2026-2027 Quick Response Grant
Form Preview

Before you begin your application

* indicates a required field

Introduction

You must read the 2026-2027 Quick Response Cash and/ or In-kind facilities guidelines before you begin your online application.

- Quick Response Grant (cash) guidelines
- Quick Response Grant (in-kind facilities) guidelines

The City of Stonnington has several key documents which outline our strategic priorities that aim to meet the needs of Stonnington residents. We encourage you to refer to these documents and include how your project aligns with Council priorities and strategic 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

All questions marked with an * are mandatory. If these fields are not completed, you will not be able to submit your application.

Applicant 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 that will manage the funds on your behalf.

Which of the following applies to your application *

○ Incorporated Organisation
○ Applicant 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.
- 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.

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

Nature of the conflict of interest is:

N/A if no conflict of interest is 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 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 a conflicting duty** if a 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 as a consequence of becoming an interested on residential amenity** in a matter if there is 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 an interested party** if they 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.

Organisation Details

* indicates a required field

Organisation *

Organisation Name

Postal Address *

Address

Suburb State Postcode

Telephone *

Website

Address of Meeting Place

Address *

Address

Suburb State Postcode

Where does your group meet?

Australian Business Number (ABN)

Does your Organisation have an Australian Business Number (ABN)? *

- ○ Yes
- ○ No

ABN Continued

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.

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

ACNC Registration

Tax Concessions

Main Business Location

Australian Taxation Office (ATO) Not For Profit

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

- ○ Yes
- ○ No

Public Liability Insurance

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

Please attach the Certificate of Currency for your Public Liability Insurance *

Attach a file:

Incorporation Details

Organisation Incorporation Number *

Must be no more than 10 characters

Please attach Certificate of Incorporation *

Attach a file:

Primary Contact

Name *

Title First Name Last Name

Position *

eg President, Secretary, Treasurer, Committee Member

Telephone *

Email

Auspicing Organisation Details

* indicates a required field

Auspicing Organisation

Part 2

Organisation *
Organisation Name

Postal Address *
Address

Suburb State Postcode

Telephone Number *

Please attach a letter from the auspice organisation agreeing to auspice your project or program. *
Attach a file:

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

Email *

Must be an email address

Website

Must be a URL

Please attach a copy of the organisation's annual operating budget.
Attach a file:

Australian Business Number (ABN)

Is the Organisation registered for GST? *

- ○ Yes
- ○ No

If you need assistance finding your ABN please refer to the Australian Government ABN Lookup website available here.

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

Australian Business Number

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)

DGR Endorsed

ATO Charity Type

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 the Certificate of Currency for your Public Liability Insurance *

Attach a file:

Incorporation Details

Organisation Incorporation Number *

Please attach Certificate of Incorporation *

Attach a file:

Primary Contact

Primary Contact *

Title | First Name | Last Name

Position *

About the Applicant

* indicates a required field

About the Organisation

Describe your organisation *

Briefly describe how your organisation is structured. Please detail whether positions are paid or volunteer *

Committee of Management, President, Secretary etc.

Is your organisation open to all residents of City of Stonnington? *
- ○ Yes
- ○ No

Is your organisation membership based? *
- ○ Yes
- ○ No

Do you have to be a member to participate?

Membership

How many members does your organisation have? *

How many members are City of Stonnington residents? *

What membership restrictions apply? *

How much is the annual membership fee? *

No fee, full fee, concession

Please add list with the name, position and postcodes of all office bearers. *
Attach a file:

QUICK RESPONSE GRANT JUSTIFICATION (30%)

* indicates a required field

Please explain why your project urgently needs to be funded through a Quick Response Grant and not through the next round of annual grants? *

STRATEGIC ALIGNMENT (25%)

* indicates a required field

Project Description

Project Title *

Start Date *

End Date *

Venue or location of project *

Please provide the name and address of venue/location

Please provide a short summary of your project, including objectives and expected outcomes. *

Which Council's strategic priority does your project or program align with? Please refer to the link on the first page of this form to view any of the following documents. *

- ☐ 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

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

Please explain the objectives, aims and expected outcomes of your project *

Which of the following Community Grant objectives does your proposed 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 organisations 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? *

COMMUNITY BENEFIT 25%

* indicates a required field

What issue or need within the community does your project address? How will you know if you have been successful in addressing this need? *

Recommended 100 words.

How was the issue or need identified *
☐ Community consultation or roundtable discussion
☐ Community survey
☐ Anecdotal evidence
☐ Statistical information collected by your 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 program or project? (you can select multiple) *

☐ Youth	☐ Seniors	☐ Residents with a disability	☐ CALD residents
☐ Children	☐ Women	☐ Low-income residents	☐ Aboriginal and Torres Strait Islander residents
☐ Families	☐ Men	☐ LGBTQIA+ residents	☐ Universal

Please explain how your project will benefit the Stonnington community, specifically those facing barriers to participation *

Recommended minimum 50 words

PROJECT MANAGEMENT (20%)

* indicates a required field

Please demonstrate how your organisation will effectively manage this project. *

Funding request

* indicates a required field

Cash amount requested

Does your project require cash funding? *
- ○ Yes
- ○ No

Budget

Total cash amount requested from Council *

$

Must be a dollar amount.

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.

A budget template can be found here. Please use this template to complete your budget and attach below.

Budget *
Attach a file:

Please list any further budget notes relevant to your application below

Council facility requested

Does your project require the use of the Council-owned facilities? *
- ○ Yes
- ○ No

Booking a facility

Please explain what the facility will be used for and why you selected this facility *

Please include number of uses requested

To be considered for an in-kind grant using a City of Stonnington venue, you must speak to a Council Officer and provide evidence of a booking.

Note: All bookings are tentative (unconfirmed) until grant funding is confirmed.

To book a Council venue, please speak to the following Council Officers:

To book:

- Phoenix Park Community Centre
- Prahran RSL
- Orrong Romanis Recreation Centre
- Malvern Community Arts Centre
- Malvern Town Hall (Main Hall)
- Malvern Town Hall (Banquet Hall)

Venues Booking Team:

8290 1213

venues_booking@stonnington.vic.gov.au

To book:

Malvern Library Meeting Room

Toorak/ South Yarra Meeting Room

Library Room Bookings:

8290 8002

librooms@stonnington.vic.gov.au

To book:

Prahran Square

Prahran Square Activation Officer:

prahransquare@stonnington.vic.gov.au

To book:

Grattan Gardens Community Centre

Team Leader Facilities Based Program:

8290 1460

grattangardenscc@stonnington.vic.gov.au

Please upload your tentative booking/s document.

Your booking should include the value of the booking in a dollar amount and dates of your booking.

Upload your tentative booking document *
Attach a file:

Total value of in-kind support (As shown on your tentative booking document) *
$
Must be a dollar amount.

Documents required

Please attach the minutes from your organisation's last Annual General Meeting. *
Attach a file:

Please attach your organisation's most recent Annual financial statement. *
Attach a file:

Note that a Child Safe Policy must be attached if your project includes contact with children aged 0-18 years.
Attach a file:

Is there any further information that will support your application? *
- ○ Yes, please attach below
- ○ No additional information to provide

Attach a file:

Why not join Stonnington Community Directory

The Community Directory will provide 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.

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

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.

Please tick above to agree with the Declaration.

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 sumbiteed.

Name *

Title	First Name	Last Name

Position *

Primary Phone Number *

Include area code

Date *

Must be a date