement *
Attach a file:

Annual account from last AGM - Profit & Loss

Certificate of Currency

Please attach Certificate of Currency *
Attach a file:

Auspice Information

* indicates a required field
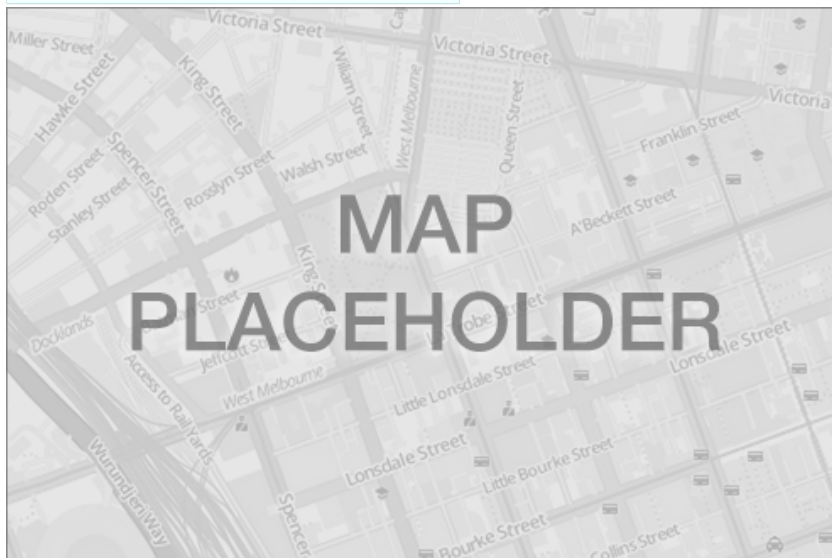
Auspice Organisation Details

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

Auspice postal address
Address

Auspice primary phone number *

Must be an Australian phone number.
Mobile number preferred

Auspice email 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 organisation *

e.g., Manager, Board Member or Fundraising Coordinator.

Auspice primary contact phone number *

Must be an Australian phone number.

Auspice primary contact email address *

Must be an email address

Please attach Certificate of Currency of Auspice *
Attach a file:

Public Liability Insurance

Please attach a letter from the Auspice organisation confirming that the Auspice arrangement is valid and current *
Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

Does the Auspice organisation have an ABN? *
○ Yes   ○ No

Auspice 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.

Project Details

* indicates a required field

Project title *

Provide a name for your project/program/initiative/equipment. Your title should be short but descriptive

Funding Category
○ Community Project/Program
○ Community Celebration
○ Small Equipment
○ Capacity Support

Short description of funding request *

Maximum 250 words

Start date

Must be a future date. Please complete if your request is for a community project or celebration, or for capacity support

End date

Must be a future date. Please complete if your request is for a community project or celebration, or for capacity support

Outcomes

Please select one of the City of Kingston's outcomes (benefits or changes) that most aligns with your application.

Which of our outcomes will your project contribute to? If multiple apply pick the most relevant.
No more than 1 choice may be selected.

Activities

Tell us more about the activities you will undertake with this funding

Activity

List one per row (minimum of one to be provided)

Budget

* indicates a required field

Total Amount Requested *

$

Must be a dollar amount.
What is the total financial support you are requesting in this application? (NB: maximum amount: $2,000)

Total Project/Program Cost

$

Must be a dollar amount.
What is the total budgeted cost (dollars) of your project?

Itemised Budget

Please list all expenditure items required to deliver this project/program or equipment to be purchased and how they will be funded

Expenditure Description	Expenditure Amount ($)	Funding source ie Council or other
	$	
	$	
	$	
	$	

Budget Totals

Total Expenditure Amount

$

This number/amount is calculated.

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 authorised person *

Title   First Name   Last Name

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

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:
☐   Kingston's Citizen of the Year ☐   Kingston's Young Citizen of the Year ☐   Kingston's Woman of the Year

Information Privacy

Kingston City Council is committed to protecting your privacy. The personal information requested on this form is being collected by Kingston City 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 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.*