

# 2024-25 Individual Development Grant

## Form Preview

### Eligibility

\* indicates a required field

#### Applicants: please note

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

Incomplete applications and/or applications received after event start date will not be considered.

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

If you have any questions in regards to these eligibility criteria, please contact the Community Grants Program Officers via email [community@kingston.vic.gov.au](mailto:community@kingston.vic.gov.au)

Please quote the application number below when contacting us

#### Application Number

This field is read only.

### Confirmation of Eligibility

#### I confirm the applicant :

- Is a resident of the City of Kingston
- Has successfully acquitted previous grants received
- Has no outstanding debts owing to Council, or has entered into a payment plan
- Has not received a grant for the same pursuit or activity from the Kingston Grants Program or other Council funding source in the same financial year running July to June

#### Please select below: \*

☐ Yes ☐ No

You must confirm that all statements above are true and correct. If you are ineligible, you may contact the Grants Program Officers via email [community@kingston.vic.gov.au](mailto:community@kingston.vic.gov.au) for further information

### Ineligible

Your response indicates that you are ineligible to apply for Kingston's Individual Development grant.

For further information, please contact the Kingston grants officers on 1300 653 356 or email [community@kingston.vic.gov.au](mailto:community@kingston.vic.gov.au)

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## Contact Details

\* indicates a required field

## Applicant Details

### Applicant \*

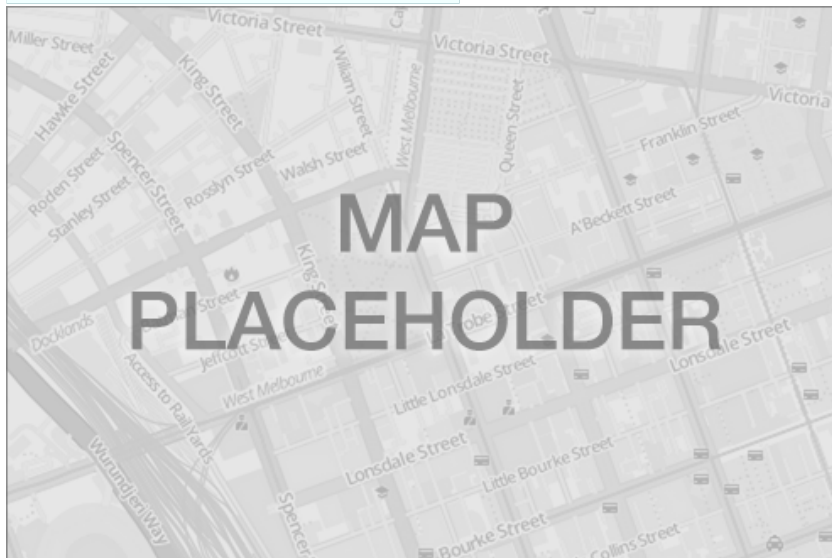
Title

First Name

Last Name

### Applicant address

Address

Must reside within City of Kingston municipality

### Proof of identity/residence \*

Attach a file:

eg. drivers licence, utility bill or rates notice - once verified documents will be deleted from our system

### Applicant primary phone number \*

Must be an Australian phone number.

### Applicant email address \*

Must be an email address.

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**Are you, or a member of your immediate family a staff member at the City of Kingston \***

- ☐ Yes  
☐ No

**Are you a member of a local club/group in your field of practice \***

- ☐ Yes  
☐ No

### Club Details

**Name of club you are a member of or wish to become a member of**

**Club manager name**

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Club manager phone number**

Must be an Australian phone number.

**Address of club**

Address

<input type="text"/>
<input type="text"/>

### Activity Details

\* indicates a required field

**Field of practice \***

- ☐ Arts/Culture  
☐ Sport/Recreation  
☐ Environmental & Climate Action  
☐ Humanitarian & Leadership

### Activity Category

**Select activity category \***

- ☐ Achievement Category  
☐ Participation Category (up to \$600 per family per financial year)

### Achievement Category

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The Achievement Category supports Kingston residents to compete, perform or represent at a State, National or International level in their chosen discipline. Financial hardship support of an additional 25% is also available in this category.

### Activity - Achievement Category \*

- ☐ State level within Victoria (\$200.00)
- ☐ National level held interstate or in Victoria (\$400.00)
- ☐ International level held overseas, interstate or in Victoria (\$600.00)

### Evidence of financial hardship

Attach a file:

Please provide a scanned image of your current Centrelink issued Health Care Card, Pensioner Concession Card or Veteran Card if you would like Council to consider an additional 25% allowance as part of the grant. The applicants name MUST appear on the card to be eligible for consideration of financial hardship

## Participation Category

The Participation Category supports individuals experiencing financial hardship to participate in a group, club or activity. This grant recognises the sacrifices that people make to reach significant goals, seek to develop local leaders and positive role models, and assist individuals whose ability to participate or to strive towards their potential is hindered due to financial hardship.

### Evidence of financial hardship \*

Attach a file:

Please provide a scanned image of your current Centrelink issued Health Care Card, Pensioner Concession Card or Veteran Card. The applicants name MUST appear on the card.

## Activity

### Activity name \*

Competition or event name

### Activity venue / location \*

### State \*

### Country \*

### Start date of your activity \*

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Must be a date.

**End date of your activity \***

Must be a date.

**Please provide a short summary of your activity \***

**Have you applied for funding from any other sources for this activity? If so please give details. \***

**Proof of competitive selection, qualification, invitation to participate in a club/ activity \***

Attach a file:

Letter, screen shot, email from event/activity organiser, governing body, club or coach/instructor with applicant's name showing selection/participation.

## Financials

**If your application for funding is successful, please provide bank details below. If you are under 18 years of age, please provide bank details for your parent/ guardian \***

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

## Certification and Feedback

\* indicates a required field

### 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 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.**

**I agree \***

☐ Yes

☐ No

**Name of authorised person \***

Title

First Name

Last Name

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ie: parent or guardian or applicant

### 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

You are nearing 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.

### 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.

## Privacy Policy

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