

2025 Kingston Charitable Fund Annual Grant - Application Form

Form Preview

Eligibility

* indicates a required field

Kingston Charitable Fund

Welcome to the 2025 Kingston Charitable Fund Grant Program

The Kingston Charitable Fund aims to support charitable organisations that meet community needs, make the community stronger and more connected, and complement Kingston Council's activities in the community.

Applicants: please note

Before completing this application form, you should have read the Kingston Charitable Fund Grant Guidelines available on our [website](#).

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is crucial that you complete these questions before any others to ensure this grant is suitable for you.

If you have any questions regarding the eligibility criteria, please contact the Kingston Grants Officers on 1300 653 356 or charitable.fund@kingston.vic.gov.au.

To contact us throughout the application process, please quote the application number below:

Application Number

This field is read only.

Confirmation of Eligibility

Organisations must:

- Have Deductible Gift Recipient (DGR) Item 1
- Be a Tax Concession Charity (TCC)
- Be physically located within the Kingston City Council geographical boundaries or be able to demonstrate significant benefit to the Kingston community
- Be able to demonstrate financial viability
- 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 can demonstrate they have entered into a payment plan

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- 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
- Demonstrate alignment between the proposed activity and aims of the Kingston Charitable Fund
- Submit a complete application, including attachments or other supporting information requested by Council
- Adhere to the [Victorian Child Safe Standards](#) (where applicable)

Please select below: *

Yes No

You must confirm that all statements above are true and correct to proceed.

Ineligible

Your response indicates that you are ineligible for the Kingston Charitable Fund grant.

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

Contact Details

* indicates a required field

Applicant Details

Organisation Name *

Organisation Name

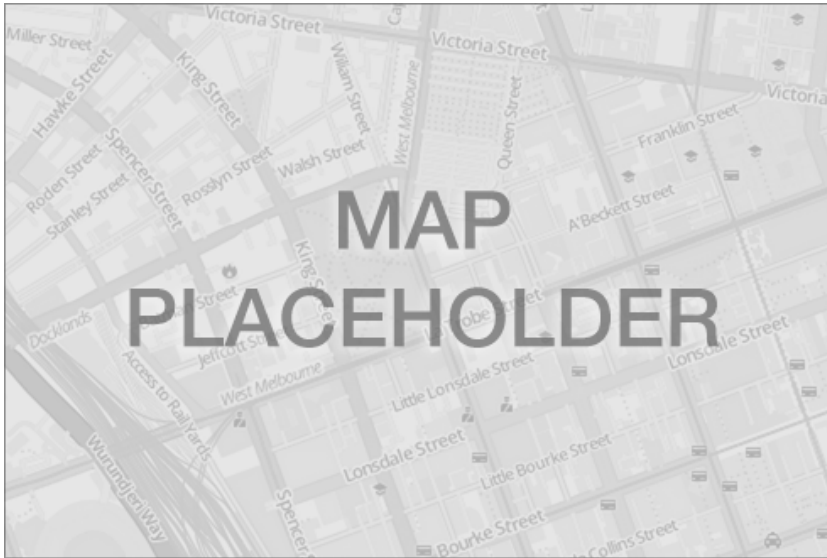
Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Organisation primary address

Address

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Organisation postal address

Address

Organisation primary phone number *

Must be an Australian phone number.

Organisation email address *

Must be an email address.

Organisation 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 *

Phone number *

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Must be an Australian phone number.

Email address *

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

Organisation Details

* indicates a required field

What is the legal structure of your charitable organisation? *

Does your organisation have Deductible Gift Recipient (DGR) 1 and Tax Concession Charity (TCC) status? *

Yes

No

Ineligible

Your response indicates that you are ineligible for the Kingston Charitable Fund grant.

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

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 organisation's purpose or mission? *

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What is your organisation's geographical coverage? *

Number of people your organisation assisted during the last financial year *

Of this number, how many are City of Kingston residents? *

What type of not-for-profit organisation are you? *

- | | |
|---|--|
| <input type="checkbox"/> Arts and creative activities | <input type="checkbox"/> Financial hardship / emergency relief |
| <input type="checkbox"/> Children and youth | <input type="checkbox"/> Health and wellbeing service |
| <input type="checkbox"/> Community interest | <input type="checkbox"/> Philanthropic organisation |
| <input type="checkbox"/> Culturally and Linguistically Diverse group (CALD) | <input type="checkbox"/> Religious or faith-based institution |
| <input type="checkbox"/> Disability service | <input type="checkbox"/> Seniors (over 55) |
| <input type="checkbox"/> Educational institution (includes pre-schools, schools, universities & higher education providers) | <input type="checkbox"/> Sport and recreation |
| <input type="checkbox"/> General not-for-profit (i.e. none of the sub-types listed above) | <input type="checkbox"/> Other: <input type="text"/> |

Please choose the option that best applies to your organisation.

What is your organisation's annual revenue? *

- Less than \$50,000
- \$50,000 or more, but less than \$250,000
- \$250,000 or more, but less than \$1 million
- \$1 million or more, but less than \$10 million
- \$10 million or more, but less than \$100 million
- \$100 million or more

Your revenue includes grants, donations, and other fundraising activities, fees for services, sale of goods, interest, royalties and in-kind donations that have been included in your accounts as 'revenue'. The Australian Charities and Not-for-profits Commission (ACNC) has more detailed information here: <https://www.acnc.gov.au/tools/topic-guides/revenue>

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 *

Attach a file:

Documents must comply with your Australian Charities and Not-for-Profits Commission obligations

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

Attach a file:

Please upload your Certificate of Incorporation *

Attach a file:

Activity Details

* indicates a required field

Activity title: *

Provide a name for your activity to be funded. Your title should be short but descriptive

Anticipated start date *

Anticipated end date *

Please provide a short summary of your activity *

Be descriptive, but succinct. Include a brief summary of who this activity is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and the outcomes you expect

Why is this activity needed? *

Must be no more than 500 words.

What issue (community need) is your activity addressing? Consider who in the community is affected and why this activity is needed

Who will benefit from the activity? *

- | | | |
|--|---|---|
| <input type="checkbox"/> Animal welfare groups | <input type="checkbox"/> Indigenous communities | <input type="checkbox"/> People experiencing homelessness |
| <input type="checkbox"/> Arts and cultural groups | <input type="checkbox"/> LGBTQIA+ community | <input type="checkbox"/> People with disabilities |
| <input type="checkbox"/> Children (0-12 years) | <input type="checkbox"/> Families | <input type="checkbox"/> Refugees or asylum seekers |
| <input type="checkbox"/> Culturally and linguistically diverse (CALD) groups | <input type="checkbox"/> Men | <input type="checkbox"/> Women |
| <input type="checkbox"/> Environmental or sustainability groups | <input type="checkbox"/> Older adults (55+ years) | <input type="checkbox"/> Young people (12-25 years) |

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Select all that apply

How does your activity benefit the Kingston community? *

How will you deliver this activity? *

Does your activity support access, diversity and inclusion (refer definitions below)? Please provide further detail *

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).

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, and valued. How will you create an environment where all people, regardless of their differences, can fully participate and have equal opportunities.

Does this activity have community support? In particular, do the beneficiary and/or geographic communities who are affected by this activity support it.? *

Yes No

Evidence of community support is highly regarded as activity with community buy-in tend to be more successful

What evidence do you have that this activity has community support? *

Please upload letters of support (if available/relevant)

Attach a file:

A maximum of 5 files can be attached

Provide further detail *

Activity Details - Outcomes

* indicates a required field

The following questions refer to project/program. These are default questions that relate to the activity for which you are seeking funding.

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

No more than 5 choices may be selected.

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

Please outline the outcomes that will occur as a result of your activity and how they align with Council's strategic priorities listed in the table below. For more information on Council's priorities refer to the [Council Plan](#) and the [Public Health and Wellbeing Plan](#).

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)"

Your outcomes

Timeframe

Alignment with our outcomes

Your outcomes	Timeframe	Alignment with our outcomes
What changes do you expect will occur as a result of the festival/event/creative activity (e.g. Enhanced physical fitness)? One per row.	What is the timeline of expected outcome	Which of our outcomes will your project contribute to? If multiple apply pick the most relevant. No more than 1 choice may be selected.

Please list organisational partners (if any) you will work through or with to reach your beneficiaries and/or achieve your outcomes

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Partner Name	Role of Partner

Applicant Capacity

* indicates a required field

How do you intend to promote your activity? *

How will you engage your audience, and how will you attract different types of people?

Have you done this activity, or something like it, before? Please give details *

Please explain the experience, skills and knowledge of the main people who will run this activity *

How will their skills make your activity successful?

Upload any additional supporting documentation

Attach a file:

Budget

* indicates a required field

Total Amount Requested

*

What is the total financial support you are requesting in this application?

Total Activity Cost *

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.

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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 for any extra information we should know.

Income and Expenditure

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

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

Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Notes
These budget items are for the activity you are requesting funding for	If 'Other' please provide explanation in Notes		Provide more details. Also use this to provide an explanation for expenditure type 'Other'

Budget Totals

Total Income Amount

 This number/amount is calculated.

Total Expenditure Amount

 This number/amount is calculated.

Income - Expenditure

 This number/amount is calculated.

Supporting documentation

Attach a file:

Please attach quotes for the expenditure items above (i.e. equipment)

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If your application was successful but received partial funding, would you still be able to deliver this activity? *

- Yes
- No

Briefly summarise how this would impact your delivery *

Word count:

Must be no more than 100 words.

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 including but not limited to submitting a report (acquittal) at the conclusion of the funding term.

I understand that the Kingston City Council is subject to the Freedom of Information Act 1982 and if a Freedom of Information request is made, the Kingston City Council will consult with the applicant before any decision is made to release the application or supporting documentation.

I agree *

- Yes
- No

Name of authorised person *

Title First Name Last Name

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

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Date *

Must be a date

Privacy Statement

The 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 Kingston Grants Officers on 1300 653 356 or email charitable.fund@kingston.vic.gov.au

A full copy of our Privacy Policy may be obtained from our website: www.kingston.vic.gov.au/Contact-Us/Privacy or from one of our Customer Care Centres or Libraries.

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.

How did you hear about this grant opportunity

- Direct mail
- Council website
- Council social media
- Through my local club / group
- word of mouth

Did you find the Guidelines easy to understand?

- Yes
- No

Please indicate how you found the online application process:

- Easy
- Neutral
- 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

What Happens Next

Thank you for your application!

Once you select submit you will receive confirmation of your application via the email address you registered with. A copy of your application will be attached to this email.

Council may contact you for more information about your application.

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All applicants will be advised of the outcome in May 2025, once recommendations are approved by the Lord Mayor's Charitable Foundation in April 2025.

For further information about the Kingston Charitable Fund Grants Program or to view the Grants Guidelines, please visit: www.kingston.vic.gov.au/charitablefund, or contact the Kingston Grants Officers on 1300 653 356 or charitable.fund@kingston.vic.gov.au