

Membership Activity Grant Application form

Form Preview

About

About this grant

This grant aims to help with ongoing costs for community groups that meet regularly in Merri-bek and provide activities to members that support health and wellbeing, such as social or active programs.

Funds can pay for activities such as transport or outing costs, refreshments, insurance and general day to day expenses for the group.

For groups: To be eligible for this grant, **groups** must:

- Meet regularly in Merri-bek,
- Provide activities to members that support health and wellbeing, such as social or active programs;
- 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.

Please attach the following documents:

- Current Public Liability Insurance Policy,
- Most recent Financial Statement,
- Quotes or proof of costings that supports the the group activities,
- List of members' names and proof that the group meets in Merri-bek.

Instructions:

- Read the Grants Guidelines
- Discuss your application with a Council Officer or send an e-mail to the grants team with details of your grant idea.
- 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 questions. Please contact our Community Grants Team on 9240 1111 or email communitygrants@merri-bek.vic.gov.au.

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 provide you with contact details for a relevant Council Officer to discuss your grant.

Read Guidelines and spoken with Council

* indicates a required field

Yes I have read the Community Grants Guidelines *

☐ Yes

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

After contacting the grants team, you will have been linked with a Council officer (staff) to further discuss the project, please indicate the staff members name here.

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Community Grant category

Membership Activity

Auto filled question.

About the Group

* indicates a required field

Group Details

Group / organisation Name *

Organisation Name

Group / organisation primary address *

Address

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

Group / organisation primary phone number *

Must be an Australian phone number.

Group / organisation primary e-mail *

Must be an email address.

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

☐ Aboriginal and Torres Strait ☐ Heritage and Preservation ☐ Seniors

Islander peoples

☐ Arts

☐ LGBTQIA+

☐ Social Activities

☐ Children

☐ Men

☐ Sports or Recreation

☐ Environmental

☐ Migrant and refugee

☐ Women

☐ Family

☐ Multicultural

☐ Youth and Education

☐ Food access and security

☐ People with disabilities

☐ Other:

☐ Health and Safety

At least 1 choice and no more than 3 choices may be selected.

Group Contact Person

Group contact person name *

First Name

Last Name

Group contact person position *

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President, secretary, committee member etc

Group contact person primary phone number *

Must be an Australian phone number.

Group contact person 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:

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?

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☐ 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

Is the group incorporated *

☐ Yes

☐ No

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](#)

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Incorporation Number *

Incorporation Number look up [here](#)

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 Auspice

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

Auspice Organisation *

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	
Main Business Location	

Must be an ABN.

Auspice Organisation Contact Person

Organisation Name

Auspice Position

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Auspice Primary Address

Address

Auspice Primary Phone Number

Must be an Australian phone number.

Auspice Primary Email

Must be an email address.

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

Attach a file:

Email support to be auspice or copy of the auspice agreement

Group Activities

* indicates a required field

What does your group do when they meet?

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

Does your group receive free/ discounted venue hire through Council Venues? *

☐ Yes ☐ No

If Yes to the above, please attach your hire agreement

Attach a file:

How often does your group meet? *

☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Other:

How do the activities of your group help people in Merri-bek? *

Group Activities

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Tell more about the activities offered to the group and where you meet or conduct activities.

What are the main activities offered to the group.

Activity Location

Frequency of activity

	Where does your group conduct its main activities?	How often does this activity occur? or add date/s

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

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

At least 1 choice must be selected.

How many people from the groups identified above will benefit from the grant? *

The objectives of this program are aligned with the themes in the Council Plan 2025 - 2029.

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

Please choose the objective that your project best responds to? *

- ☐ Care for nature and climate resilience
- ☐ Healthy and inclusive communities
- ☐ Beautiful and liveable city
- ☐ Thriving economy and culture

At least 1 choice must be selected.

Read the Guidelines [here](#).

How will your group activities respond to the objective you selected above? *

Read about the grant objectives [here](#)

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

Consider things such as waste or carbon emissions from transport

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Budget

* indicates a required field

Amount you are requesting

The amounts groups may receive each year: • \$2,000 for groups with up to 20 members (\$1,500 if receiving other Council support) • \$2,500 for groups with 21 to 60 members (\$2,000 if receiving other Council support) • \$3,000 for groups with over 60 members (\$2,500 if receiving other Council support).

* Other Council support can include for example: Free use of a Council Facility.

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?

How to complete the budget

Please indicate your groups anticipated (projected) **Annual operating budget** (cash income and expenditure) for the next 12 months. Please ensure both columns are equal. i.e. expenditure cannot be higher than your income. *** Hint: there **must** be an entry on each line of the budget tables (lists). You will need to add a line if you need to or delete and remove empty lines (+ / -).

Income for next 12 months

Please tell us about where the groups other income money will come from (other than the grant funds requested) over the next 12 months (Note, this should not include any in-kind contributions (donations of time or goods)). • **Examples of other cash income:** Other grant funding, membership fees, Cash donations, or Sponsorship contributions.

Income description	Income type	Income amount (budgeted)	Is this funding confirmed?
Provide a clear description for each budget item.	Please select the type of income		
eg: Membership fees		\$	
eg: Other successful grant or funding contribution		\$	
e.g. Fundraising activities		\$	
list other other income		\$	

Group Expenses (Costs)

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Please tell us the total cash expenses (costs) for the next 12 months the group anticipates to pay toward the running of the group. • **Examples of cash expenditure:** Temporary staff or contractors, auspice fee, meeting space or venue hire , group materials, volunteer support, minor equipment purchases, group insurance, incorporation fees.

The grant cannot reimburse any expenses listed in your budget. You must purchase these expenses after you receive notification that your grant application has been successful.

Expense (Cost) Items	Preferred Contractor	Cost type	Amount in dollars	Quote Attached	Pay expenses with	Already Paid Y/N
Provide clear descriptions for each budget item.	Identify contractor / supplier	Please select the type of expenditure.	Must be a dollar amount.			
List the annual expenses for the group			\$			
e.g. social activities, refreshments, outings,			\$			
e.g. incorporation fee, group rental			\$			
			\$			

Budget Totals

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

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Balance after Income less Expenses *

\$

This number/amount is calculated.

Volunteer and In-kind Contribution

List any in-kind support being provided by your organisation 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, donated refreshments, donated contractor time or any other donated goods or services.

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

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Free venue hire	\$
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Volunteer and In-kind value in dollars Total

\$

This number/amount is calculated.

You must attach quotes or estimates that show the costs for the groups activity costs to justify your expenses. Example: contractor quote, confirmation of Venue hire, screen capture of materials or minor equipment cost, group insurance estimate or auspice fee.

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.

Quotes or estimate that justifies your activity costs. *

Attach a file:

Attachments

* indicates a required field

Have you attached all supporting documentation?

For auspiced groups, please upload the Financial Statements and Insurance Certificate documentation for your auspice. If your group has financial documents please add them also.

Latest Financial Statements 2024-2025 *

Attach a file:

This is NOT a Bank Statement. Please upload your: profit and loss statement (P&L), and/or income and expenditure statement, is a financial report that provides a details of an organisation's revenues, expenses, and profits/losses over a given period of time. The P&L statement shows ability to generate income and manage expenses.

Public Liability Insurance Certificate *

Attach a file:

Current Members listing *

Attach a file:

Detailed membership list of all members that includes each members' name & suburb where they reside.

Other supporting documents

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Attach a file:

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.

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

Child Safe Policy or Statement of Commitment to Child Safety

Attach a file:

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.

Name of Authorised Person

Group or Organisation Name *

As per Incorporation Certificate

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

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make a change after submitted, contact the grants team at communitygrants@merri-bek.vic.gov.au and quote the applicaiton number.

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

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 sumbit 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.