

Community Participation Application - for individuals 2026-27

Form Preview

Community Participation Grant - for Individuals

General Information

Community Participation Grant - for Individuals

This funding aims to support initiatives that help residents participate in community life and improve personal outcomes. Supports up to \$750. Funding is provided to individuals who are residents of Merri-bek that have been selected to pursue an achievement and / or development activity in their chosen area of expertise. Applications must be submitted at least four weeks prior to the planned activity beginning.

An Applicant must:

- be a resident of Merri-bek (lives within the Merri-bek municipality),
- show evidence of being selected / invited to participate in an activity by an organisation or group,
- show that there are financial barriers to participating in the activity,
- demonstrate a strong commitment to their area of endeavour,
- show the benefit of participation in the activity to the Merri-bek community.

Documentation required:

- Bank Details
- Bank statement excerpt
- Proof shows your full name and residential address within the Merri-bek City Council.
- Proof of Activity
- Letter of selection
- Proof of selection process and selection criteria
- Proof of costs (unpaid)

Discuss your application with a Council Officer to ensure you suitably meet the criteria. - [email us](#) to be linked with the appropriate Council Officer.

Whilst completing your application, you can save and close and return to your application at anytime **prior** to submission.

If you have questions about or need assistance to complete the application, please contact the Merri-bek City Council Community Grants Officer on 9240 1111 or [e-mail Council Grants](#).

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

Applicant Details

* indicates a required field

Name of Applicant (or parent / guardian) *

First Name

Last Name

If person participating in event is under the age of 18 the parent/guardian must be listed as the applicant

Are you a permanent resident of Merri-bek City Council *

☐ Yes

☐ No

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Is the participant over 18 years of age? *

☐ Yes

☐ No

Applicant residential address *

Address

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

Telephone number *

Contact e-mail *

Must be an email address

Are you, or a member of your immediate family, a staff member (or Councillor) at Merri-bek City Council? *

☐ Yes

☐ No

Evidence you are the parent / guardian

Name of participant *

First Name

Last Name

Participant name - person who is under the age of 18.

The child's name listed as a dependent on my Low Income Health Care Card. *

☐ Yes

☐ No

If no, provide other evidence you are the parent / guardian and able to apply on behalf of person under age of 18 *

Attach a file:

Activity Details

* indicates a required field

Community Grant category *

☐ Community Participation (individuals)

Event Title or Name *

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Where is the event or activity being held? *

Name of venue

What kind of activity is it you would like to participate in? *

Other:

Who is offering the opportunity? *

For example: well known industry leader/mentor

Describe the activity you would like support to participate in? *

What is the official title of the event? Where is it being held? Why are you required to attend?

What are you going to learn from this opportunity? *

For example: increase my expertise, improve leadership skills

Describe any past achievements relevant to the opportunity. *

When will your activity Start *

Start date

When will your activity finish *

Must be a date.

End date

Activities

Tell us about more about the activities you will participate in.

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

List one per row. Max 3.

Activity	Location	Start date	End date	Explanatory notes

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One per row. Add more rows if you want to list additional activities. Must be no more than 50 words.	Where will your activity occur?	Must be a date.	Must be a date.	
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For Artists Activities

* indicates a required field

Are any of the contributors to your activity, a staff member (or Councillor) at Merri-bek City Council?

☐ Yes ☐ No

Do you have an ABN *

☐ Yes ☐ No

~ Your ABN: enter the number and click lookup for your legal entity status 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

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.

Benefit to the Merri-bek community

* indicates a required field

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Your connection to the Merri-bek community

Explain the steps the individual plans to take after completing the development opportunity to support the community. i.e bring new skills and knowledge, provides opportunities that help build leadership capacity of the Merri-bek community,

What do you do in your community? *

For example performances, participation in community groups, or volunteering

How will you share what you learn with Merri-bek community? *

Describe at least 3 ways in which your attendance in this activity will be beneficial for individuals and/or other members in the community

Budget

* indicates a required field

Budget

Grant Amount you are seeking *

\$

Must be a whole dollar amount (no cents) and no more than 750.

Activity Costs

Please list the full costs to participate in the activity. Examples: travel, accommodation, registration fees etc.

Funding **cannot** support any budget item that is paid for before your grant is approved. Council funding will not reimburse any expenses listed in your budget if already paid. You must purchase these expenses after you receive notification that your grant application has been successful. • Hint: there must be an entry on each line of the budget tables (lists). Add / or remove blank lines as necessary (+ / -)

Itemised costs	Amount in dollars (\$)	Already Paid Y/N
	\$	
	\$	
	\$	

The full cost of participation in the activity is:

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Total Costs

\$

This number/amount is calculated.

If you have indicated the costs to participate is more than Council is able to fund:

Please tell us where the money will come from (other than the grant funds) to pay for the costs to participate. *

e.g. self fund remaining costs, list other funding support, sponsorship or donation etc

Please explain why you aren't able to cover the costs of participating in the activity with your own funds. *

What are your financial constraints? Please note: if you do not hold a valid Health Care Card, funding may be reduced by \$100. If you do hold a valid Health Care Card, please upload a copy into the quotes section. Minimum 15 words

I have a Low Income: Health Care Card or Pension Concession Card *

☐ Yes

☐ No

PCC or HCC issued by [Services Australia](#).

You must attach quotes or estimates that show the costs in participating in the activity to justify your budget expenses. Example: registration for conference, confirmation booking.

Quotes and/or estimate that justifies your activity and costs. *

Attach a file:

Documents

* indicates a required field

Applicants must be a part of a recognised association (preferably Merri-bek). Please outline the club/group and contact details below.

** Please note: Remember to submit evidence of the selection process undertaken to be invited / selected to attend the activity.

Photo Identification of your identity *

Attach a file:

Current photo Identification e.g. drivers licence etc

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Proof that shows your full name and residential address within the Merri-bek City Council area. *

Attach a file:

Current rates notice, amenity bill,

Proof of activity - Event details and evidence of selection *

Attach a file:

Letter of recognition by an accredited State, National or International Association.

Copy of your Health Care Card.

Attach a file:

The cards that demonstrate low income i.e. you receive a payment or supplement from Services Australia are: ~ The Concession Card or Health Care Card must be watermarked with PCC or HCC and indicate the payment type as LI, JS, JSP, DSP, CAR or AGE.

Bank Details

Title of Account - account holder name *

Your name

Bank / Institution Name: *

Bank BSB *

Account Number *

Please attach proof of your bank account number *

Attach a file:

Attach bank deposit slip or bank statement excerpt with no balances or transactions - must clearly show account holder name, BSB and Account number as per details above.

Declaration

* indicates a required field

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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 and/or participant.

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.

I consent to my contact details being added to the Merri-bek Community Grants Mailing List. By signing up to this mailing list I will regularly be sent information on Council's grants programs.

Your Name *

First Name

Last Name

Or Parent or Guardian.

Before submitting your application

Before submitting your application Please review your application carefully before submitting it. Once an application is submitted it cannot be changed. If you do not receive a confirmation email, your application has **not** been received. 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.

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). It may also be used and disclosed as required or permitted by law. You may access your personal information by contacting Council's privacy officer.

Next Steps The Assessment Process involves several stages, which is why it takes a little time before you find out the outcome of your application. • The Community Grants team conducts eligibility checks based on the Community Grants Policy and Guidelines. Applications that meet the [eligibility criteria](#) continue to the next assessment stage.

- Eligible applications are then assessed by an Assessment Panel, who will provide a recommendation for the management approval.
- All applicants will be informed of the outcome of their application in writing.