

2023-2024 Quick Response Grant

Form Preview

General information

* indicates a required field

Introduction

You must read the Guidelines before commencing your online application. A copy can be obtained from the Community Grants Program webpage - [Guidelines](#).

The City of Stonnington has several key documents in which it articulates its strategic priorities to meet the needs of Stonnington residents. We encourage you to refer to them to formulate your project or program according to Council priorities and strategic objectives.

- [Council Plan 2021-2025](#)
- [Public Health and Wellbeing Plan 2021-2025](#)
- [Children, Youth and Family Strategy \(Birth to 25\)](#)
- [Inclusion Plan 2019-2022](#)
- [Reconciliation Action Plan 2021-2025](#)
- [Cultural Diversity Policy 2022-2025](#)
- [Positive Ageing Strategy 2018-2021](#)
- [Sustainable Environment Strategy 2018-2023](#)
- [Access and Inclusion Plan 2019-2022](#)
- [Plastic Free Stonnington Policy](#)

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

Organisation Details

* indicates a required field

Organisation *

Organisation Name

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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.

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	

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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
<div></div>	<div></div>	<div></div>

Position *

eg President, Secretary, Treasurer, Committee Member

Telephone *

Email

Auspicing Organisation Details

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* 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.](#)

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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.

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 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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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

QUICK RESPONSE GRANT JUSTIFICATION (30%)

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* indicates a required field

Please explain why this project should be funded through the Quick Response Grant and not through the next round of annual grants? *

Is there community support for your initiative (e.g. direct beneficiaries or the broader Stonnington community)? *

- ☐ Yes
☐ No

If your answer is Yes, please provide any evidence of support (e.g. letter of support),

Attach a file:

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 2017-2021

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- ☐ Public Health and Wellbeing Plan 2017-2021
- ☐ Children, Youth and Family Strategy (Birth to 25)
- ☐ Inclusion Plan 2019-2022
- ☐ Reconciliation Action Plan 2018-2020
- ☐ Cultural Diversity Policy 2015-2019
- ☐ Positive Ageing Strategy 2018-2021
- ☐ Sustainable Environment Strategy 2018-2023

Please describe steps you will take to ensure your project or program has minimal to zero impacts on the environment. *

We want to know actions considered to manage or reduce waste, improve water and energy efficiency.

COMMUNITY BENEFIT (25%)

* indicates a required field

Was the issue or need identified through? *

- ☐ community consultation or roundtable discussion
- ☐ community survey
- ☐ anecdotal evidence
- ☐ statistical information collected by your organisation
- ☐ other means

You can select more than one option.

If selected 'Other means', please provide details.

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

Attach a file:

What will be the benefits for intended groups or the broader Stonnington community? How would the organisation determine that the project has achieved its objectives (community survey, anecdotal evidence)? *

PROJECT MANAGEMENT (20%)

* indicates a required field

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Please describe how you will deliver this project. *

Please tell us how you will respond to any COVID-19 restrictions in the event of an outbreak and implement your initiative. *

Council would like to know how you will continue delivering the project or program while reducing the risk of infection for participants in the event of another outbreak.

Type and Amount of Assistance Sought and Budget

** indicates a required field*

Amount sought

Total cash amount requested from Council *

\$

Must be a dollar amount.

Council venue (funds exhausted - currently no available)

Does the implementation of your project or program require the use of the Council-owned venues? *

- ☐ Yes
☐ No

Booking details

What will the venue be used for? *

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.

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

- Malvern Town Hall, Malvern Banquet Hall, Malvern Community Arts Centre, Phoenix Park Community Centre, Prahran RSL and Orrong Romanis Recreation Centre, please email venues_booking@stonnington.vic.gov.au or call 8290 1213.
- Harold Holt Swim Centre and Prahran Aquatic Centre, please email aquaticbookings@stonnington.vic.gov.au or call 8290 1678 .
- Grattan Gardens Community Centre and Chris Gahan Centre, please email fbernard@stonnington.vic.gov.au or call 8290 1460
- Toorak South Yarra Library Meeting Room, please email librooms@stonnington.vic.gov.au or call 82908002

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Please attach evidence of your tentative booking/s below. Your booking document should include the value of the booking in a dollar amount and dates of booking.

Evidence of tentative bookings confirmation *

Attach a file:

Total value of in-kind support *

\$

Must be a dollar amount.

Community Transport (funds exhausted - currently no available)

Does the implementation of your project or program require the use of the Council community bus? *

- ☐ Yes
☐ No

Booking details

What is the purpose of the journey? *

The City of Stonnington has two types of Council buses available: Four mini Bus(es) seating for up to 12 people and three large Bus(es) seating for up to 17 people. If you require further clarification, please contact Community Transport Leader on 8290 3349 or email bhills@stonnington.vic.gov.au.

Please attach evidence of your expression of interest booking/s below. Your booking document should include the value of the booking in a dollar amount and dates of booking.

Evidence of expression of interest transport booking *

Attach a file:

Total value of in-kind support *

\$

Must be a dollar amount.

Project Budget

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.

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Budget *

Attach a file:

Please list any further budget notes relevant to your application below

Further Information

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 this application? *

- ☐ Yes, please attach below
- ☐ No additional information to provide

Attach a file:

Attach a file:

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 organization 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 submitted.

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Primary Phone Number *

Include area code

Date *

Must be a date

