Eligibility

* indicates a required field

Program	
This field is read only.	
Application Number	
This field is read only	

Welcome to the Kingston Grants Program, Operational & Partnership - Multicultural & Seniors 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.

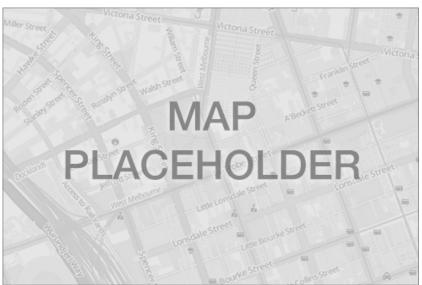
Confirmation of Eligibility

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 Kingston City Council's geographical boundaries or if located outside Kingston City Council's 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

- 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 not eligible to apply for Kingston's Operational $\&$ Partnership grant.
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
Privacy Notice
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 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
Group or Club Name * Organisation Name
Please use the same name that is listed in official documentation such as Consumer Affairs, Australian Business Registry, Australian Charities and Not for Profit Commission, Australian Tax Office
Where does your group or club regularly meet? Address



Bourke Street
Group or club postal address Address
PO Box or where mail will be collected. If your address does not appear you may enter the details
manually
Group or club website
Must be a URL.
Main Contact Details
Primary contact * Title First Name Last Name
This is the person we will contact about this grant
Position held in group or club *
For example: President, Secretary, Treasurer
Phone number *
Must be an Australian phone number.
Email address *
This is the address we will use to contact about this grant

Other Contact Details
Please tell us the name of another Committee member for your group or club
Secondary contact * Title First Name Last Name
This person will be contacted if we are unable to reach the primary contact
Secondary contact - position held in group or club *
Must be a Committee Member (for example: President, Secretary Treasurer)
Secondary contact - phone number *
Must be an Australian phone number.
Secondary contact - email address *
Must be an email address.
Group or Club Details
* indicates a required field
Is your group or club incorporated? * O Yes O No
Ineligible
Your response indicates that you are ineligible to apply for Kingston's Operational & Partnership, Multicultural & Seniors grant program.
For further information please contact the Kingston Grants Officers on 1300 653 356 or email community@kingston.vic.gov.au
Have you previously provided your Incorporation Certificate to the Kingston City Council Grants Team? * O Yes No
What is your group or club's incorporation number? *

Incorporated Association or Australian Company Number			
Please upload your group or club's Certificate of Attach a file:	Incorporation	on *	
Please add your ABN (if applicable)			
The ABN provided will be used to look up the following check that you have entered the ABN correctly.	information.	Click Lookup	above to
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 group or club's purpose or mission	? *		
Why have you formed as a group or club?			
Total number of active members in your group of	r club *		
group o			
Must be a number.			
How many active members are residents of King	iston? *		
now many active members are residents of king	Stone		
Must be a number.			
Please provide evidence of your Kingston memb with their residential postcode) * Attach a file:	ers (eg. a lis	st of your m	embers

Meeting Frequency

Please list the days of the week and times that you regularly meet with members.

Days of the week	Meeting time	Meeting Fre		
i.e. Monday	i.e. 12.30pm-2.30pm	How often do y	ou meet?	If 'Other' please provide more information
	,	R		
Please upload the f	following documenta	tion:		
-	_		_ 1. !!! 1.	
Your group or club Attach a file:	's Certificate of Curre	ency (Public Li	авінту п	nsurance) *
V	-			
Attach a file:	's list of all committe	e members *		
Va awa aw alb	la latest Annual Cons	usl Mostins u	inutes t	
Attach a file:	's latest Annual Gene	rai Meeting m	imutes	
Your group or club	's most recent financ	ial statement	*	
Attach a file:	5 most recent imanc	iai statement		
Must be a financial state	ement (not a bank statem	ent). Must show ii	ncome, ex	penditure and savings
Activities				
* indicates a required	l field			
Please tell us how	this grant funding wi	II support you	r group	or club's activities *
Are you applying fo	or funding to provide	regular meals	s (prepa	red at your meeting
venue) for your me			., -,-	, <u>,</u>
	ue with a commerical kitc			e funding for meals *If

your group only provides tea/coffee/biscuits you should answer No to this question

Who will participate in your activities? * □ Culturally and linguistically diverse (CALD)	□ Older adults (55+ years)			
groups ☐ Indigenous communities ☐ LGBTQIA+ community ☐ Men	□ People with disabilities□ Women			
Select all that apply				
How does your group's activities support the definitions below)? Please provide fu				
•				
Access - Please explain how your activity will part. How will you address any physical, comparticipation (such as physical, communicatio time, educational or psychological barriers).	nunication, financial barriers to peoples			
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 wand valued. How will you create an environment differences, can fully participate and have equal to the control of the cont				
Activities				
Tell us about the activities you will undertake.	List one per row.			
You can list one location for each activity. If yo places, please list each location as a separate	, , ,			
Activity	Location			
Describe your activities that you will regularly do with your members. List one per row	Where will your activity occur?			
How will you promote your activities? *				
Thank about how you get people to be involved in members or different types of people to join	your activities, and how you will attract new			

Have you done these activities before? Please give details *

Please explain the experience, skills, and knowledge of the run these activities *	main people who will
How will their skills help make your activities successful?	
How does your group or club reduce waste? *	
Consider the environment	

Operational Outcomes

Outcomes

Please tell us about the outcomes you expect to result from your funding. Outcomes are the impacts you expect to see for your community. 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	Alignment with our outcome goals

Budget

* indicates a required field

Formula Based Assessment

Your application will be assessed against the following funding formula.

Base2 Meeting hours for social activities X number of Kingston residents who are active members X 12 Meetings per year X \$2.00 (Funding cap of \$1,000) +**Additional** 12 meals

per year X number of Kingston residents who are active members X Meals on Wheels minimum cost of \$4.50 (Funding cap of \$3,000)

Groups or clubs that provide meals to members. Must provide at least 6 meals per year

+Qualitative (Additional Funding)

The Qualitative (additional funding) amount will be given when:

- the applicant meets in Kingston
- the applicant has more than 50% Kingston members

The assessment panel will also consider additional funding where there are a large amount of registered members.

of registered members.

=**Total:** Total funding allocation

What is your groups current annual income? *
Must be a dollar amount.
For example: membership fees
What is the value of any cash reserves your group currently holds? *
Savings or funds held for purpose
Savings of furius field for purpose
National (16 No. 11 No.
What plans (if any) do you have for spending your cash reserves? *
If your organisation does not have any cash reserves respond N/A
Tryour organisation adds not have any easin eserves respond 14/7
What is your groups current annual expenditure? *
what is your groups current annual expenditure.
Are you able to access other sources of funding for this activity? Please provide
details *
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?

What will you use your funding for?

Please list what you will spend this funding on? Use the notes to tell us more

Expenditure Description	Expenditure Type	Expenditure AmountNotes (\$)		
	lf you select 'Other' please provide more information in Notes		Please provide more detail. Use this section to provide an explanation if you selected the expenditure type: 'Other'	
		\$		
		\$		
		\$		
		\$		

Certification and Feedback

This section must be completed by a Committee member on behalf of the group or club (this person may be different to the main 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 Funding Agreement.

l agree *	○ Yes		○ No	
Name of authorised person *	Title	First Name	Last Name	
Position *	Must be a	Committee member		
rosition	Position he	eld (e.g. President, Se	ecretary, Treasurer)	
Phone number *				
	We may contact you to verify that this application is authorised by the group or lub			
Email *				
Date *	Must be an	n email address.		
Date *	Must be a	date		

Feedback

^{*} indicates a required field

	, , ,
nline application form?	Difficult
Did you find the Guidelines easy to understand? ○ Yes	
Is there anything you would like to tell us to help us improve our form?	
	uidelines easy to understar ○ N

You have reached the end of the application form. Before you submit please provide some

What Happens Next

Thank you for your application.

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

Council may contact you for more information about this 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 community@kingston.vic.gov.au