

2026-27 Community Small Grants Application

Form Preview

Eligibility

* indicates a required field

Program

This field is read only.

Application Number

This field is read only.

This form is structured in sections, covering;

1. Eligibility
2. Contact and organisational / auspice details
3. Specific funding category and priorities
4. Application questions aligned with the assessment criteria.

There is also a section to provide feedback at the end.

Depending on your responses and which category you apply under, some questions will not appear or may not be required.

Before completing this form please ensure you;

1. Read the [Community Small Grant Guidelines](#)
2. Check your eligibility and what Council will and will not fund
3. Have completed the requirements under the relevant category
4. Have acquitted all previous grants
5. Have paid any outstanding debts to Council (or have evidence of a payment plan)
6. Have prepared the documents to be attached to support your application
7. Have not received funding under this grant stream in the current financial year.

Incomplete applications will not be considered.

Applications must be submitted by **31 May 2027** to be considered for funding in the 2026-2027 financial year.

Community Small Grants are one-off grants designed to support small scale projects or activities that provide a clear benefit to the Kingston community. This grant stream is best suited for projects or activities that do not require large-scale or ongoing funding. If you are seeking funding to establish a new community group permanently located in the Kingston City Council, please do not use this form. Instead, apply via the 'Community Small Grants - New Group Start-up Support' category.

A not-for-profit organisation is eligible to receive one Community Small Grant per financial year.

Please quote the application number for all enquiries.

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Confirmation of Eligibility

To be eligible for funding under this grant stream, applicants must meet all eligibility criteria as outlined in the Kingston Grants Program [Guidelines](#).

I confirm that I have read and understood the eligibility criteria listed in the Kingston Grants Program Guidelines, and that this application meets all eligibility requirements

I agree *

☐ Yes

You must confirm to proceed

If you have any questions about these eligibility criteria, 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

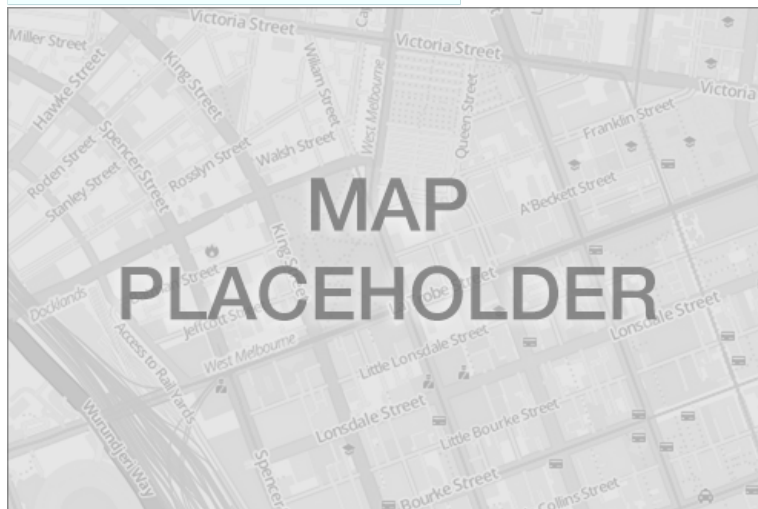
Group/Organisation name *

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.

Address

Address



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Check the link below to see if you are located in the Kingston municipality: <https://www.vic.gov.au/know-your-council>

Postal address

Address

PO Box preferred or 'as above'

Website

If applicable

Phone number *

Must be an Australian phone number.

Email address *

Must be an email address.

Contact Details

Primary contact *

First Name

Last Name

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

Position held in organisation *

Must be Committee member or senior manager

Phone number *

Must be an Australian phone number.

Mobile number preferred

Email address *

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

Organisation Details

* indicates a required field

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

Refer to the Australian Tax Office website for definitions: www.ato.gov.au

Have you previously provided your incorporation certificate to the Kingston City Council Grants Team? *

☐ Yes ☐ No

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	

What is your organisations purpose or mission statement? *

Word count:

Must be no more than 200 words.

Upload mission statement (if applicable)

Attach a file:

Not required if you have completed the question above

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How many active members are in your organisation? *

Of this number, how many are Kingston residents? *

Supporting Documents

Upload your most recent Annual Report and/or AGM Minutes *

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

Please attach your Certificate of Currency (Public Liability Insurance) *

Attach a file:

Must be current

Upload your organisational policy/s relating to Child Safety aligning with the Victorian Child Safe Standards (if applicable)

Attach a file:

Link to Child Safe Standards <https://ccyp.vic.gov.au/child-safe-standards/>

Auspice Information

* indicates a required field

Are you 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

Ineligible

Your response indicates that you are ineligible to apply for a Kingston Grants Program - Community Small Grant.

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

Auspice Organisation Details

Auspice organisation name *

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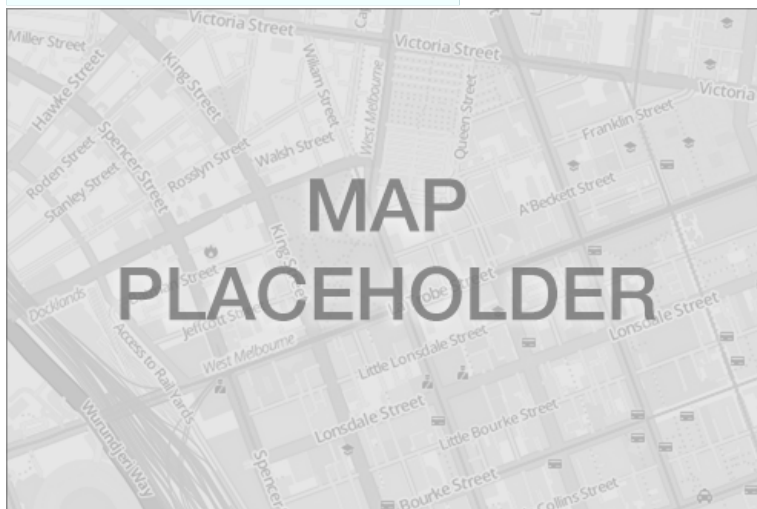
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Organisation Name

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



<https://www.vic.gov.au/know-your-council>

Check the link below to see if you are located in the Kingston municipality

<https://www.vic.gov.au/know-your-council>

Auspice postal address

Address

Auspice website

Must be a URL.

Primary contact person at auspice organisation *

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.

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Auspice phone number *

Must be an Australian phone number.

Auspice email address *

Must be an email address

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.

Supporting documentation

Please attach your Auspice organisation's Certificate of Currency *

Attach a file:

Public Liability Insurance

Please attach your Auspice organisation's Certificate of Incorporation *

Attach a file:

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.

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Applicant's Financials

* indicates a required field

Assessment Criteria weighting 5%

The following questions address the grants Assessment Criteria as outlined in the Kingston Grants Program [Guidelines](#)

What is your organisation's current annual income? *

What is the value of any cash reserves your organisation currently holds? *

What plans (if any) do you have for spending your cash reserves? *

Word count:

Must be no more than 150 words.

What is your organisation's current annual expenditure? *

Please provide your current financial statement *

Attach a file:

Full financial statement required (i.e. balance sheet, funds held for purpose etc)

Does your organisation receive any direct income from gambling activities? *

- ☐ Yes
☐ No

Applicants that receive any direct income from gambling activities (including gaming machines) are not eligible to apply for funding from the Kingston Grants Program, even if the proposed project is unrelated to gambling.

Ineligible

Your response indicates that you are ineligible to apply for a Kingston Grants Program - Community Small Grant.

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

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Funding Category and Funding Priorities

* indicates a required field

Funding Category

Please indicate the funding category you are applying under *

- ☐ Community Projects & Programs - For activities that strengthen Kingston's community
- ☐ Community Celebration - For small-scale inclusive events that celebrate culture, identity, or local milestones
- ☐ Small Equipment - For the purchase of small equipment
- ☐ Capacity Building - For activities that build capability (skills, succession planning, governance)

Funding Priorities

The Kingston Grants Program has identified several funding priorities to support areas of strategic focus. While alignment with Council's 2026/27 Funding Priorities is encouraged, it is not a requirement for eligibility. Applications that align with these priorities may receive additional weighting during assessment.

Applicants should refer to the [Community Small Grants Guidelines](#) for further information on the current funding priorities.

Please select the funding priority your application most aligns with

- ☐ Initiatives that strengthen social connection and community wellbeing including activities aligned with Neighbour Day, World Mental Health Day, or Loneliness Awareness Week
- ☐ Initiatives that promote mental health and wellbeing outcomes in the community
- ☐ Family violence prevention initiatives designed and delivered by culturally diverse community groups for community
- ☐ Capacity-building programs that strengthen leadership, governance, and administrative skills within community organisations and trader associations
- ☐ Programs or events that recognise days of cultural significance such as Australia Day or Lunar New Year
- ☐ Activities that use art as an avenue to connect with community
- ☐ Climate action and resilience education initiatives
- ☐ Support for integrating sustainability and waste management practices into community events or activities
- ☐ Volunteer engagement and succession planning initiatives that support the sustainability of community groups

Application Details

* indicates a required field

Assessment Criteria weighting 10%

The following questions address the grants Assessment Criteria as outlined in the Kingston Grants Program [Guidelines](#)

Title *

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Provide a name for your project / activity / equipment. This should be a short title for what you are seeking funding for.

Hero Image

Attach a file:



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

Tell us about your activity *

Word count:

Must be no more than 250 words.

Provide a short description of your activity - what will you do with the funding? Note: This description may be included in public Council reports and in promotional materials

Clear Activity Plan

Assessment Criteria weighting 30%

The following questions address the grants Assessment Criteria as outlined in the Kingston Grants Program **Guidelines**

Start date *

End date *

When do you plan to undertake the activity? Must submit application between 1-6 months prior to the activity start

When do you plan to complete the activity?

Activities

Tell us more about the activities you will undertake with this funding. How will you deliver the activity?

For equipment requests, please outline how you will deliver the purchase (i.e. how you will decide on the appropriate equipment, number of quotes you will obtain)

Activity

Location

List one per row (minimum of one to be provided)	Where will your activity occur?

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Alignment to Council & Wellbeing Plan

Assessment Criteria weighting 10%

The following questions address the grants Assessment Criteria as outlined in the Kingston Grants Program [Guidelines](#).

Please select one of the key directions from the [Council and Wellbeing Plan - City of Kingston](#), that most aligns with your activity.

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

Community Need & Benefit

Assessment Criteria weighting 35%

The following questions address the grants Assessment Criteria as outlined in the Kingston Grants Program [Guidelines](#).

Why is the activity or equipment needed? *

Word count:

Must be no more than 200 words.

Provide clear and convincing evidence of community need showing benefit to a broad or specific group in Kingston.

Who will benefit from the activity? *

Please choose only the group/s that are at the very core of this activity

How many people will benefit from the activity? *

Approximate

Of this number, how many are Kingston residents? *

Approximate

What are the primary areas of focus activity? *

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)

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Budget

* indicates a required field

Assessment Criteria weighting 10%

The following questions address the grants Assessment Criteria as outlined in the Kingston Grants Program **Guidelines**

Total amount requested *

\$

What is the total financial support you are requesting in this application? (Note: maximum amount is \$2,000)

Total cost *

\$

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

Itemised Budget

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

Please note:

1. **GST does not apply to Kingston City Council grant payments**
2. **Quotes MUST be provided for all expenditure items for which grant funding is being requested from Council**

Expenditure Description	Expenditure Amount (\$)	Funding source ie Council or other	Attach all quotes
-------------------------	-------------------------	------------------------------------	-------------------

	Must be a dollar amount.		Upload corresponding quotes to expenditure items, excluding in-kind
	\$		
	\$		
	\$		

Total Expenditure Amount

\$

This number/amount is calculated.

Additional Information

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Word count:

Must be no more than 100 words.

If there is any additional information you would like to share to support your application, please provide it here.

Upload any additional documents here

Attach a file:

Certification and Feedback

* indicates a required field

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 you wish to alter any of the personal information you have supplied, please contact 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.

Non-personal information provided, along with general information about your grant, may be used in public Council reports. Personal and applicant financial information will remain confidential.

Certification

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 Funding Agreement.

I agree *

☐ Yes

I certify that grant funds will not directly benefit family members, friends or related parties of the applicant

I agree *

☐ Yes

☐ No

If no, please provide details *

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Name *

Date *

Applicant Feedback

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

Please indicate your experience with the online application process and form.

- ☐ Positive
- ☐ Neutral
- ☐ Negative

Do you have any feedback regarding the application process or form?

- ☐ Yes
- ☐ No

Choose a category:

- ☐ Form Improvement
- ☐ Process Improvement
- ☐ Other

Please provide us with your suggestions

Word count:

Must be no more than 100 words.

What Happens Next?

Thank you for your application.

Once you select **submit**, a confirmation email with a copy of your application will be sent to the address you registered with. If you do not receive this confirmation, please check that your application was submitted correctly and check your junk or spam folder.

All eligible applications will be assessed against the assessment criteria. We may contact you if further information is required.

All applicants will be notified of the outcome within four weeks.

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

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Applicant Demographics

This section is not compulsory

The City of Kingston is committed to making our grants program accessible and inclusive for people of all genders, ethnicities, sexual orientations, abilities, and ages. We invite you (the applicant) to provide your demographic information to help us improve the accessibility of our program.

This information is **not** used to assess your application.

What is your age group?

- | | |
|--------------------------------|---|
| ☐ Under 18 | ☐ 56-65 |
| ☐ 18-25 | ☐ 66-75 |
| ☐ 26-35 | ☐ 76-85 |
| ☐ 36-45 | ☐ 86+ |
| ☐ 46-55 | ☐ Prefer not to say |

How do you describe your gender?

- ☐ Man/Boy
- ☐ Woman/Girl
- ☐ Non-binary/gender diverse
- ☐ Prefer not to say
- ☐ Prefer to self-describe (please specify)

Self description:

Do you identify as:

- | | |
|---|---|
| ☐ Aboriginal and/or Torres Strait Islander | ☐ Part of the LGBTQIA+ community |
| ☐ Person with disability | ☐ Prefer not to say |
| ☐ Culturally and linguistically diverse | ☐ Other (please specify) |

Please specify: