

Community Participation Application - for groups 2026-2027

Form Preview

About

About this grant

This funding supports initiatives that help residents participate in community life and improve personal outcomes.

Two types of grants are available any time during the year under this category: • Funding for projects delivered by community groups (up to \$3,000) • Funding for individuals (up to \$750). ** if you are seeking support for an individual please fill the form at: <https://merri-bek.smartygrants.com.au/>.

For groups: To be eligible for this grant, **groups** must: • Be a not-for-profit community group, organisation or club • Be incorporated or auspiced by another incorporated organisation • Have adequate Public Liability Insurance • Have acquitted previous Council grants and have no outstanding debts to Council • Ensure the proposed activity is consistent with Local, State and Federal laws.

These documents must be ready to upload and attach: • Current Public Liability Insurance Policy • Most recent Financial Statements 2025-2026 • Quotes or proof of costing for all project expense items • Letters of support from partnering groups that indicates you are working together for the project. • Demonstrate complying with the Child Safe Standards by uploading a copy of your organisation's Child Safe Policy or Statement of Commitment to Child Safety (if relevant)

Instructions: • Read the [Grants Guidelines](#) • Discuss your application with a [Council Officer](#) • Submit the application 4 weeks prior to the planned activity starting. • You can save and close your application to come back to later. Help is available to complete the application, i.e. translate into other languages or any other question. Please contact our Community Grants Team on 9240 1111 or communitygrants@merri-bek.vic.gov.au.

Read Guidelines and spoken with Council

* indicates a required field

Yes I have read the Community Grants Guidelines *

☐ Yes

• [Read the Grants Guidelines](#)

You must have discussed your application with a relevant [Council Officer](#) Why?

To get with feedback; help with developing your funding idea and links with other groups and networks. Contact the community grants team via e-mail communitygrants@merri-bek.vic.gov.au with details of your grant idea to be linked to the relevant Council Officer. After contacting the grants team, you will be provided with contact details for a relevant Council Officer (staff) to further discuss the project, please indicate the staff members name below.

Council officer name that you discussed this application with, connected to the relevant funding outcomes. *

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Community Grant category *

Community Participation (groups)

Auto filled question.

About the Group

* indicates a required field

About the group

Group / organisation name *

Organisation Name

Is the group incorporated *

☐ Yes

☐ No - we are auspiced

☐ Primary or Secondary School

Group / organisation primary address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Group / organisation primary phone number *

Must be an Australian phone number.

Group / organisation primary email *

Must be an email address.

Select the most relevant category that best describes your organisation? *

☐ Aboriginal and Torres Strait Islander peoples

☐ Health and Safety

☐ Seniors

☐ Arts

☐ Heritage and Preservation

☐ Social Activities

☐ Children

☐ LGBTQIA+

☐ Sports or Recreation

☐ Disability

☐ Men

☐ Women

☐ Environmental

☐ Migrant and refugee

☐ Youth and Education

☐ Family

☐ Multicultural

☐ Other:

☐ Food access and security

At least 1 choice and no more than 2 choices may be selected.

Project Contact Person

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Project Contact *

Title	First Name	Last Name

Project contact position within group / organisation *

President, secretary, committee member etc

Project contact phone number *

Must be an Australian phone number.

Project contact primary e-mail *

Must be an email address.

Child Safety and Wellbeing

Council is committed to being a Child Safe organisation and has zero tolerance for child abuse.

Is the Applicant or Auspice organisation an applicable entity that is required to comply with the Child Safe Standards as defined in the Child Wellbeing and Safety Act 2005? *

☐ Yes ☐ No

If you ticked yes to the question above, is the Applicant/Auspice organisation compliant with the Child Safe Standards?

☐ Yes ☐ No

If the Applicant/Auspice organisation is required to comply with the Child Safe Standards please provide a copy of your Child Safety and Wellbeing Policy.

Attach a file:

Is the Applicant or Auspice organisation required to comply with Working with Children Check (WWCC) requirements as defined in the Workers Screening Act 2020?

☐ Yes ☐ No

If yes do all relevant personnel always have a current WWCC, and is there a procedure to monitor ongoing currency of WWCC?

☐ Yes ☐ No

If yes to the above question, please describe the procedure to monitor ongoing currency of WWCC:

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Word count:

Applicants/Auspice Organisations may be required to provide evidence of compliance with WWCC legislation.

If you are NOT required to comply with legislation as outlined above, do you agree to comply with Council's Child Safety and Wellbeing Policy?

☐ Yes

☐ No

Visit <https://www.merri-bek.vic.gov.au/living-in-merri-bek/community-services/child-safety-and-wellbeing/introduction-to-child-safety/#autoAnchor1> for more information.

[The Commission for Children and Young People](#) can provide more information about the Child Safe Standards, including 'applicable entities' that must comply.

[Working with Children Check Victoria](#) can provide more information about WWCC including the 'occupational fields' required to have a WWCC.

Incorporation and Auspice

* indicates a required field

Details about your incorporation

Please indicate your group: ~ Incorporation Number: located on your Certificate of Incorporation, or search for the number at www.consumer.vic.gov.au/clubs-and-fundraising/incorporated-associations/search-for-an-incorporated-association. ~ Your groups ABN: enter the number and click lookup for your groups legal and tax information to be automatically displayed. To search or apply for an ABN go to the ABN Lookup website at www.abr.business.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	

Must be an ABN.

ABN Lookup website [here](#)

CAV Incorporation Number or Charity ABN *

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CAV Incorporation Number look up [here](#) or ABN if a Charity with [ACNC](#)

Does your group have Public Liability Insurance? *

☐ Yes

☐ No

If no, you will need to provide evidence the project is covered by insurance

Details about your groups auspice

- Incorporation Number that is located on your Certificate of Incorporation.
- Your auspice organisation ABN, please enter the number and click lookup for your group legal and tax information to be automatically displayed.

Auspice organisation name *

Organisation Name

Auspice primary address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Auspice Primary Website

Must be a URL.

Incorporation number of auspice organisation *

ABN of auspice organisation

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	

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Main Business Location

Must be an ABN.

Auspice Project Contact *

First Name

Last Name

Auspice Project Contact Primary Phone Number *

Must be an Australian phone number.

Auspice Project Contact Primary Email *

Must be an email address.

Written evidence from the auspice in support of this application. *

Attach a file:

Email suport to be auspice or copy of the auspice agreement

About the project

* indicates a required field

About the project

Project title *

Short project description *

Provide a short description (100 words recommended) of your project - what are you out to do?

Start date *

Must be a date and no earlier than 30/6/2026.

Must start at least 4 weeks from submitted date

End date *

Must be a date.

Project delivery and completion within 12 months

Where will the project take place? *

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Indicate location or facility in Merri-bek where the project will occur. Please remember to include the address.

Alignment with Grant Objectives and Council Plan

The objectives of this program are aligned with the themes in the Council Plan 2021 - 2025.

Projects must align with the Community Grant Program Principles and Community Grants Objectives. For more information [click here](#).

- Ensure you complete this section before filling out indicators / metrics in the next question, these sections are directly linked and have auto filters imbedded in the form.
- Please tell us about the outcomes you expect to result from your project. • Outcomes are the changes you expect to occur for the beneficiaries of your project. • We have made a list of outcomes that relate to our priorities, these are explained in the grant guidelines. Please select from our list outcomes that you feel align with your project.

One outcome per row. A maximum of three can be selected.

Alignment with Merri-bek Council Objectives

Intended project outcomes Timeframe How does your intended outcome link to Merri-bek Council outcomes?

Which of our outcomes will your project contribute to? If multiple apply pick the most relevant.	What changes do you expect will occur as a result of your project (e.g. Enhanced physical fitness)? Please be brief. One per row. Must be no more than 50 words.	When do you expect this outcome to emerge?	Please explain how your intended outcome helps contribute to ours. Must be no more than 100 words.

Our metrics

Please select the metric (measures) you will track and achieve, these link to the Objective you selected above. These answers will help measure the project progress and proposed outcomes.- Ensure you have completed the above question about Alignment with the Council Plan first, these sections are directly linked and have auto filters imbedded in the form.

Please select the metrics (measures) that will apply to your project. Should you be successful in your grant application we will ask you to gather this information and report your answer in the Acquittal at the end of your project.

Hint: the current and target metric number can be further explained in your collection method answer.

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Which of our metrics (measures) will you track? You may be required to report on your progress.

Target

Current

Collection method

Explanatory notes

Which of our metrics (if any) will you track? You may be required to report on your progress. Add more rows if you want to list additional metrics.	Identify a target for the metric you have chosen - an estimated total for your project. Must be a number.	What is your current result for this metric? Must be a number.	How will you collect and verify the data? E.g. survey, interviews/ case studies, focus groups, administrative data (e.g. case management data), observation/ estimation, government or public dataset (e.g. Census), other datasets.	Add notes if you need to provide more context.

Project Detail

* indicates a required field

Why is the project needed? *

Please include what benefits will the project have for the community, if you have asked local people or groups if this project is needed and if there is anything else like this project in Merri-bek.

Who will benefit from this project? *

Describe the estimated number, gender, age and location/region of those participating in the project, Applications will score higher against the criteria where the project has clear benefits for people living in Merri-bek. (150 words recommended)

Are you working with any other groups or organisations on the project? *

☐ Yes ☐ No

Which groups/organisations are you working with and how are you working together on the project? *

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If you indicated you are not working with other groups, please explain why your group is not working with other groups for this project.

How will you minimise the environmental impact of the project? *

Consider things such as waste or carbon emissions from transport

Indicate the priority community groups that will benefit from the grant? *

- | | |
|---|--|
| ☐ Aboriginal and Torres Strait Islander communities | ☐ People with disability |
| ☐ Children (under 12 years) | ☐ Seniors (65+ years) |
| ☐ Lesbian, Gay, Bisexual plus, Transgender and gender diverse, Intersex, Queer, Asexual and Aromantic communities (LGBTIQA+) | ☐ Women, Girls and Gender Diverse Communities |
| ☐ Migrant and refugee communities | ☐ Youth (12 - 24 years) |

At least 1 choice must be selected.

How many people will participate from the groups selected above, and how will this project support these groups? *

How will you address the needs of people of different genders in the design and management of your initiative? *

Word count:

We want you to show us how you have considered gender differences in designing your project/ program so that you are reaching people equitably. If you are running a gender-specific initiative, please tell us why only one gender is being targeted. For more information on applying a gender lens to your work, visit <http://www.fundingcentre.com.au/help/gender-lens>.

Project Team

To answer the following question, please consider the following:

- List any people you are hoping to work with or have confirmed to work with.
- Who is part of the project team within organisation and what are their roles / responsibilities to plan and deliver the project.

Who is in your project team and what are their roles? *

Video /Audio application

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If you prefer, you can record and upload a short video or audio file of you describing your proposal here: Please organise your response in 4 parts

1. Describe your proposal (1-2 minutes)
2. How your project meets the category objectives: (1-2 minutes)
3. Why is the project needed and who and how many people will benefit from the project? (1-2 minutes)
4. Description of the project team (1-2 minutes)

Upload your file here

Attach a file:

Budget

* indicates a required field

How to complete the budget

Please indicate your projected cash income and expenditure. Please ensure both columns are equal. i.e. expenditure cannot be higher than your income. Refer to [Help Sheet Completing the budget](#) if you need guidance. • More information on the budget please refer to the [Community Grants Guidelines](#) • Hint: there must be an entry on each line of the budget tables (lists). Add / or remove blank lines as necessary (+ / -) This category does not have any GST implications. There are limits on what funding can be spent on: read [What funding can cover](#).

Grant Amount you are seeking *

\$

Must be a dollar amount and no more than 3000.

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

Calculated Project Value

\$

This field automatically calculates to add the grant requested, other project income and in-kind volunteer support.

Project Budget (Cash Income)

Please show where the money will come from (other than the grant funds) to pay for the project and select if the money is confirmed or not confirmed. Note, this should not include any in-kind contributions (donations of time or goods). • **Examples of cash income:** This Grant, Other grant funding, cash contribution from another group to project, Internal funds, Cash donations, or Sponsorship contributions. • This category does not have any GST implications.

Income description	Income type	Is this funding confirmed?	Income amount (budgeted)
Cash contribution from Group			\$
Other successful grant or funding contribution			\$

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			\$
Provide a clear description for each budget item. Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'.	Please select the type of income		Enter the total amount expected to be received. Must be a dollar amount.

Project Budget (Cash Expenditure)

Please outline your project expenses in the expenditure table below.

Notes on expenses: • Capped amounts refer to the combined total for that category for example the grant can only cover all venue hire costs combined up to \$500. • Temporary staff or contractor costs read [FAQ's](#). • *Examples of cash expenditure:* Temporary staff or contractors, auspice fee, venue hire (project specific), materials, volunteer support, transport, equipment hire.

Ensure you have read [What funding can cover](#) specific to this category and [What we won't fund](#) or page 6 & 16 of the [Guidelines](#).

Expense (Cost) Items	Preferred Contractor	Cost type	Amount in dollars	Quote Attached	Pay expenses with	Already Paid Y/N
Clear description for each budget item.	Identify contractor / supplier	Please select the type of expenditure.	Enter the amount to be expended on this budget item. Must be a dollar amount.			
			\$			
			\$			
			\$			
			\$			

Budget totals

The budget must balance: the Income Amount must be the same as the Expenditure Amount.

The "income less expenditure" should be zero. Should your budget not balance you will be asked to resubmit the application and update the budget.

Total Income Amount

\$

Total Cash Expenditure Amount

\$

Income less Expenditure *

\$

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This number/amount is calculated.

This number/amount is calculated.

This number/amount is calculated.

Quotes and costings

For the grant amount you have requested you must submit evidence of how you came about those cost amounts. You need to upload quotes or cost estimates for **ALL** project expense (Costs).

Please note: Should you not provide quotes or evidence about how you came about the costs (quote, supplier estimate or screen capture etc) you will be asked to resubmit the application and update/ supply this information.

Quote, supplier estimate etc *

Attach a file:

Volunteer and in-kind contribution

List any in-kind support and volunteer contributed hours being provided by your organisation or other organisations here, and give an estimated value of this support. How much would you have to pay for these goods or services if they were not being provided free of charge? Examples of in-kind contributions might include: free use of a venue, organisations administration support, or donated refreshments, donated contractor time or any other donated goods or services.

Contribution Item	Value in dollars
In-kind Organisational management and administration contributions etc	\$
In kind - volunteer time	\$
	\$

Volunteer and In-kind value in dollars Total

\$

This number/amount is calculated.

Timelines

Activities

Tell us about the activities you will undertake in order to create change.

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

- Complete applications must be submitted at least **four (4) weeks** prior to the planned activity starting.

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Please note: Should your application need to be resubmitted for any reason, your timelines for the proposal may need to change until the application is deemed complete by Council.

Hint: Add / or remove lines as necessary (+ / -)

Activity	Location	Start date	End date	Activity status	Explanatory notes
One per row. Add more rows if you want to list additional activities.	Where will your activity occur?	Must be a date.	Must be a date.	What is the status of this activity?	Add notes if needed.

Uploaded documents and attachments

* indicates a required field

Have you attached all supporting documentation?

For auspiced Applicants, please upload the Financial Statements and Insurance Certificate documentation for your auspice.

Latest financial statements 2024-2025 *

Attach a file:

Please submit a profit and loss statement (P&L), income and expenditure statement, a financial report that details the organisation's revenues, expenses, and profits/losses. Do not attach a Bank Statement.

Public liability insurance certificate *

Attach a file:

Support letters from other partnering groups *

Attach a file:

Email or letter from other community groups that indicates you are working together for the project

Other supporting documents

Attach a file:

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If you have indicated you are working with Children, Youth and/or Families you will need to demonstrate complying with the Child Safe Standards by uploading a copy of your organisation's Child Safe Policy or Statement of Commitment to Child Safety.

Child Safe Policy or Statement of Commitment to Child Safety *

Attach a file:

For further information on the Child Safe Standards see: <https://ccyp.vic.gov.au/child-safety/resources/>

Privacy Statement and Declaration

* indicates a required field

Declaration

I state that the information provided in this application is true and correct. I also declare that this form has been submitted with the full support of the applicant group / organisation and I understand that making any false statements can lead to Council rejecting the application and pursuing other penalties available under law. I understand that this is an application only and may not necessarily result in funding approval.

Authorised person for group / organisation *

First Name

Last Name

Applicant Authorised Person Position *

Authorised person i.e. Executive committee member President or Secretary

Privacy Statement - Council is committed to protecting the privacy of personal information it holds. Any personal information collected is used for the purpose of administering Council's grants programs, including an assessment of whether the applicant is eligible for funding, subsequent evaluation of a funded activity, and the auditing of grant funds (which may be undertaken by or on behalf of Council or any government inspection agency). The information will be used for administrative purposes and will not be disclosed to any other party except as required by law. You may access your personal information by contacting Council's privacy officer.

Before submitting your application

Please review your application carefully before submitting it. Once an application is submitted it cannot be changed without authorisation from Council. If you do need to make a change after submitted, contact the grants team at communitygrants@merri-bek.vic.gov.au and quote the application number.

Applications are not submitted until you hit the submit button on the final page of the application.

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If you have missed a required field, this will be indicated **AFTER** you hit the submit button on the final page of the application.

If you do not receive a confirmation email, your application has **not** been submitted. Please check that all the required questions have been answered before attempting to submit again.

Once your application is submitted, you can return to <https://merri-bek.smartygrants.com.au/> at any time to view it and a PDF version will be emailed to you with the confirmation email.