

2026-27 Christmas Grants - Application From Form Preview

Christmas Grants

* indicates a required field

Translation and Interpreting Service

Other Languages - Translation & Interpreting Service

[Free phone interpreting service](#)

If you need an interpreter, please call the Translating and Interpreting Service (TIS National) on **131 450** and ask them to telephone the City of Greater Geelong on 03 5272 5272. Our business hours are 8.30am-5.00pm.

National Relay Service (NRS)

If you are deaf or have a hearing or speech impairment and you wish to call a staff member, you can do so through the National Relay Service (NRS) and ask for 03 5272 5272 who can connect you with the grants team.

- TTY users can phone 13 36 77
- Speak & Listen (speech-to-speech) users can phone 1300 555 727
- SMS relay users can message 0423 677 767

Note: Area code must be included for each call.

For a full list of NRS call numbers, visit [National Relay Service call numbers](#).

How to complete this form

1. Read the [grant guidelines](#) to understand the objectives of this grant.
2. Ensure that all required supporting documentation is available to upload where needed. See the list below for specific items.
3. We recommend saving your progress every 10-15 minutes. If your computer is inactive for 20 minutes, your session will time out.
4. Questions often come with helpful tips or explanations, so make sure to read them.
5. Use the word count, where applicable, to help determine how much detail to include.

Document Checklist

Before starting your application, refer to the checklist below to gather any necessary document you may need. Not all items will be relevant to every application.

- Certificate of incorporation, if incorporated
- Auspice agreement letter (if your organisation is not incorporated)

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- Australian Business Number (ABN)
- [Statement by Supplier form](#) (if you don't have an ABN)
- Bank account details (account name, BSB and account number) which must match the applicant's name and ABN details (if you have an ABN)
- Redacted bank statement (see bank details section for further information on requirements of a redacted bank statement)
- Letters of support from project partners and/or stakeholders
- Copies of required permits or approvals
- Evidence of venue booking enquiry
- A budget showing all income, expense and how the grant funds will be used.
- Evidence for expenses to be funded by the grant. Evidence we will accept includes:
 - supplier or contractor quotes with the supplier's business name, ABN/ACN and contact details.
 - screenshots from online stores with the item description, price and supplier's business name.
- A letter explaining any staff wage costs. The letter must outline the role, the additional work required to deliver the project, and why this work cannot be delivered using existing resources.
- Detailed event plan - an example can be found [here](#).
- Detailed risk assessment - an example can be found [here](#).

Discussing your project

You must discuss your project/activity idea prior to completing this form with a City Officer, by phone 5272 5560 or email communitygrants@geelongcity.vic.gov.au

Name of Grants Officer you have spoken to? *

- Amnda Reid (Events)
- Ana Didulica (Grants)
- Simone Budd (Grants)
- Other:

Select which City Officer you discussed your project with.

Are you eligible to apply?

* indicates a required field

The following questions ensure that you are eligible to apply for this grant. If you are uncertain please contact the Grants Team on 5272 5560.

When we say "you," we are referring to the organisation you are applying on behalf of—not you as an individual.

You meet the applicant eligibility requirements outlined in the 'Who is eligible to apply' section of the guidelines *

- Yes

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- No
- Other:

You meet the eligibility requirements outlined in the 'What you can apply for' section of the guidelines *

- Yes
- No
- Other:

You have met the acquittal conditions of any previous funding from the City? *

- Yes
- No (a funded activity is still in progress)
- Not applicable (no previous funding)
- Other:

Do you have an outstanding debt or arrears to the City of Greater Geelong? *

- Yes
- No

If yes, please provide detail

Are you involved in legal proceedings relating to winding up its operations, or experiencing insolvency or bankruptcy (this includes any legal bankruptcy-related actions against the organisation's directors or officers) *

- Yes
- No

Applicant & Contact Details

* indicates a required field

Applicant Details

Name of applicant (organisation/business) *

Organisation Name

Primary (Physical) address *

Address

Must be an Australian post code

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Postal address (if different from above)

Address

Must be an Australian post code

Wards

Please select the electoral ward where your organisation is located (not the project/activity location). We collect this information to keep your local Councillor informed about community activity in their area.

If you are unsure, please click [here](#)

*

- Barrabool Hills
- Charlemont
- Cheetham
- Connewaree
- Corio
- Deakin
- Hamlyn Heights
- Kardinia
- Leopold
- Murradoc
- You Yangs
- Other:

Applicant Contact Person

Note: This is the person that the City will contact, if required, in regards to this application.

Name *

Title First Name Last Name

Position held in organisation *

Preferred contact number *

Must be an Australian phone number.

Email address *

Must be an email address.

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Alternate Contact Person

Name *

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

Position held in organisation *

Preferred contact number *

Must be an Australian phone number.

Email address *

Must be an email address.

Organisation Type

What type of organisation are you? *

- Incorporated Association (not-for-profit)
- Unincorporated group with an auspice
- Registered charitable organisation
- Business
- Individual operating as sole traders (with an active ABN)
- Other:

Examples of 'Other' could be school or learning institution

Incorporation Number

What is your incorporation number, or if using an Auspice their incorporation number? *

Incorporated Association or Australian Corporation Number. If you are not a legal entity, you must be sponsored (Auspiced) by an organisation who holds a relevant legal status (as per the grant guidelines)

Attach your certificate of incorporation or other evidence of your legal status *

Attach a file:

ABN details

Does your organisation have an ABN? *

- Yes
- No (we will submit a statement by supplier form)

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No (we are using an eligible auspice)

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	

If you do not have an ABN

Please submit a completed ATO Statement by a Supplier Form with your application, otherwise 46.5% of any approved grant may be withheld. Download the form from: [Statement by a supplier \(ato.gov.au\)](#)

Please upload completed Statement by a Supplier Form *

Attach a file:

Insurance

If your application is successful, you must arrange public liability insurance (PLI) to the value of \$20,000,000 to cover the activity detailed in your application and submit your PLI certificate of currency with your funding agreement.

Applicants using an auspice will need to provide a PLI certificate from the auspice organisation.

I agree that if our application is successful, we must hold the appropriate insurance to cover the approved activity. *

Yes

Payment Information

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If your application is successful, grant funding will be paid by EFT to the bank account you provide.

If you are applying through an auspice organisation, the grant will be paid directly to the auspice.

To receive payment, the following details must match:

- Applicant name listed in this application
- ABN registration name (if applicable)
- Bank account name

We cannot process grant payments where these details are inconsistent.

Bank account details are requested for the purpose of prompt payment to successful grant recipients.

Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Redacted Bank Statement

Please upload the first page of your bank statement showing your account name, BSB and account number.

Your account name must match the applicant name and ABN registration name (if applicable).

You **do not** need to show transaction details or account balances. This information may be hidden before submission.

To view a sample redacted bank statement [click here](#)

Attach redacted bank statement *

Attach a file:

Are you applying with an Auspice?

An auspice is an eligible organisation that receives the grant on your behalf. They are responsible for managing the funds and completing reporting requirements.

Examples include not-for-profit Incorporated Associations and Registered Charitable Organisations.

The auspice must provide a signed certification letter confirming their agreement to act on behalf of the applicant.

Is your application being auspiced? *

- Yes
 No

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Auspice

* indicates a required field

Auspice Details

Auspice Organisation Name *

Organisation Name

Auspice Primary Address *

Address

Must be an Australian post code

Auspice Postal Address (if different from above)

Address

Must be an Australian post code

Auspice Contact Person *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Auspice Contact Position *

Auspice Contact Primary Phone Number *

Must be an Australian phone number

Auspice Contact Primary Email *

Must be an email address

Auspice Incorporation Number *

Incorporated Association or Australian Corporation Number.

Does the Auspice Organisation have an ABN?

- Yes
- No (please complete a statement by a supplier form below)

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Auspice ABN

Auspice 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.

If Auspice organisation does not have an ABN

If the Auspice does not have an ABN, it will need to submit a completed ATO Statement by a Supplier Form with your application, otherwise 46.5% of any approved grant may be withheld. Download the form via this link : [Statement by a supplier \(ato.gov.au\)](#) then complete, scan and upload below.

Attach Statement by a Supplier Form here: *

Attach a file:

Auspice Certification

Please attach signed certification letter by office bearer of Auspice Organisation to demonstrate that it has agreed to act in that role on your behalf *

Attach a file:

Office Bearer could be: President, Secretary, Treasurer, Chief Executive etc. Letter must include the name, position, signature and date. Max 25mb

Auspice Public Liability Insurance

If this application is successful, the Auspice must arrange public liability insurance (PLI) to the value of \$20,000,000 to cover the activity detailed in this application and submit the PLI certificate of currency the your funding agreement.

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I agree that if our application is successful, we must hold the appropriate insurance to cover the approved activity. *

Yes

Activity Detail and Assessment

* indicates a required field

Activity Name *

Brief activity description (25 words or less) *

Must be no more than 25 words.

Provide a short description of your project. This will be used for reporting and promotional purposes.

Detailed activity description (250 words or less) *

Word count:

Must be no more than 250 words.

ASSESSMENT CRITERIA

To assist in answering the following questions, please refer to the assessment criteria in the [Christmas Grant Guidelines](#).

For assistance in planning your event please refer to the [City's Events Planning Guide](#).

COMMUNITY, ACCESS AND INCLUSION 50%

Attendance & Participation

How many people will attend your activity? *

Is your activity free or ticketed? (Select both if they both apply) *

Free

Ticketed

Ticketed price

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If you have selected both above, please specify what portion of your activity will be free.

How will you make your activity inclusive and accessible? E.g. for people of all abilities and genders, and social, economic and cultural backgrounds. *

Outline your marketing plan that shows how the activity will be advertised to attract a wide range of people from the community. HINT: Paid advertising in your budget, social media, emails, posters, Events Geelong online calendar. List the tasks, responsibilities and timelines. *

WELL PLANNED 50%

Permits and Approvals

It is your responsibility to secure any permits or approvals that your activity may need.

I understand that it is the applicant's responsibility to secure any permits and/or approvals to deliver my project. *

Yes

Do you need a City of Greater Geelong event permit? *

Yes
 No

If yes, what type of permit will you need?

- Event permit
- POPE (place of public entertainment permit)
- Siting approval
- Application to close roads
- Other:

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What is the status of the permit application?

- In progress
- Yet to submit
- Other:

Please provide the name of the City officer processing your permit?

For more information:

Please refer to our event planning information [guide](#).

If you are staging an event on public land, you need to apply to the City of Greater Geelong for permission. If so, please click [here](#)

Venue

Have you booked your venue? *

- Yes
- No
- Not applicable

What is the name of venue/facility/open space/reserve etc

Address

Address

Is the venue?

- Council owned/managed?
- Privately owned/managed?
- Other:

Name of contact person/organisation who is processing your application for use of the venue

- Individual
- Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Are there additional locations? If you answer yes, please add them below. Click the ADD MORE button to add all locations *

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- Yes
- No
- Not applicable

Additional locations

Address

Proposed Activity Date

Is this the first time the activity will be staged by your group/organisation? *

- Yes
- No

How many times has the activity been staged by your organisation? *

Must be a number.

Date of activity (cannot start prior to the 2026 Christmas festive season 22 November 2026 to 7 January 2027) *

Must be a date and between 22/11/2026 and 7/1/2027.

Are there any additional dates?

- Yes
- No

If yes, please list them here

Outline any event management experience of your group/organisation and its key personnel. HINT: What skills, knowledge and experience does your team have to deliver the event successfully? *

Will you be engaging any event specialist services in the planning and/or delivery of your Event? *

- Yes
- No
- Not applicable
- Other:

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If yes, please specify what specialist services you will engage

Project Plan

Provide a draft project plan including, a site plan showing all items to be set up, a run sheet outlining event activities and timings, schedule for set-up and pack-down. *

Attach a file:

Risk Assessment

No matter the nature or size of your event, your event will have risks and hazards. It is your responsibility as the event organiser, to identify and manage these. Event organisers can effectively manage risks by anticipating, understanding and making sensible decisions on how to manage and control risks. This process is called risk management and to know what risks need to be managed, a risk assessment needs to be conducted.

All applicants must provide a risk assessment that is appropriate for the size and nature of your event.

You can choose to use the template provided [here](#) or provide your own. If you need assistance with your risk assessment, please call the City's Events team on 5272 4139 or email events@geelongcity.vic.gov.au

Please attach a draft risk assessment (a template has been provided above for your use) HINT: How you will consider the safety of participants, staff and volunteers? A risk assessment should identify hazards and the effects of harm they could cause, and what you will do to eliminate or minimise the harm. *

Attach a file:

Budget Details

Total Event Expenditure (Please check that this figure matches exactly to your attached budget. Total income must equal total expenditure). *

Must be a whole dollar amount (no cents).

What is the total budgeted cost (dollars) of your project?

Total Grant Amount Requested *

Must be a whole dollar amount (no cents) and no more than 10000.

The grant amount being requested should be realistic for the expected attendance and economic return

Budget

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It is mandatory to attach a detailed income and expense budget for your event. You may use the sample template below or attach you own.

Click [here](#) to complete the sample budget template.

Attach event budget here *

Attach a file:

What is the financial sustainability of your activity? e.g. If you receive a grant for less than the requested amount, is your activity likely to proceed? HINT: Can your activity run with partial funding? Can your activity run without any funding? Have you considered other funding sources? *

Attach evidence for expenses that you are using the City's funding for. Evidence we will accept includes:

- supplier or contractor quotes with the supplier's business name, ABN/ACN and contact details
- screenshots from online stores with the item description, price and supplier's business name.

If you do not provide this evidence, you may receive a lower score for this criteria, or the cost may be removed from the grant request.

Attach quotes here *

Attach a file:

Attach quotes here

Attach a file:

Attach quotes here

Attach a file:

Further Information

Optional - Is there anything else you would like to say about your activity?

Optional - please attach any further documents to support your application

Attach a file:

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Prioritising Applications

* indicates a required field

If the total funding requested by all applicants exceeds the available funding, we may prioritise:

- applicants who did not receive money from this grant in the previous year.
- applications from organisations that do not receive money from electronic gaming machines or gambling.
- events that improve the spread of funded Christmas events across Greater Geelong, so funding is not concentrated in one area or precinct

Did you receive a Christmas Grant from the City in 2025/26 grant round? *

- Yes
- No
- Not sure

Electronic Gaming Machines (EGMs)

Do you own or operate EGMs? *

- Yes
- No

Do you receive EGM generated funding or support? *

- Yes
- No

If you answered yes to either question above, please provide details

Certification and Privacy Information

* indicates a required field

Certification

I certify that:

- I am authorised to submit this application on behalf of the applicant.
- I have read the relevant grant guidelines.
- The information provided in this application, and in any attached supporting document, is true, accurate and complete to the best of my knowledge.
- I understand that submitting an application does not guarantee that I will receive funding from the City.
- I understand that applications are assessed competitively against the published assessment criteria and available City budget, and that the City may offer funding in full or in part (if at all).
- I understand that funding decisions made by the City are final.

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- If this application is successful, I agree to comply with the terms and conditions of the funding agreement, including any requirements relating to permits, approvals, insurances, acknowledgements, reporting and acquittal.
- I understand that providing false and/or misleading information may affect this application, any future applications, or any funding agreement entered into as a result of this application

I acknowledge that I have read and agree to the above conditions of my application *

Yes

No

Organisation name (insert organisation name applying for this grant) *

Insert organisation name applying for this grant

Auspice organisation name (only complete if applicable)

If the application has an auspice - please provide organisation name

Name of person authorising: *

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

Position (e.g. secretary or treasurer) *

Date *

Must be a date

Privacy Collection Statement

We collect the personal information on this form so we can process your application and follow up if needed. We won't share it except to assess your grant or if the law requires it. Our full [privacy policy](#) is available on our website.

If you wish to alter any of the personal information you have supplied to City of Greater Geelong, please contact us by sending an email to privacy@geelongcity.vic.gov.au.

Feedback

* indicates a required field

Help us improve

You are now coming to the end of your application process and before you **REVIEW** and click the **SUBMIT** button please take a few moments to provide some feedback.

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We would value any feedback you may have regarding our online grants application process.

Were the questions in this form easy to understand?

- Very easy Easy Neutral Difficult Very difficult

Suggestions - What can we do better next time?

How did you find out about the grants? *

- Social media
- Internet search
- Newspaper
- Word of mouth
- Previous applicant
- City of Greater Geelong website - direct to page
- Email from City of Greater Geelong
- Other: