

2026-27 Community Equipment - Application Form

Form Preview

Community Equipment 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)
- 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.

Discussing your project

You must discuss your 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? *

- Ana Didulica (Grants)
- Simone Budd (Grants)
- Nateesha Thomassen (Community Strengthening)
- 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:

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

- Yes
- No

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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

Must be an Australian post code

Wards

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Please select the electoral ward where your organisation is located. 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

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

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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 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)
- 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.

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

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DGR Endorsed
ATO Charity Type
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

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

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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

Auspice Primary Address *

Address

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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 or Australian Corporation Number.

Does the Auspice Organisation have an ABN?

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

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

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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 cover the activity detailed in this application and submit the PLI certificate of currency the your 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

Equipment title *

e.g. sporting equipment, defibrillator, tables, chairs, gardening tools etc

Brief description (25 words or less) *

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Must be no more than 25 words.

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

Does this equipment require installation eg: fitting to wall, plumbing, electrical? *

- Yes (you are ineligible to apply)
 No

Anticipated purchase date. Equipment that is purchased prior to notification of outcomes (25 November 2026) is ineligible for funding. *

Must be a date and between 25/11/2026 and 25/11/2027.

About your group

Tell us about your group? eg: number of members, what you do etc *

ASSESSMENT CRITERIA

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

Community Benefit 60%

How will the equipment benefit your organisation and the community? *

What is the estimated number of people who will benefit from this equipment? *

Must be a number.

Which of the City's priority groups will benefit from the equipment? (please select only the groups 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

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- Socio-economic disadvantage
- People with disability
- Women
- None of the above

Well Planned 40%

Where will the equipment be located? Must be a physical address within the Geelong municipality and easily accessible for use by the community. *

Who will have access to the equipment? *

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 equipment budget including the grant amount requested and what (if any) additional funding sources will assist to purchase your equipment.
- Requests for equipment purchases can be for amounts of up to \$2,000.

Total cost *

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

Total amount requested *

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

Income

Budget - Income	Insert income amount \$	3. Confirmed?
Grant amount requested	\$	<input type="text"/>
Applicant cash contribution	\$	<input type="text"/>
Other grants/funding	\$	<input type="text"/>
Other income sources (provide details)	\$	<input type="text"/>
In-kind (value of labour, services or goods)	\$	<input type="text"/>
	\$	<input type="text"/>

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	Must be a whole dollar amount (no cents).	
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Income Total

This automatically totals your income

Total Income Amount

\$

This number/amount is calculated.

Budget Expenditure

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	Insert cost (\$)	Grant funding?	Upload quotes/estimates here
	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
	Must be a whole dollar amount (no cents).		

Expenditure Total

This automatically totals your expenditure

Total Expenditure Amount

\$

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.

Total Income Amount
\$

Total Expenditure Amount
\$

Income - Expenditure
\$

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This number/amount is calculated.

This number/amount is calculated.

This number/amount is calculated.

Other Grants and Funding

If you have placed an amount in the budget income table above, against 'Other grants/funding' please provide details of where any additional funding is from and the date those funds will be available if you are successful.

If there are no other sources of funding you have applied for, do not complete this section.

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

Further Information

I acknowledge that equipment purchased through this grant may present safety risks. Our organisation will take appropriate steps to identify and manage these risks and ensure the equipment is used safely. *

Yes

We will consider the following environmental impacts when purchasing our equipment? Tick all that apply. *

- selecting equipment that is energy efficient, is repairable with spare parts or has recycled content
- recycling replaced equipment and packaging.
- Other:

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

Optional - please attach any documents to support your application

Attach a file:

Prioritising Applications

* indicates a required field

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

- applications who did not receive money from this grant program in the previous year.

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- applications from organisation that do not receive money from electronic gaming machines or gambling.

Did you receive a Community Equipment grant from the City in 2025/26 grant round? *

- Yes
- No

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.
- 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 this application

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

- Yes
- No

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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.

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? *

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- 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: