

2026-27 Community Infrastructure Co-contribution Exemption Form Preview

Community Infrastructure Grant - Co-contribution Exemption Form

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 you can call through the National Relay Service (NRS) and ask them to telephone the City of Greater Geelong on 03 5272 5272 who can connect you with the grants team.

- TTY users can phone 13 36 77
- Speak and 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

- Read the [Community Infrastructure Grant Co-contribution Exemption guidelines](#).
- Provide a description of your project and have an estimate of the total cost.
- Financial statements for the previous three years of your operations which must include:
 - Income and Expenditure
 - Balance Sheet (for each year)

IMPORTANT: You must include the outcome of this exemption application in your Community Infrastructure Grant funding application.

Applicant Contact Details

* indicates a required field

Applicant Details

Name of applicant (club/organisation). Note: This must be the same name as your Community Infrastructure Grant application. *

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Organisation Name

Primary (Physical) address

Address

Any, but at least one field is required.

Postal Address (if different from above)

Address

If entering a PO Box, please enter manually by clicking on the words 'can't find your address?'

Applicant Contact Person

Note: This is the person that the City will contact, if required, in regard 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.

Project Details

* indicates a required field

Project Details

Project title *

Where is the proposed community infrastructure located?

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Address

Any, but at least one field is required.
Must be a street address

Brief project description *

Provide a short description (100 words recommended) of your project

Project Budget

Total estimated project cost (to the nearest \$100). We understand your costs may not be final yet, so an estimate is fine. Please make it as realistic and accurate as possible. *

\$

Must be a dollar amount.

Your contribution - cash

\$

Must be a dollar amount.
If no contribution enter \$0

Your contribution - in-kind

\$

Must be a dollar amount.

Grant request (to the nearest \$100) *

\$

Must be a dollar amount.

Total project income (this must equal total project cost)

This number/amount is calculated.

In-kind contribution detail

Your estimated co-contribution can include in-kind goods and services. Examples include volunteer labour for qualified trades (e.g., electrician, plumber) or donated building materials.

The value of in-kind contributions is based on your best estimate and must be supported by evidence such as a quote with a waiver of fees or the cash value of donated goods from a third-party supplier.

The volunteer cost of project management or committee time is not accepted as an in-kind contribution.

The City reserves the right to disallow any in-kind contributions it deems invalid or unfeasible. If we do so, we may require that the value of those in-kind items be converted

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to cash expenses in the project budget, which could lead to a request for additional co-contributions from the applicant.

Please explain your In-kind contribution

Assessment areas

- Financial capacity
- Maturity of organisation
- Location and disadvantage
- Funding from electronic gaming machines (EGMs)
- Other relevant factors

Financial capacity

Please explain why you cannot meet the required co-contribution. *

Provide financial statements for the previous three years of your organisation's operations.

- **Income and Expenditure Statement**
- **Balance Sheet for each year.**

Year 1 *

Attach a file:

Year 2 *

Attach a file:

Year 3

Attach a file:

Additional attachments

Attach a file:

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Have you attached financial statements for the last three years? *

- Yes
 No

If no, please explain why not *

Maturity of organisation

When was your organisation established?

Location and disadvantage

Note: Geographic disadvantage is assessed with reference to the *Socio-economic indexes for areas published by the Australian Bureau of Statistics*

Suburb *

Postcode *

Must be a number.

Funding from electronic gaming machines (EGMs)

Does your organisation own or operate EGMs? *

- Yes
 No

Does your organisation receive revenue, funding or other support generated from EGMs? *

- Yes
 No

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

Other relevant factors

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We may consider other factors not covered by the assessment areas, such as:

- the importance of the facility to the community
- the funding amount requested, and
- who is responsible for the asset, for example a national or peak body.

Optional - Is there anything else you would like to tell us in support of your exemption application?

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.
- 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

Name of person authorising: *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Position (e.g. Secretary or Treasurer) *

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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.