

2026-2027 Annual Community Grant Form Preview

Before you get started

* indicates a required field

City of Stonnington guidelines, priorities and plans

You must read the guidelines before commencing your online application. Read the 2026-2027 Annual Community Grant Guidelines [here](#).

The documents listed below describe how we plan to meet the needs of our Stonnington residents. Please read the plans, strategies and policies to determine how your project or program is aligned with our objectives.

- [Council Plan 2025-2029](#)
- [Health and Wellbeing Strategy 2025-2029](#)
- [Children, Youth and Family Strategy \(Birth to 25\)](#)
- [Ageing Well Plan 2024-2027](#)
- [Access and Inclusion Plan 2023-2026](#)
- [Reconciliation Action Plan 2021-2025](#)
- [Cultural Diversity Policy 2022-2025](#)
- [LGBTIQA+ Action Plan 2023-2026](#)
- [Disability Inclusion Action Plan 2023-2026](#)
- [Sustainable Environment Strategy 2018-2023](#)
- [Plastic Free Stonnington Policy](#)
- [Community Safety Plan 2024-2027](#)
- [Fair Access Policy 2024-2027 City of Stonnington](#)

*You must answer all questions marked with an asterix *. If not completed, you will not be able to submit your application.*

Sample answers can be found [here](#). It is strongly recommended that you read through this before completing your application.

I have read and understood the 2026-2027 City of Stonnington's Annual Community Grant Guidelines. *

Yes

This is to ensure you comply with the Annual Community Grant Guidelines set out and required by the City of Stonnington.

Important information

Before you start your application please note you will need supporting documents such as:

- Certificate of Incorporation or evidence of legislative provisions for charitable purposes.
- Current Certificate of currency - Public Liability Insurance.
- Current annual report or financial statement.
- Child Safe Policy if your project includes contact with children under 0-18.
- Income and expenditure budget (a template can be found [here](#))

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- Copies of quotations for minor equipment (up to \$2,000).
- Applicants under an auspice must attach a letter of approval from the auspice organisation.
- In-kind applicants:
 - Evidence of a booking confirmation, for the in-kind use of a Council owned venue and/or community bus.
 - Current group membership list, including names and postcodes.

2. Regularly save your application by clicking the 'Save Progress' button which appears at the top of your screen.

3. File upload allows applicants to upload one or more file attachments in their application. The recommended size of a file must be no bigger than 5mb.

Please note:

Our Community Grant Program is a competitive process and limited by the amount of funds available. Applicants are not guaranteed funding, or the full amount requested.

Projects or programs funded previously cannot be guaranteed funding in future years.

We encourage all applicants to be financially sustainable by seeking multiple sources of funding including fundraising, annually reviewing membership fees and charges and grants and donations.

Legal status of your group or organisation

* indicates a required field

Legal status

All applicants must be incorporated or be auspiced by an incorporated organisation under the Associations Incorporation Act 1981 or under legislative provisions for a charitable purpose. Auspice means the incorporated organisation is agreeing to the management of the grant funds on your behalf. If your application is approved, the money will be paid to the named auspice organisation to manage the funds on your behalf.

Which of the following applies to your application? *

- Applicant is an incorporated organisation or under legislative provisions for a charitable purpose
- Applicant is being auspiced by an incorporated organisation

Conflict of Interest

The Conflict of Interest declaration is required to be completed by the applicant of the Community Grant. The applicant, and/or the person who may be dispersing the grant if allocated must disclose:

- Any current or prior relationship/connection to a Council Officer, Stonnington Council and/or a currently serving Councillor. And:
- The nature of this relationship.

Please note: Any declaration of conflict of interest does not exclude an organisation from applying or being eligible to receive a community grant.

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This information is collected in the interest of the Community Grant Program and Stonnington Council's transparency in ensuring that no applicant is favoured or seen to be favoured over another.

Conflict of Interest declaration *

- No, I do not have a conflict of interest to declare
- Direct interest
- Indirect interest by close association
- Indirect financial interest
- Indirect interest due to conflicting duty
- Indirect interest due to receiving an applicable gift
- Indirect interest due to an impact on residential amenity
- Indirect interest due to being a party to the matter

The nature of the conflict of interest is:

N/A if no conflict of interest being declared

Person(s) relating to the conflict of interest:

N/A if no conflict of interest being declared

If applicant is not dispersing grant, please disclose any conflict of interest the person disclosing the grant may have:

N/A if no conflict of interest being declared

- A person has a **direct interest** in a matter if there is a reasonable likelihood that the benefits, obligations, opportunities or circumstances of the person would be directly altered if the matter is decided in a particular way.
- A person has an **indirect interest by close association** in a matter if:
 - a family member of the person has a direct interest or an indirect interest in a matter; or
 - a relative of the person has a direct interest in a matter; or
 - a member of the person's household has a direct interest in a matter.
- A person has an **indirect financial interest** in a matter if the person is likely to receive a benefit or incur a loss, measurable in monetary terms, as a consequence of a benefit received or loss incurred by another person who has a direct or indirect interest in the matter.
- A person has an **indirect interest in a matter because of a conflicting duty** if the person:
 - is a manager or a member of a governing body of a company or body that has a direct interest in a matter;
 - is a partner, consultant, contractor, agent or employee of a person, company or body that has a direct interest in a matter;
- A person has an **indirect interest** in a matter if the person has received an **applicable gift** (*), directly or indirectly, from:
 - a person who has a direct interest in the matter; or
 - a director, contractor, consultant, agent or employee of a person, company or body that the person knows has a direct interest in a matter; or
 - a person who gives the applicable gift to the person on behalf of a

person, company or body that has a direct interest in the matter.

(*) - An applicable gift currently has a value of \$500.00

- A person has an **indirect interest because of interest on residential amenity** in a matter if there is a reasonable likelihood that the residential amenity of the person will be altered if the matter is decided in a particular way.
- A person has an **indirect interest as a consequence of becoming a interested party** if the person has become an interested party in the matter by initiating civil proceedings in relation to the matter or becoming a party to civil proceedings in relation to the matter.
- is a trustee for a person who has a direct interest in a matter.

Child Safety Standards

- *Schedules 1 and 2 of the Child Wellbeing and Safety Act 2005 (the Act) set out the categories of organisations and businesses that need to comply with the Child Safe Standards (Standards).*
- Applicants are responsible for checking the [legislation](#) to confirm the situation for your organisation.
- Commission for Children and Young People (CCYP) provide details of which organisations, groups and businesses are required to comply. [Who do the Standards apply to?](#)
- Grant applicants that are required to comply with Child Safety Standards are obliged to provide Council with a copy of their Child Safety Policy.

Declaration *

I confirm that the organisation applying for this grant understands their responsibilities in relation to Child Safety Standards.

Please tick which applies to your organisation *

- My organisation has contact with children and provides services and activities to children.
- My organisation provides services mainly to adults and only a small part involves contact with children or children's services and activities.
- My organisation provides services explicitly to adults and does not include any children's services and activities.

Child Safe Policy

Your organisation is required to provide Council with a copy of your Child Safe Policy and comply with Child Safety Standards.

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Please attach your Child Safe Policy *

Attach a file:

Must be a policy

Type of funding request

What type of funding are you applying for? *

- Cash and In-kind
- In-kind only (facilities and/or transport)
- Cash only

In-Kind is use of Stonnington facilities and/or use of community bus

About your group or organisation

* indicates a required field

Information about your group or organisation

Your name *

First Name

Last Name

Name of your organisation *

Organisation Name

Organisation postal address

Address

Organisation phone number *

Must be an Australian phone number.

Organisation email *

Must be an email address.

Organisation website

Must be a URL.

Where does your organisation meet?

Address

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Is your organisation open to all Stonnington residents? *

- Yes
 No
 Other:

Preferred contact details

Preferred contact name

First Name

Last Name

Preferred contact position or role

Preferred contact phone number

Must be an Australian phone number.

Preferred contact primary email

Must be an email address.

Organisation's financial details

Briefly describe how your organisation is structured and include whether positions are paid or volunteer. *

Is your organisation membership based? *

- Yes
 No

Does your organisation have an Australian Business Number (ABN). *

- Yes
 Being auspiced by an organisation with an ABN and have written consent to enter into an auspice arrangement from this organisation
 Other:

Is your organisation registered with the Australian Tax Office as operating not for profit? *

- Yes
 No
 being auspiced by an Incorporated Association that is deemed to be a not-for-profit, as classified by the Australian Taxation Office (section 103A(2) (c) of the Income Tax Assessment Act 1936)

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Has your organisation applied for or received any funding from State or Federal governments, philanthropic organisations or any other types of organisations for this project or program? *

- Yes
- No

Please provide details (e.g. grant amount, year etc.).

Has your organisation received any grants from the City of Stonnington in the last three financial years for this project or program (e.g. Arts and Culture Grants; Community Grants; COVID Recovery Grants)? *

- Quick Response Grant
- Partnership Grant
- Annual Community Grant (Community Capacity Building Grant)
- Other:

Please provide details (e.g. grant amount, year etc.).

Membership

How many members does your organisation currently have? *

Must be a number.

How many members are City of Stonnington residents? *

Must be a number.

Please include the names, roles and titles of office bearers (For example: President, Secretary, Treasurer etc) *

What membership restrictions apply? *

How much is the annual membership fee? *

\$

Must be a dollar amount.

If fees are not paid annually, calculate the amount that would be paid by a member each year.

When did you last review your membership fee? *

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Must be a year

Please add your Membership list (Include names and postcodes of all members) *

Attach a file:

See guidelines for more information on this requirement.

Australian Business Number (ABN)

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.

Public Liability Insurance

Your Certificate of Insurance for your Public Liability Insurance must be:

- Minimum \$20 million
- Valid for the financial year you're applying for

Note: If your current certificate is due to expire before or during the next financial year you will need to send the new certificate to the Grants Officer.

Please attach your organisations Certificate of Currency for your Public Liability Insurance. *

Attach a file:

This must be either a photocopy, scanned copy or photo in JPEG or PDF format.

Is your Public Liability Insurance (PLI) valid for the duration of your project? *

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- Yes
- No
- Other:

Incorporation details

Organisation incorporation number

Must be no more than 10 characters.

Please attach Certificate of Incorporation. *

Attach a file:

About your project

* indicates a required field

Project information

Title of project *

Facility or location of project *

Stonnington facility or location

Start of project *

Must be a date.

Refer to the Guidelines

End of project *

Must be a date.

Refer to the Guidelines

How many people will attend or participate in the project? *

If you are proposing more than one event or activity please list the number of people attending for each.

How many of these attendees or participants will be Stonnington residents? *

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If you are proposing more than one event or activity please list the number of people attending for each.

Will people be required to pay a fee to attend or participate in the project? *

- Yes
 No
 Other:

If yes, please provide details (full fee, concession, donation etc.). *

N/A if no

Describe your project in 50 words or less. *

Word count:

Must be no more than 50 words.

If your application is successful, this description will be used on Councils website. You may include a condensed version of what you have already included in this application.

Cash funding request

Total cash funding requested for project

\$

Must be a dollar amount.

About your auspice organisation

* indicates a required field

Auspice details

Auspice organisation name *

Organisation Name

Auspice contact

First Name

Last Name

Auspice postal address *

Address

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

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Auspice primary phone number *

Must be an Australian phone number.

Auspice primary email *

Must be an email address.

Auspice primary website

Must be a URL.

Please attach a signed letter of consent and ABN from the Auspice Organisation. *

Attach a file:

The auspice organisation must agree to manage the grant funds on your behalf if you are successful.

Please attach a copy of the organisation's most recent financial statement or annual report *

Attach a file:

Must be the most recent financial year

Auspice Australian Business Number (ABN)

Is the auspice organisation registered for GST? *

- Yes
 No

If you need assistance finding the ABN please refer to the Australian Government ABN Lookup website available [here](#).

The organisation must also be incorporated under the Associations Incorporation Act 1981 or under legislative provisions for a charitable purpose.

Auspice organisation 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.

Public Liability Insurance

Your organisation must hold current Public Liability Insurance of at least \$20 million.

Please attach your organisation's Certificate of Currency for your Public Liability Insurance. *

Attach a file:

This must be either a photocopy, scanned copy or photo in JPEG or PDF format.

Do you confirm that your Public Liability Insurance (PLI) covers your proposed project for its entire duration? *

- Yes
- No
- Other:

Incorporation details

Organisation incorporation number *

Must be no more than 10 characters.

Please attach Certificate of Incorporation. *

Attach a file:

In-kind funding - Stonnington facilities and community bus

* indicates a required field

In-kind funding request

In-kind options (Select one or both) *

- Community bus
- Facilities

Does the your project or program require the use of the Council-owned facilities or transport?

In-kind community bus request

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The City of Stonnington has two types of Council buses available: Four minibuses seating for up to 12 people and three large buses seating for up to 17 people.

If you have question about the community bus, please contact Community Transport Leader on 8290 3349 or email communitytransport@stonnington.vic.gov.au

Transportation options:

- Self-Drive Service (small bus only)
- Day Trip Service with a driver (large bus only)

Please attach evidence of your expression of interest to hire a Council bus. Your booking document should include the value of the booking in a dollar amount and the date(s) of the booking.

Tentative booking list *

Attach a file:

Type of bus requested *

- Mini bus
- Large bus
- Weekly Transport

Number of uses requested *

Must be a number.

In-kind self-drive Service (small bus only)

- Please click "add more" for additional rows.
- If you are proposing more than one type of event or activity, **please add a new row for each activity or event.**
- If you are proposing multiple uses of Councils bus for the same or activity you only need to add this activity or event once.

What is the purpose of the journey?	How many uses are you requesting for the 26/27 financial year?	Total value of in-kind support	Estimated number of participants	How will participants benefit from using the Council bus
		\$		
What activity/ program or event are you proposing that you are wanting to use Council transport for.	Must be a number.	Must be a dollar amount.	Must be a number.	Recommended minimum 25 words

In-kind weekly transport service

- Please click "add more" for additional rows.

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- If you are proposing more than one type of event or activity, **please add a new row for each activity or event.**
- If you are proposing multiple uses of Councils bus for the same or activity you only need to add this activity or event once.

What is the purpose of the journey?	How many uses are you requesting for the 26/27 financial year?	Total value of in-kind support	Estimated number of participants	How will participants benefit from using the Council bus
		\$		
What activity/ program or event are you proposing that you are wanting to use Council transport for.	Must be a number.	Must be a dollar amount.	Must be a number.	Recommended minimum 25 words

Book in-kind facilities

You must contact a Council Officer for all in-kind funding requests. Before completing this application, you need to upload a tentative booking list as evidence of your booking.

To book:

- Prahran Aquatic Centre
- Harold Holt Memorial Swim Centre

Booking and Admin Officer:

8290 1678

acquaticbookings@stonnington.vic.gov.au

To book:

- Phoenix Park Community Centre
- Prahran RSL
- Orrong Romanis Recreation Centre
- Malvern Community Arts Centre
- Malvern Town Hall

Venues Booking Team:

8290 1213

venues_booking@stonnington.vic.gov.au

To book:

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Malvern Library Meeting Room
Toorak/South Yarra Library Meeting Room

Library Room Bookings
8290 8002
librooms@stonnington.vic.gov.au

To book:
Prahran Square

Prahran Square Activation Officer:
pahransquare@stonnington.vic.gov.au

To book:
Margaret Connellan Stadium at the Stonnington Sports Centre

Senior Team Leader Stadiums:
8290 8030
spalmer@stonnington.vic.gov.au

To book:
Grattan Gardens Community Centre

Team Leader Facilities Based Program:
8290 1460
grattangardenscc@stonnington.vic.gov.au
To book a Council venue, please speak to the following Council Officers:

-----Book in-kind facilities (1)

Add your Facilities tentative booking list *

Attach a file:

-----Book in-kind facilities (2)

Add your Facilities tentative booking list *

Attach a file:

-----Book in-kind facilities (3)

Add your Facilities tentative booking list *

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Attach a file:

In-kind facilities request

You can request a maximum of 3 facilities. Please click "add more" for additional rows. Please complete a new row for additional venues (1 row per venue).

Venue(s) being requested	Room requested within the facility	Number of uses being requested	Total Value of In-Kind Support	Date range or date(s) requested	Number of people attending	Are people required to pay for this event or activity? (If yes, please provide details)
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		Must be a number.	Quote for venue usage		Must be a number.	N/A if not required to pay
<input type="radio"/> Grattan Gardens Community Centre			\$			
<input type="radio"/> Phoenix Park Community Centre						
<input type="radio"/> Prahran RSL						
<input type="radio"/> Orrong Romanis Recreation Centre						
<input type="radio"/> Prahran Aquatics Centre						
<input type="radio"/> Harold Holt Memorial Swim Centre						
<input type="radio"/> Malvern Community Arts Centre						
<input type="radio"/> Malvern Town Hall (Banquet Hall)						
<input type="radio"/> Malvern Town Hall (Main Hall)						
<input type="radio"/> Malvern Library						

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Meeting Room						
<input type="radio"/> Margaret Connellan Stadium (located at the Stonnington Sports Centre)						
<input type="radio"/> Toorak/South Yarra Library Meeting Room						
<input type="radio"/> Prahran Square						

Event or activity information

You can request a maximum of 3 facilities. Please click "add more" for additional rows. Please complete a new row for additional venues (1 row per venue).

Event or Activity Name	Description of Event or Activity	Please describe what benefits your event or activity will bring to participants or the broader Stonnington community?	Briefly describe how you will manage the environmental impacts of your event or activity?	Please tell us how you will respond to any COVID-19 restrictions in the event of an outbreak and deliver your event or activity.
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	Recommended minimum 50 words	Recommended minimum 50 words	Recommended minimum 50 words	Recommended minimum 50 words

Documents needed

Please attach documents from most recent financial year:

- Annual general meeting minutes
- Annual financial statement or annual report
- Any further information that will support your application

Attach any of the above files (you can attach multiple)

Attach a file:

How your project aligns with Council priorities

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* indicates a required field

Strategic alignment (30%)

Please explain 3 or more objectives of your project *

Word count:

Must be no more than 500 words.

Recommended minimum 150 words

Please explain 3 or more expected outcomes of your project *

Word count:

Must be no more than 500 words.

Recommended minimum 150 words

Which of the following Community Grant objectives does your project include: *

- Foster community participation, build social connections, and reduce isolation
- Respond to local issues and priority areas of need within the community
- Provide accessible and inclusive opportunities for communities who are considered vulnerable or under-represented
- Build the capacity of local groups and organizations to develop, implement and sustain positive impacts in their community
- Encourage sustainable and strong governance in the delivery of services and programs

How will your project achieve the grant objectives selected? *

Word count:

Must be no more than 300 words.

Recommended minimum 100 words

Which of the following Council Plans and Strategies does your project address: *

- Council Plan 2025-2029
- Health and Wellbeing Strategy 2025-2029
- Children, Youth and Family Strategy (Birth to 25)
- Ageing Well Plan 2024-2027
- Cultural Diversity Policy 2022-2025
- LGBTIQ+ Action Plan 2023-2026
- Reconciliation Action Plan 2022-2024
- Disability Inclusion Action Plan 2023-2026
- Sustainable Environment Strategy 2018-2023
- Community Safety Plan 2024-2027

How does your project link to the Council Plan and Strategies selected? *

Word count:

Must be no more than 150 words.

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Recommended minimum 50 words

Thinking of the above priority areas, what strategies have you identified to minimise your project's impact on the environment? *

Community benefit (25%)

What issue or need within the community does your project address?

Word count:

Must be no more than 300 words.

Recommended minimum 100 words

How will you know if you have been successful in addressing this need?

How was the issue or need identified? *

- community consultation or roundtable discussion
- community survey
- anecdotal evidence
- data collected by your group or organisation
- Other:

Please upload evidence to support the identified issue or need

Attach a file:

(Note that the more evidence you provide, the higher the likelihood of Council supporting your project).

Who will benefit from your project? (You can select more than 1)

- | | | | |
|-----------------------------------|----------------------------------|--|--|
| <input type="checkbox"/> Youth | <input type="checkbox"/> Seniors | <input type="checkbox"/> Residents with a disability | <input type="checkbox"/> CALD residents |
| <input type="checkbox"/> Children | <input type="checkbox"/> Women | <input type="checkbox"/> Low income residents | <input type="checkbox"/> Aboriginal and Torres Strait Islander residents |
| <input type="checkbox"/> Families | <input type="checkbox"/> Men | <input type="checkbox"/> LGBTIQ+ residents | <input type="checkbox"/> Universal |

Please note that Council will prioritise projects or programs targeting residents living with socio-economic disadvantage or facing barriers to participation.

Please explain how the people you've selected above will benefit from your project?

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Word count:

Must be no more than 400 words.
Recommended minimum 50 words

Community engagement (20%)

How will you grow and maintain community participation and engagement in the project? *

Word count:

Must be no more than 400 words.
Recommended minimum 50 words

Have you identified community support for the project? *

Yes No Not sure

Please explain how and what community support you have identified? *

Word count:

Must be no more than 400 words.
Recommended minimum 50 words.

Please upload any evidence of community support for this project

Attach a file:

Will the project engage and/or collaborate with other organisations or groups targeting similar groups or issues? *

Yes No Unsure

Please identify who and how you will work collaboratively together

Word count:

Must be no more than 400 words.
Recommended minimum 50 words.

Please upload evidence to support this collaborative approach or partnership.

Attach a file:

Project management (25%)

Please demonstrate your organisation's capacity to manage this project successfully. *

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Word count:

Must be no more than 300 words.
Recommended minimum 100 words

Budget

Your budget should accurately reflect the size and scope of your project.

This must be an itemised budget and accurately reflect the expected income and expenditure of your proposed project.

- All income and expenditure related to the project needs to appear in the budget. When you have completed the budget, the Total Income and Total Expenditure must balance.
- Please do not use cents in any of your figures.
- Please ensure you include information on other sources of funding in the budget document (income column) if receiving funds from other organisations for your project or program.
- Note your application will not be assessed if you do not complete "Stonnington funded items" in the Expenditure column.
- A budget template can be found [here](#). Please use this template to complete your budget and attach below.

Budget

Upload your budget *

Attach a file:

Use the budget template provided if you do not have a budget.

Supporting Documentation (You can upload multiple documents)

Please upload evidence to support your budget

Attach a file:

(This may be quotes, research, past funded projects ect) Please note: Copies of quotations must be attached if applying for a grant to purchase a minor equipment (up to \$2,000).

Please attach the minutes from your organisation's last Annual General Meeting and a recent financial statement or annual report.

*

Attach a file:

Get involved

Why not join the Stonnington Community Directory

The Community Directory provides local community groups, clubs, and eligible community based organisations with a free directory listing and the ability to publish events on the website. Please click [here](#) to list your community group or organisation by creating an account to log in, add your information and submit it to us for review.

Optional information: Stonnington Volunteer Awards Nomination

Do you have one or more people in your organisation that you would like to nominate for the Volunteer Awards? Nominees do not have to be a resident of the City of Stonnington

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but must have made a substantial contribution to this municipality and possibly the broader community. By providing the information below you have agreed that you may be contacted in the future about submitting a Volunteer Award nomination.

- Yes
- No

Authorisation of application

* indicates a required field

Privacy statement

The personal information requested on this form is being collected by Council for the purposes of assessing eligibility under the Community Grants. This information will be used solely by Council for those primary purposes or directly related purposes. The applicant understands that the information provided is for these purposes and that they may apply to Council's Privacy Officer on telephone 8290 1333 for access and/or amendment of the information.

Authorisation of application

Please review your application and ensure all fields marked with an * are completed. Note that when you submit the application you will receive an email confirming your submission with a pdf. copy of your application. If you do not receive an email, your application has not been submitted.

Sign declaration

Declaration *

I certify that all details supplied in this application form and in the attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of the applicant organisation or auspicing organisation. I have read the accompanying guidelines. I agree to contact the City of Stonnington in the event that any information regarding this application changes or is found to be incorrect.

Please tick to agree with the declaration.

Details of signatory

Name *

Position *

Phone Number *

Date *

Must be a date.