

# 2026-27 Community Strengthening Grant - Application Form

## Form Preview

### Community Strengthening Grant

\* indicates a required field

#### Translation and 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.**

#### [Other Languages - Translation & Interpreting Service](#)

[Free phone interpreting service](#)

#### 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)
- Australian Business Number (ABN)
- [Statement by Supplier form](#) (if you don't have an ABN)

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- 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.

### 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](mailto:communitygrants@geelongcity.vic.gov.au)

#### **Name of Grants Officer you have spoken to? \***

- Nateesha Thomassen (Community Strengthening)
- 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
- No
- Other:

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**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) \***

Organisation Name

**Primary (Physical) address \***

Address

  

Must be an Australian post code

**Postal address (if different from above)**

Address

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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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Position held in organisation \***

**Preferred contact number \***

Must be an Australian phone number.

**Email address \***

Must be an email address.

### Alternate Contact Person

**Name \***

Title      First Name      Last Name

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**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
- Other:

### Incorporation Number

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

Incorporated Association Registration number or Australian Corporation Number.

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

Attach a file:

### Australian Business Number (ABN)

**Does your organisation have an ABN? \***

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

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Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
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:

### Public Liability Insurance

If your application is successful, you must arrange public liability insurance (PLI) 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

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

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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

## Auspice

\* indicates a required field

### Auspice Details

**Auspice Organisation Name \***

Organisation Name

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### **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

            

### **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 Registration number or Australian Corporation Number.

### **Does the Auspice Organisation have an Australian Business Number (ABN)?**

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

### **Auspice Australian Business Number (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
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ABN
Entity name
ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type <a href="#">More information</a>
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 cover the activity detailed in this application and submit the PLI certificate of currency with the funding agreement.

**I understand that if this application is successful, the Auspice organisation must provide public liability insurance to cover the approved activity. \***

Yes

## Application Detail and Assessment

\* indicates a required field

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### **Project title \***

e.g. Health & Wellbeing Workshop, 25th Celebration event

### **Brief project 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 project description (200 words or less) \***

Word count:

Must be no more than 200 words.

### **What is the estimated number of people who will benefit from this project/activity/event? \***

Must be a number.

### **Project anticipated start date. Projects that commence prior to notification of outcomes (9 December 2026) are ineligible for funding. \***

Must be a date and no earlier than 9/12/2026.

Projects that commence prior to notification of outcomes are ineligible for funding.

### **Project anticipated end date \***

Must be a date.

Successful applicants are expected to spend funds within 12 months of notification of outcome.

Applicants will be notified in December 2026. Please note that if successful, your acquittal will be due one month after the completion of your project.

### **Where will your project be located? Must be a physical address within the City of Greater Geelong municipality**

Address

  

### **If there are multiple locations, please list here:**

### **If there is no location, please provide detail (eg: on-line workshop)**

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### ASSESSMENT CRITERIA

To assist in answering the following questions, please refer to the [Community Strengthening Grant Guidelines](#).

### COMMUNITY BENEFIT 50%

**Does your project aim to support, or promote the inclusion of, one or more of the City's priority groups: (please select all that apply)\* \***

- Aboriginal and Torres Strait Islander peoples
- Multicultural communities
- Refugee and asylum seeker communities
- Rural and peri-urban communities
- LGBTQIA+ communities
- Young people
- Older people
- Socio-economic disadvantage
- People with disability
- Women
- None of the above

**How will the priority groups you selected above benefit from the project? \***

**The following links are useful resources for the next question:**

<https://profile.id.com.au/geelong/>

<https://www.geelongdataexchange.com.au/pages/survey-data/>

**Clearly explain the community need your project is responding to. Provide relevant evidence or data to support this. \***

Include supporting evidence or data to show why it is needed

### Outcomes

**1. Describe your outcomes** In the left-hand column, explain the changes you expect from your project. These changes are your project's outcomes. They can be explained as an increase or decrease in:

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- Skills or knowledge e.g. increased community knowledge
- Actions or behaviours e.g. increased physical activity
- Social conditions e.g. reduced loneliness

You must have at least one outcome and no more than three.

**2. Align to the City's outcomes** In the right-hand column, click “Browse” to select the City’s outcomes that align with your outcomes.

In the dropdown, grant objectives are in **bold**, followed by their outcomes.

By aligning your project’s outcomes with the City’s, grant funding supports our Community Health and Wellbeing Strategy and delivers real benefits.

### Your Outcomes

### The City's Outcomes

What changes do you expect will occur as a result of your project. Please be brief. One per row.	Which of our outcomes will your project contribute to? If multiple apply pick the most relevant. No more than 1 choice may be selected.

### The City's Measures

Measures show how far you’ve progressed toward an outcome.

1. In the left-hand column, click “Browse” to select one of the City’s outcomes you identified earlier, then choose a matching measure.
2. In the middle column, enter your estimated target for that measure.
3. In the right-hand column, enter a collection method.
4. Repeat these steps for each City outcome you identified earlier.

#### Measure

#### Target

**Collection method (e.g. attendee list, photos, survey, interviews, focus groups, observations etc).**

Which of our measures will you report on? Add more rows if you want to list additional measures. No more than 1 choice may be selected.	Must be a number.	

### Your Measures (Optional)

Will you measure something that is not included in the City's measures above?

If so, please include the measure(s) in the table below.

#### Measures

#### Target

**Collection method (e.g. attendee list, photos, survey, interviews, focus groups, observations etc).**

One per row. Add more rows if you want to list additional measures.	Must be a number.	

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### WELL PLANNED PROJECTS 50%

Describe your activities and timeline.

Tell us about the key activities you will do to deliver the project e.g. hold monthly project working group meetings, prepare social media posts.

List one per row.

Activity	Start date	End date
One per row. Add more rows if you want to list additional activities.	Leave blank if date is unknown or not relevant. Must be a date.	Leave blank if date is unknown or not relevant. Must be a date.

**What skills, knowledge and experience does the organising team have to successfully deliver the project? \***

### Permits and Approvals

It is your responsibility to secure any permits that your project or event 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 is the status of that application?**

Approved  
 In process  
 Not commenced  
 Other:

**Please attach a copy of your event permit, if applicable**

Attach a file:

**For more information:**

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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. Please click [here](#) for more information.

### Venue Bookings

**Have you booked your venue? \***

- Yes
- No
- Not applicable (venue not required eg: online)

**Please attach a copy of your venue booking confirmation or enquiry**

Attach a file:

### Budget & Funding Request

**It is mandatory to complete the budget income and expenditure tables as this section forms part of the 'Well Planned' assessment criteria outlined in the grant guidelines.**

- Outline your project budget including the grant amount requested and what (if any) additional funding sources that will assist to deliver your project.
- Requests for projects, events or activities can be for amounts of up to \$10,000.

**Total Project Cost \***

What is the total budgeted cost of your project? Must be whole dollar amount (no cents)

**Total grant amount requested \***

What is the total grant amount you are requesting in this application? Must be whole dollar amount (no cents)

### Income

Budget - Income	Insert income amount \$	Confirmed?
Grant amount requested	\$	
Applicant cash contribution	\$	
Other grants/funding	\$	
Other income sources (provide details)	\$	
In-kind (value of labour, services or goods)	\$	

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	\$	
	Must be a whole dollar amount (no cents).	

### Income Total

This automatically totals your income

#### Total Income Amount

\$

This number/amount is calculated.

### Budget Expenses

List all expenses for your activity.

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.**

Expense eg. catering, venue hire	Insert cost (\$)	Grant funding	Upload quotes/ estimates here
	\$		
	Must be a whole dollar amount (no cents).		

### Total Expenses

This automatically totals your expenditure

#### Total Expenses

\$

This number/amount is calculated.

### Does your budget balance

This table automatically totals your income and expenditure.

If column three does not equal \$0 you will need to review your budget to ensure that it balances.

<b>Total Income</b>	<b>Total Expenses</b>	<b>Balance (must equal zero)</b>
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

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This number/amount is calculated.

This number/amount is calculated.

This number/amount is calculated.

### Other Grants and Funding

If have listed 'Other grants/funding' in your budget, please provide details.

<b>Name of other grant/ funding programs applied to</b>	<b>Amount applied for</b>	<b>Date funds will be available if successful</b>
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	\$	
	\$	
	Must be a dollar amount.	Must be a date.

### Further Information

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

**Optional - please attach any documents to support your application e.g. project or strategic plans, general information about the aims of your organisation etc.**

Attach a file:

### Prioritising Applications

\* indicates a required field

If the total request for funding exceeds the grant funds available, we will 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.

**Did you receive a Community Strengthening 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? \***

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- 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.
- 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) \***

**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"/>
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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](mailto: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.

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: