

# 2025-27 O&P Specialist Community & Welfare Services

## Form Preview

### 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 - Specialist Community & Welfare Services 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 the Kingston Grants officers on 1300 653 356 or [community@kingston.vic.gov.au](mailto: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

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- 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](#)

### Please select below: \*

☐ 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 Operational & Partnership Grant.

For further information please contact Kingston Grants Officers on 1300 653 356 or email [community@kingston.vic.gov.au](mailto: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 Kingston Grants Officers on 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.

## Applicant Organisation Details

### Organisation name \*

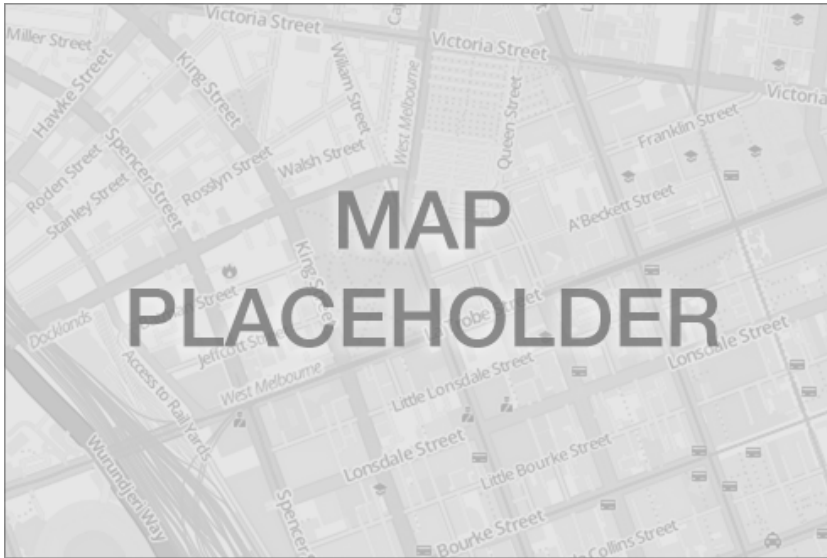
Organisation Name

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 address

Address

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## Organisation postal address \*

Address

PO Box or where mail will be collected. If your address does not appear you may enter the details manually

## Organisation phone number \*

Must be an Australian phone number.

## Organisation email address \*

Must be an email address.

## Organisation website

Must be a URL.

## Hero Image

Attach a file:



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

## Primary Contact Details

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## Primary contact \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

This is the person we will correspond with about this grant

## Position held in organisation \*

Must be CEO, manager, committee / board member

## Phone number \*

Must be an Australian phone number.

## Email address \*

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

## Secondary Contact Details

### Secondary Contact \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

This person will be contacted if we are unable to reach the primary contact

### Secondary contact position held \*

Must be elected committee member

### Secondary contact phone number \*

Must be an Australian phone number.

### Secondary contact email address \*

Must be an email address.

## Organisation Details

\* indicates a required field

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

As detailed Australian Tax Office website: <https://www.ato.gov.au/businesses-and-organisations/not-for-profit-organisations/getting-started/in-detail/registration/legal-structures-for-not-for-profits>

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## Ineligible

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

### Have you previously provided your Incorporation Certificate to the Kingston City Council Grants Team? \*

- ☐ Yes  
☐ No

### What is your incorporation number? \*

### Please upload your 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

### What is your organisation's purpose or mission? \*

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### Upload your organisation's mission statement or constitution (if applicable)

Attach a file:

### What is your organisation's current annual income? \*

Must be a dollar amount.

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

Must be a dollar amount.

Savings or funds held for purpose

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

If your organisation does not have any cash reserves respond N/A

### What is your organisation's current annual expenditure? \*

Must be a dollar amount.

### Are you able to access other sources of funding for this activity? Please provide details \*

### Please upload the following supporting documentation:

#### A list of all current Committee Members and their role \*

Attach a file:

#### Your organisation's Certificate of Currency \*

Attach a file:

Public Liability Insurance (at least \$20 million required)

#### Your organisation's most recent Annual Report \*

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

#### Your organisation's most recent Financial Statement \*

Attach a file:

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Must include full financial picture (i.e. balance sheet, funds held for purpose etc)

## **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/>

## Community Need

\* indicates a required field

### **Please provide a short summary of how this grant funding will support your organisation's operational activities \***

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

### **Upload brochure and any relevant documents about your activities**

Attach a file:

Where applicable

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

### **Assessment criteria weighting: 25%**

#### **Why is your activity needed?**

How and why did you decide on your activity? How will it benefit the community?

#### **What are the aims and objectives of your activities and how do they align with the need you have identified above?**

What do you want to achieve with this funding? Explain how the aims of your operational activities address the identified need. Provide a clear connection between the two

#### **Who will participate in your activities?**

- |   |   |   |
|---|---|---|
| <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 |

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- ☐ Culturally and linguistically diverse (CALD) groups ☐ Men ☐ Women
- ☐ Environmental or sustainability groups ☐ Older adults (55+ years) ☐ Young people (12-25 years)
- ☐ Indigenous communities ☐ People experiencing homelessness

**How many people attend your services/programs annually? \***

Must be a number.

**Of this number, how many are Kingston residents? \***

Must be a number.

**What research into the needs of the Kingston community has been used to influence your services? \***

eg. surveys, data, alignment with strategic plans

**Please upload supporting evidence (if applicable)**

Attach a file:

## Operating Hours

What days and hours does your organisation operate?

Days of the week	Hours of operation	Notes
For example: Monday	For example: 12.30pm-2.30pm	Use this space to provide more relevant information

## Community Benefit

\* indicates a required field

**Assessment criteria weighting: 25%**

**How does your organisation's activities benefit the wider Kingston community? \***

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**Does your organisation's activities support access, diversity and inclusion (refer to the 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.

**Do your activities have support from the community? Specifically, do the people who are affected by these activities support it? \***

☐ Yes

☐ No

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

**What evidence do you have of community support? \***

**Please upload evidence of support (if available/relevant)**

Attach a file:

A maximum of 5 files can be attached eg; letters, social media content

## Organisational Partners

**Please list any organisational partners involved in delivering your activities**

Partner	Role of Partner	Please upload letters of support (where applicable)
Which other organisations are you engaging with to deliver this activity?	In what capacity will they support you in delivering this activity?	A maximum of 5 files can be attached eg; letters, social media content

### Operational Outcomes

**Please note** - where the following questions refer to **project/program** this relates to your **operational activities**

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

No more than 2 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

In this section you are asked to identify your organisation's outcome goals and how they align with Council's strategic goals that are outlined in the [Council Plan](#) and the [Public Health and Wellbeing Plan](#).

Please tell us about the outcomes you expect to result from your operational activities.

You only need to identify up to 3 outcomes.

Outcomes are the changes you expect to occur for the beneficiaries of your project. 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**

**Timeframe**

**Alignment with our outcome goals**

**How does your intended outcome link to our outcome goals?**

What changes do you expect will occur as a result of your operational activities (e.g. Enhanced physical fitness)? Please be brief. One per row. Must be no more than 20 words.	Are your outcomes short or long term? Select from the following	Which of Council's outcome goals will your operational activities contribute to? If multiple apply pick the most relevant. No more than 1 choice may be selected.	Please explain how your intended outcome helps contribute to Council's goals. Must be no more than 100 words.

### Capacity to Deliver

\* indicates a required field

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### Assessment criteria weighting: 35%

Tell us about the activities you will undertake. List one per row.

You can stipulate one location for each activity. If you have one activity taking place in multiple places, please list each location as a separate activity.

Activity	Location
Describe your activities key milestones or tasks Must be no more than 20 words.	Where will your activity occur?

### How do you intend to promote your activities? \*

Think about how you get people to be involved in your activity, and how you will attract different types of people to join

### Have you done these activities before? Please give details \*

### Please explain the experience, skills, and knowledge of the main people who will run these activities \*

How will their skills help make your activities successful?

### Upload any additional supporting documentation to demonstrate capacity to deliver your activities

Attach a file:

## Operational Activities - Tracking Progress

### Council's metrics

A metric is a way to measure if you're making progress towards a goal and how much progress you're making. Please select the metric in the table below that you will report on.

Metric	Collection method	Target	Explanatory notes
Which of our metrics will you track? You will be required to report on your progress. Add more	How will you collect the data? E.g. survey, headcount, observation/estimation, externally	How many do you aim to measure?	Add notes if you need to provide more context.

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rows if you want to list additional metrics.	verified sources (e.g. government or public datasets).		

### Describing the effectiveness of your operational activities

This section is about checking how good your activity is, not just counting how many people take part or are affected.

Please explain how you will check if you're making progress toward your goal.

Examples could include: interviewing participants, asking for feedback or testimonials, organizing focus groups and writing summaries, tracking social media posts, watching for media mentions, or using photos, videos, or audio (like podcasts) to show what's happening.

#### Methods

#### Explanatory notes

Select the type of method you will use to help track your progress. One per row. Add more rows if you want to list additional types of methods.	Add notes if you need to provide more context, or if you have selected 'Other' Must be no more than 100 words.

### Budget

\* indicates a required field

#### Total Amount Requested

\*

\$

How much funding are you asking for each year in this application?

#### Total Operational Expenses \*

\$

What is the total cost of your activity each year?

### Budget

Your budget should show all the money coming in (income) and going out (expenditure) for this activity.

In the 'Income' column, write what funding you will receive, like 'Council grant', 'fundraising night', 'ticket sales', or 'sponsorship'. In the 'Expenditure' column, list your expenses, like 'venue hire', 'entertainment', or 'traffic management'.

Use the 'Notes' column for any extra information we should know.

**Please remember: GST does not apply to Kingston City Council grant payments**

Income Description	Income Type	Confirmed Funding?	Income Amount (\$)	Notes
	If 'Other' please provide explanation in Notes			Please provide more detail. Also use this section to provide an

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				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		Please provide more detail. Also use this section to provide an explanation for the 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.

**What other things do you need, other than money, to successful run your operational activities?**

**Who will provide this?**

**Has the non-monetary item been confirmed?**

Non-monetary things could include: equipment or supplies (like audio-visual gear), help with marketing or promotion (like free ads), skills or expertise (for example, an event planner, photographer, or IT support), or free transportation (provided by a partner organization). Please tell us who will provide these things		

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**If your application is successful but received partial funding, would you still be able to deliver your operational activities? \***

- ☐ Yes  
☐ No

Due to high demand for funding, there is a possibility that partial funding may be offered

**Briefly summarise how this would impact your delivery \***

Word count:

Must be no more than 100 words.

## Capacity for Sustainability

\* indicates a required field

**Assessment criteria weighting: 5%**

**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?

**Describe the environmental impacts of your operations and outline your plan to address these impacts \***

For example - waste management/reduction, recycling

## Other Considerations

\* indicates a required field

**Assessment criteria weighting: 10%**

**Why is this grant essential to your operational activities? \***

Describe any limitations in accessing alternative funding sources and how these challenges impact your ability to carry out this activity without this funding

**Is there something special about your operational activities that we should know?**

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Use this space to share any further details that may support your application

## 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 Funding Agreement.**

**I agree \***

☐ Yes

☐ No

**Name of authorised person \***

Title

First Name

Last Name

Must be CEO, Chair, President or member of Committee/Board

**Position \***

Position held in applicant organisation (e.g. President, 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

### Ineligible

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Your response indicates that you are ineligible 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](mailto:community@kingston.vic.gov.au)

## 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.

**Please indicate how you found the online application process:**

- ☐ Easy ☐ Neutral ☐ Difficult

**Did you find the Guidelines easy to understand?**

- ☐ Yes ☐ No

**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, the email you registered with will be sent an email confirmation of your application with a copy of your application.

Council may contact you for more information about your 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/grants-program> or contact the Kingston Grants Officers on 1300 653 356 or email [community@kingston.vic.gov.au](mailto:community@kingston.vic.gov.au)