

2026 Healthy Connected Community Form Preview

Important Information

* indicates a required field

COMMUNITY STRENGTHENING GRANTS

2026 APPLICATION

Council's Community Strengthening Grants Program has been a valuable source of financial support for local events and projects in Golden Plains Shire communities for over 26 years.

Grants of up to \$7,000 are available in three streams: 1. Healthy Connected Community

2. Community Inclusion

3. Environment and Sustainability

Before completing this grant application form, you must have read and understood the Community Strengthening Grants Standard Guidelines. Please click [here](#) to view the 2026 Community Strengthening Grants Guidelines.

- If you have any questions regarding the eligibility criteria, please contact **Community Development and Grants Officer** on **5220 7111** or **email: communitygrants@gplains.vic.gov.au**.
- Incomplete applications and/or applications received after the closing date will not be considered.
- 2026 Community Strengthening Grants opens on 1st August 2026 and closes at 2pm on 31st August 2026.

CONFIRMATION OF ELIGIBILITY

This section is designed to help you, and us, understand if you are eligible for this grant.

Have you read the Community Strengthening Grants Standard Guidelines and does your project meet eligibility criteria? *

- ☐ Yes
☐ No

IMPORTANT: If you have not read the Community Strengthening Grants Standard Guidelines, you cannot proceed with your grant application. Please click [here](#) to read the Community Strengthening Grants Standard Guidelines.

Have you acquitted most recent funding with Golden Plains Shire Council? *

- ☐ Yes
☐ No
☐ No, however it's not overdue
☐ Never been funded

If your previous funded project is overdue then your application may not be eligible for the current round. Please contact Community Development and Grants Officer on 03 5220 7111.

Have you discussed your project with a Council Officer? *

- ☐ Yes
☐ No

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Please provide the Council Officer's name. *

Alignment with Council Plan

Which objective best relates to your project under the Council Plan? *

Please click [here](#) to view the Council Plan.

*

*

*

*

Health and Wellbeing Priorities

Does your project address any of the following priority areas of the Golden Plains Shire Municipal Public Health and Wellbeing Plan 2025-2029? *

- ☐ Improving wellbeing
- ☐ Increasing active living
- ☐ Preventing family violence and enhancing gender equity
- ☐ Increasing healthy eating
- ☐ Tackling climate change and its impact on health
- ☐ Reducing tobacco and e-cigarette use
- ☐ Unsure

Project Pre-Checklist

* indicates a required field

It is your responsibility as the applicant to apply for, fund and obtain all required permits for the project (incl. food handling, planning, building or local laws permits).

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If you answered “YES” to any of the below questions, it is likely that you are required to obtain permits for your proposed activity. Please ensure that you include costs relating to any permits and/or consultation in your expenditure list in this application form.

Funding through this Community Strengthening Grants program does not constitute approval of required permits. Even if your application is successful, payment of your funding is conditional on associated permits being obtained.

If your project has a possibility of interaction with children and/or young people, please visit [Do I need a Check? | Working with Children](#) as it will provide guidance about when a Working With Children Check is required.

Please contact Council’s Community Development and Grants Officer on (03) 5220 7111 or email: communitygrants@gplains.vic.gov.au if you are unsure of your answer or would like to discuss the requirements for building, planning, local laws and/or food handling permits.

Are you organising an event or festival? *

- ☐ Yes
- ☐ No

Does your project include infrastructure / capital improvements (including installation of fixed equipment)? *

- ☐ Yes
- ☐ No

Is your project solely about equipment purchases which are not part of a project, program or activity? *

- ☐ Yes
- ☐ No

Will any native vegetation be cleared or disturbed during this project? *

- ☐ Yes
- ☐ No

Will you be constructing a permanent or temporary structure during this project? *

- ☐ Yes
- ☐ No

If YES, will this structure be attached to an existing structure or have a roof? *

- ☐ Yes
- ☐ No

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Will you be undertaking any structural changes to an existing building such as re-blocking, maintenance, material removal or demolition works? *

- ☐ Yes
- ☐ No

Are any excavation works involved in this project? *

- ☐ Yes
- ☐ No

Will you be building a dam or water bore as part of this project? *

- ☐ Yes
- ☐ No

Will you be providing or selling food as part of this project? *

- ☐ Yes
- ☐ No

Will this project require any variation or blockage to traffic flow? *

- ☐ Yes
- ☐ No

Will this project involve high volume traffic (both vehicle and pedestrian) in public areas? *

- ☐ Yes
- ☐ No

Will the project involve alteration to or installation of a septic? *

- ☐ Yes
- ☐ No

Is the project associated with any heritage overlay? *

- ☐ Yes
- ☐ No

Please check the Heritage Victoria's online map tool ([click here](#)) to assist you.

Will your proposed activity disturb or impact the ground and occur within areas of Aboriginal cultural heritage sensitivity? *

- ☐ Yes
- ☐ No

Please check the Aboriginal Cultural Heritage Register and Information System (ACHRIS) online map tool on the Aboriginal Victoria website ([click here](#)) to assist you.

Please contact Council's Community Development & Grants Officer on 5220 7111 or email: communitygrants@gplains.vic.gov.au prior to submission your application if the proposed activity occurs within areas of Aboriginal cultural heritage sensitivity.

Please note that the Community Strengthening Grants Program only supports programs, projects and activities.

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The program does not support: • Equipment purchases which are not part of a project, program or activity. • Infrastructure/capital improvements including installation of fixed equipment (e.g. cooling/heating system).

Please contact Council's Community Development & Grants Officer on 5220 7111 or email: communitygrants@gplains.vic.gov.au to discuss further.

Event / Festival Project Pre-Checklist

* indicates a required field

If you are organising an event or festival, please review information on Council's '[Planning an Event](#)' website to ensure that you understand Council's requirements to hold an event in the Shire.

NOTE: Existing annual or ongoing community events will NOT be funded.

Please contact Council's Community Development and Grants Officer on (03) 5220 7111 or email: communitygrants@gplains.vic.gov.au if you need to discuss further.

You must ensure that your organisation complies with the following before submitting your grant application.

Risk Management Plan

Please provide an appropriate Risk Management Plan. Template can be found [here](#).

*

Attach a file:

Site Plan

Please provide a site plan. Guidelines can be found [here](#).

*

Attach a file:

Traffic Management

Provide a Traffic Management Plan (if relevant). Guidelines can be found [here](#).

Attach a file:

Child Safety

Will children and/or young people be in attendance at your event or festival? *

- ☐ Yes
☐ No

Working With Children Check (WWCC)

Please visit [Do I need a Check? | Working with Children](#) as it will provide guidance about when a WWCC is required.

If your event or festival is aimed at children and/or young people (with the possibility of interaction happening without a guardian or adult) that all paid staff/organisers should have a valid WWCC. All the volunteers should have a volunteering WWCC.

Also, please consider developing a Child Safety Plan. Template can be found [here](#) (p.7-12 are most relevant to community groups).

Council Permits

If you answered “YES” to any of the below questions, it is likely that you are required to obtain permits for your proposed activity. Please ensure that you include costs relating to any permits and/or consultation in your expenditure list in this application form.

Funding through our Community Strengthening Grants does not constitute approval of required permits. Even if your application is successful, payment of your funding is conditional on associated permits being obtained.

Will this project require any variation or blockage to traffic flow? *

- ☐ Yes
☐ No

Will you be providing or selling food as part of this project? *

- ☐ Yes
☐ No

Will this project involve high volume traffic (both vehicle and pedestrian) in public areas? *

- ☐ Yes
☐ No

Please list below all the required permits for your proposed event or festival. *

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Organisation Details

* indicates a required field

Collection Notice

Personal information collected on this form will be used by Council's Community Development Team in order to process the application and support the proposed project if the application is successful.

Council may disclose your information to other internal departments in order to assess the application and support the project if the application is successful and will not be disclosed to any external party without your consent, unless required to do so by law. Successful grant recipients will be presented to and disclosed at a Council meeting which is open to the public, recorded in public Council meeting records, and may be included in media releases.

If you do not provide us with all required information Council will not be able to assess/process the grant's application. You have the right to access your personal information and make any necessary corrections. If you have any queries or wish to gain access to amend your information, please contact Community Development and Grants Officer on (03) 5220 7111 or email communitygrants@gplains.vic.gov.au

Council will comply with its Privacy Policy and Information Privacy Principles in schedule 1 of the Privacy and Data Protection Act 2014 and the Health Records Act 2001 in relation to the use, storage and disclosure of information. If you have any queries regarding this Privacy Statement, please contact the Privacy Officer in writing to enquiries@gplains.vic.gov.au or PO Box 111, Bannockburn 3331.

Organisation Details

Organisation Name *

Organisation Name

Please enter your organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Organisation Type *

- ☐ Incorporated
☐ Unincorporated

If you selected 'Unincorporated', you will need to seek an auspice arrangement to proceed with your grant application. An auspice agreement form can be found [here](#).

What is your organisation's Incorporation Number? *

Does your organisation have an ABN? *

- ☐ Yes
☐ No

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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.

If you do not have an ABN, please submit a completed ATO [Statement by a Supplier Form](#) with your application.

Please upload completed Statement by Supplier Form. *

Attach a file:

Select which not-for profit organisation best describes you? *

- ☐ Community Group
- ☐ Sports Club
- ☐ Lions / Rotary Club
- ☐ General not-for profit (i.e. none of the sub-types listed above)
- ☐ Educational institution (including kindergartens and schools)
- ☐ Peak Body
- ☐ Progress Association
- ☐ CFA or SES
- ☐ Other:

Please choose the option that best applies to your organisation. If none of the above items describes your organisation, select other and enter type in box.

What is your organisation's purpose or mission? *

How many active members does your organisation have?

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Does your organisation have volunteers?

- ☐ Yes
☐ No

How many volunteers does your organisation / group have?

Organisation / Group Primary Address *

Address

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

Organisation / Group Postal Address *

Address

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

Organisation / Group Website

Must be a URL.

Contact Details

Primary Contact Person *

Title First Name Last Name

This is the person we will correspond with about this grant.

Position held in Organisation *

e.g., Manager, Board Member or Fundraising Coordinator.

Primary Contact Phone Number *

Must be an Australian phone number.

Primary Contact Email Address *

This is the address we will use to correspond with you about this grant.

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Secondary Contact Person *

Title	First Name	Last Name

Position held in Organisation *

Secondary Contact Phone Number *

Must be an Australian phone number.

Secondary Contact Email Address *

Must be an email address.

Public Liability Insurance (PLI)

Do you have Public Liability Insurance (PLI)? *

- ☐ Yes
- ☐ No, however my auspice organisation provides PLI coverage for this grant project.
- ☐ No

You must provide insurance coverage for your grant project. Your project may not be covered in your usual insurance. Please talk to your insurance provider about appropriate cover for your project.

Please upload a Public Liability Insurance Certificate of Currency. *

Attach a file:

Additional Insurance

Do you need additional/increased insurance to cover for the project? *

- ☐ Yes
- ☐ No

Please ensure to obtain a quote for the additional/increased insurance and include it in the budget.

Auspice Information

* indicates a required field

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

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- The auspice organisation is known as the Auspicor. Your community group or organisation is known as the grant recipient (Auspicee).
- The Auspicor must agree and understand that they will be responsible for the compulsory obligations set out in an auspice agreement form.

If your grant application is successful, the grant funds will be paid directly to the Auspicor, who must then pass on to the funds to the Auspicee.

If your organisation is auspiced to apply for this grant, you must:

- Complete the Golden Plains Shire Council's auspice agreement form and attach it to your application. An auspice agreement form can be found [here](#);
- Ensure the Auspicor understands your grant application and all aspects of your project;
- Be aware that some auspice organisations may charge an auspice fee. This is at their discretion and should be negotiated between the Auspicee and the Auspicor;
- Make sure that you had a discussion with the Auspicor to ascertain if they are providing insurance cover for your grant project;
- Obtain an insurance quote and add the insurance cost as an item in your expenditure budget if the Auspicor cannot provide you with insurance (which does not include annual ongoing premiums); and
- Be aware that no project will be funded if you do not have insurance coverage.

Is your organisation auspiced by another organisation for the purpose of this grant? *

☐ Yes

☐ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

Auspice Organisation Details

Please attach a completed auspice agreement. *

Attach a file:

The auspice agreement must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

Auspice organisation name *

Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Auspice primary address

Address

Auspice postal address

Address

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Auspice primary phone number *

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Must be an Australian phone number.

Auspice email address *

--

Must be an email address.

Auspice website

--

Must be a URL.

Primary contact person at auspice organisation *

Title	First Name	Last Name

We may contact this person to verify that the auspice arrangement is valid and current.

Position held in organisation *

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e.g., Manager, Board Member or Fundraising Coordinator.

Auspice primary contact phone number *

--

Must be an Australian phone number.

Auspice primary contact email address *

--

Must be an email address

Does the auspice organisation have an ABN? *

☐ Yes ☐ No

Auspice ABN *

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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

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Entity Type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type More information
ACNC Registration
Tax Concessions
Main Business Location

Must be an ABN.

As the auspice organisation does not have an ABN, please submit a completed [ATO Statement by a Supplier Form](#) with your application.

Please upload completed Statement of Supplier Form: *

Attach a file:

Max 25mb per file uploaded

What is the auspice organisation's Incorporation Number? *

Project Details

* indicates a required field

Project Title: *

Provide a name for your project/program/initiative. Your title should be short but descriptive

Short Project Description: *

Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes). Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu1> if you need some ideas about how to frame your response.

Start Date *

Must be a date and no earlier than 1/11/2026.

End Date *

Must be a date and no later than 31/1/2028.

Project Location/s *

Address

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

If there is more than one project location, please list them below.

Does your project require land/building/facility owner's consent? *

- ☐ Yes
☐ No

If the community facility is on Council-owned land/property, the applicant must discuss the project with a Golden Plains Shire Council officer prior to submitting the application.

Please upload consent(s) from the owner of the land/building/facility. *

Attach a file:

A maximum of 5 files may be attached.

Please provide reasons as to why consent(s) is not required. *

Community Need

Why is the project needed in the community and how were the community needs identified? *

Tell us why your project is needed, and why you believe the activities you propose will produce the outcomes you seek. Provide statistics/evidence (where available) of both the need and the link between the work you will do and the outcomes you seek. Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu2> if you need some ideas about how to frame your response.

Community Inclusion

Please indicate the community group that will benefit most from the project.

- ☐ First Nations peoples
☐ People with disability
☐ LGBTIQ+ community
☐ Women
☐ Children (under 12 years)
☐ Youth (12 - 25 years)
☐ Seniors

☐ Other:

Are there any barriers to their participation (e.g. transport, childcare, cultural, religious, etc.)? *

How will you overcome these barriers? *

How will you ensure the community has access to the project (e.g. promotion, support, etc.)? *

Project Objectives

What are the objectives / what are you aiming to achieve? *

What are some of the obstacles you think you may come across? What are the possible solutions to these obstacles? *

Project Outcomes / Community Impact

List your project's anticipated outcomes in the following table.

Generally outcomes can be framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation, (these are generally **immediate** or short-term outcomes)
- Actions, behaviour, change in policy (these are generally **intermediate** or medium term outcomes)
- Social, financial, environmental, physical conditions (these are generally **long-term** outcomes)

Anticipated Outcomes

Estimated Impact

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Outcomes are the changes that you expect to occur as a result of your initiative. See information above.

See description above

Partnerships / Stakeholders

In order to achieve your project goals you may need to partner with other organisations. Who are the project partners and what are their roles and expectations?

Name of Partners / Stakeholders	Roles/Expectations	Confirmed Partnership?

Community Support

Does this initiative have community support? In particular, do the beneficiary and/or geographic communities affected by this project/program support the activities you are proposing? *

☐ Yes

☐ No

☐ Don't know

Evidence of community support is generally highly regarded as projects with community buy-in tend to be more successful.

What evidence do you have that this project/program has community support (including community partnerships)?

Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu7> if you need some ideas about how to frame your response.

Please upload letters of support (if available/relevant)

Attach a file:

A maximum of 5 files can be attached

Capacity Planning (Demonstrated ability to deliver the project)

Please provide evidence of other projects delivered by your organisation. If none, please ensure to provide detailed project plan in this application form. *

What are the major steps / stages (i.e. milestones) involved in delivering your project?

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For Example:

What is your timeline for the activity? Who is responsible for the activity? What needs to be done and who will do it? It is important to demonstrate how you will undertake your activity.

Milestone	Start Date (estimate if unknown)	Finish Date (estimate if unknown)	Location/s (if relevant)	Notes
e.g. planning; major activities; evaluation	Note: Start date cannot be before grants are awarded. Must be a date.	Note the grant project must be completed within the timeline of the grant program. Must be a date.	(e.g. add address, suburb, region if known; otherwise type 'unknown' or 'not applicable')	Add explanatory notes if required

Who is part of the project team within your organisation and what are their roles / responsibilities to plan and deliver the project?

Name	Roles/Responsibilities

Please use space below if you have any further information regarding your project planning (e.g. additional steps, methodology)

Evaluation

How do you know that you're achieving what you have set out to do? *

How are you gathering information to determine this? *

Budget

* indicates a required field

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The budget has two sections: **Cash Budget** and **In-Kind Contribution**.

- **Cash Budget** is where you provide details of any items you will need to pay with money for the proposed project (Expenditure) and how you source money (Income).
- **In-Kind Contribution** is where you provide a contribution of a good or a service other than money. Some examples include: voluntary labour (for example, painting work), donated goods (for example, kitchen equipment) donated services (for example, professional advice from an architect).

Co-Contribution Requirements

You must **match** (\$1:\$1) the amount of funding being sought either via financial contribution and/or through in-kind contributions.

In-Kind Contribution

Golden Plains Shire Council uses the following criteria/rates for in-kind volunteer support:

- Volunteer Unskilled Labour is calculated at \$30 per hour per volunteer.
- Volunteer Skilled Labour is calculated at \$45 per hour per volunteer or reasonable commercial rate with evidence.
- An example of calculating in-kind volunteer contribution: 3 unskilled volunteers for 2 hours: 3 volunteers x 2 hours at \$30 per hour = \$180.
- You can have multiple entries for in-kind volunteer support e.g. volunteers in the development phase, volunteers in the implementation phase, volunteers in the evaluation/close phase of your project.

IMPORTANT:

- - **PLEASE DO NOT ADD COMMAS** to figures (e.g. type \$1000 not \$1,000) in this budget section.
 - Grants up to \$7,000 are available.
 - Quotes or evidence to support the budget for any individual expenditure over \$250.

If you need assistance competing your budget, please contact Council's Community Development & Grants Officer on 5220 7111 or email: communitygrants@gplains.vic.gov.au.

Is your organisation (or your auspice organisation) GST registered? *

- ☐ Yes
☐ No

If you are GST registered then the budget will be excl GST. If you are not GST registered then the budget will be incl GST.

If you (or your auspice organisation) are GST registered then your budget (including Grant Amount Requested) will be **exclusive of GST**. We will add GST portion when we prepare your invoice.

For example, if you are requesting \$5,000 + GST then please include **\$5,000** in the Grant Amount Requested.

Please click [here](#) to view the ATO website for further information on GST.

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If you (or your auspice organisation) are non-GST registered then your budget (including Grant Amount Requested) will be **inclusive GST**.

For example, if you are requesting \$5,000 + GST (\$500) then please include **\$5,500** in the Grant Amount Requested.

Please click [here](#) to view the ATO website for further information on GST.

Grant Amount Requested

If you are **GST registered** then the budget will be exclusive of GST. For example, if the sum of quotes is \$1000 + GST \$100 then your grant amount requested is \$1000.

If you are **not GST registered** then the budget will be inclusive of GST. For example, if the sum of quotes is \$1100 including GST then your grant amount requested is \$1100.

PLEASE DO NOT ADD COMMAS to figures (e.g. type \$1000 not \$1,000) in this budget section.

Total Amount Requested

*

\$

What is the total financial support you are requesting in this application?

Leveraging this Community Strengthening Grants Program

If you are planning to utilise our Community Strengthening Grants program as part of an application to other funding programs, please contact Council's Community Grants team prior to submission of this application.

Application granted funds for leveraging to other funding programs will not receive the allocated Community Strengthening Grants funding until the additional funding is approved and evidence provided to the Community Grants team.

Income (Cash)

IMPORTANT: This is where you provide details of how you source money to deliver your proposed project including this grant funding and other funding you may have secured for the project.

Income Description Confirmed Funding? Income Amount (\$) Notes

This Council Grant	Confirmed Unconfirmed Not Applicable	\$	
		\$	
		\$	
Please include '0' in income amount if there		Must be a dollar amount.	

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is no cash contribution or in-kind contribution			
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Expenditure (Cash)

IMPORTANT:

- Applicant must have a level of public liability insurance appropriate to cover the project. If **increased/ additional** insurance is required to your specific project, it can form part of the budget and can be added as an expenditure budget item here.
- All line items in your expenditure budget that are \$250 or above you must supply a quote.
- Please ensure that you include costs relating to any design, permits (e.g. building permits) or consultation in your expenditure list below.

Expenditure Description	Expenditure Amount (\$)	Income Source	Notes
	\$	This Council Grant Cash Contribution incl. other grants In-Kind Contribution	
	\$		
	\$		
	\$		
	\$		

Cash Budget Totals

Your budget **MUST** balance (expenditure and income must be the same totals).

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.

In-Kind Contribution

In-Kind Contribution is a contribution of a good or a service other than money. Some examples include: voluntary labour (for example, painting work) donated goods (for example, kitchen equipment) donated services (for example, professional advice from an architect).

Golden Plains Shire Council uses the following criteria/rates for in-kind volunteer support:

- Volunteer Unskilled Labour is calculated at \$30 per hour per volunteer.
- Volunteer Skilled Labour is calculated at \$45 per hour (or reasonable commercial rate with evidence) per volunteer.
- An example of calculating in-kind volunteer contribution: 3 unskilled volunteers for 2 hours: 3 volunteers x 2 hours at \$30 per hour = \$180.00.

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- You can have multiple entries for in-kind volunteer support e.g. volunteers in the development phase, volunteers in the implementation phase, volunteers in the evaluation/close phase of your project.

In-Kind Contribution Description	Estimated Value
	Must be a dollar amount.

Please upload evidence of commercial rate (if reasonable commercial rate is used for In-Kind Contribution calculation).

Attach a file:

Total In-Kind Contribution Value

This number/amount is calculated.

Co-Contribution

Applicant must **match** (\$1:\$1) the amount of funding being sought either via financial contribution or through in-kind contributions.

Co-Contribution Amount

This number/amount is calculated.

Total Project Cost

Cash Income/Expenditure + In-Kind Contribution

This number/amount is calculated.

What is the total budgeted cost (dollars) of your project?

Why do you need Golden Plains Shire Council's financial support to deliver this project? *

Please state your organisations current bank balance. *

\$

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Must be a dollar amount.

Quotes

All line items in your expenditure budget that are **\$250 or above** you must supply a quote.

Please attach quotes for those expenditure (cost) items over \$250.

Attach a file:

Additional Application Details

Is there anything else you would like to add in support of your application?

Include in this section information about your strategies for providing the inputs (money, staff/ volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, etc.) and how you will complete this project/program within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work. Provide links to further explanatory material if available/relevant.

Supporting Documents

Please upload any other documents related to this project or copies of relevant strategic documents.

Upload files

Attach a file:

or

Provide web link:

Must be a URL

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

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I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree *

☐ Yes

☐ No

Name of authorised person *

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:

☐ Very easy

☐ Easy

☐ Neutral

☐ Difficult

☐ Very difficult

If you answer 'Difficult' or 'Very difficult', can you please provide further information?

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.

2026 Healthy Connected Community

Form Preview

Where did you hear about this grant program? *

☐ Social Media ☐ Council Webpage ☐ Community ☐ Newsletters ☐ GP Times ☐ Gazette ☐ Council officers/staff

Other

Would you like to be sent any useful information on workshops, training or other funding opportunities ? *

- ☐ Yes
☐ No