2026/27 Community Wellbeing - Application Form - Round 1
Form Preview

Important Information

* indicates a required field

Important Information

Please read the **Community Grant Program Guidelines**, which are also available on the **Latrobe City Council website**, before completing the application form. The Community Grants Program is governed by the Community Grants Program Governance Policy which is also available for you to read.

For any questions, please get in touch with the Grants Team:

Phone: **1300 367 700**

Email: **grants@latrobe.vic.gov.au**

The more time officers have to review your application, the more time they have to support you.

Round 1 Timeline

Applications close: Friday 7 August 2026 at 4pm

Outcome Notifications: delivered by the end of October 2026

Application Checklist

Check these things before applying:

I have: *
- ☐ Read and understood the 2025/26 Community Grant Program Guidelines.
- ☐ Appropriate Public Liability Insurance for this project.
- ☐ Quotes for all expenditure items, as required by the guidelines.
- ☐ Checked our entity's GST status to ensure the budget is completed correctly.
- ☐ Not commenced the project prior to the awarding of the grant.
- ☐ Prepared the relevant approvals to upload to the application if needed.
- ☐ Completed all previous Latrobe City Council Community Grant acquittals.
- ☐ No outstanding debt to Latrobe City Council.

Primary Contact Details

* indicates a required field

Primary contact person: *

Title	First Name	Last Name

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

Position held at organisation: *

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

Primary Phone Number: *

Must be an Australian phone number.

Contact email address: *

Must be an email address.

Secondary email address:

Must be an email address.
This email address will be used for correspondence if we cannot make contact with you using your email address provided above.

Organisation Detail

* indicates a required field

Organisation Name: *
Organisation Name

Primary (physical) address:
Address

Postal Address:
Address

If this is a PO Box, click on the text box and select "Can't find your address?" to enter it manually. Your postal address will be used to send out any correspondence that we cannot send out via email.

Organisation Description

Please provide a short description of your organisation: *

Word count:
Must be no more than 200 words.

Organisation Type

Select the organisation type: *
○ Our organisation has an ABN and is incorporated.
○ Our organisation is not incorporated and does not have an ABN, and we have an auspice organisation for this project.

ABN

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.

Proof of Incorporation: *
○ We have an Incorporation Number
○ We have a Certificate of Incorporation or other evidence of Incorporation

Please provide your Incorporation Number: *

Must be no more than 9 characters.
To search for your incorporation number, please click on the following link: https://www.consumer.vic.gov.au/clubs-and-fundraising/incorporated-associations/search-for-an-incorporated-association

Upload your Certificate of Incorporation or other evidence of Incorporation: *
Attach a file:

Child Safety

Latrobe City Council has zero-tolerance towards any form of child abuse and is committed to the safety, wellbeing, and empowerment of children. We will create and maintain a child safe organisation where protecting children and preventing and responding to child abuse is embedded in the everyday thinking and practice of all employees, volunteers and contractors.

Looking for information on **Child Safe Standards**? Explore the Commission for Children and Young People's website or Latrobe City Council's Child Safety page. For personalised assistance, reach out to our Child Safety Advisor at 1300 367 700, or email latrobe@latrobe.vic.gov.au.

My organisation currently meets the minimum requirements of the 11 Victorian Child Safe Standards. *

○ Yes ○ No ○ N/A

I would like to be notified about updates and workshop opportunities on child safety with Latrobe City Council. *

○ Yes ○ No

Auspice Information

* indicates a required field

Auspice Organisation Details

Please read the Auspice Information Sheet for more information.

Name of Auspice organisation: *

Organisation Name

Auspice Primary Address:

Address

Auspice Postal Address:

Address

If this is a PO Box, click on the text box and select "Can't find your address?" to enter it manually. Your postal address will be used to send out any correspondence that we cannot send out via email.

Auspice Contact Details

Auspice Project Contact: *

Title First Name Last Name

Position held in organisation: *

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

Auspice Project Contact Primary Phone Number: *

Must be an Australian phone number.

Auspice Project Contact Email: *

Must be an email address.

Auspice Organisation Type

The auspice organisation must be a not-for-profit entity that is either incorporated or has and ABN.

Our organisation has an ABN and is Incorporated. *

○ Yes

If the organisation does not have an ABN and/or isn't Incorporated, they are not an eligible Auspice Organisation.

Auspice ABN

Auspice ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity Name	
ABN Status	
Entity Type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN.

Proof of Incorporation: *

○ We have an Incorporation Number
○ We have a Certificate of Incorporation or other evidence of Incorporation

Auspice organisation Incorporation Number: *

Must be no more than 9 characters.
To search for your incorporation number, please click on the following link: https://www.consumer.vic.gov.au/clubs-and-fundraising/incorporated-associations/search-for-an-incorporated-association

Upload your Certificate of Incorporation or other evidence of Incorporation: *
Attach a file:

Please attach a letter from the auspice organisation stating that they accept full financial accountability for the project: *
Attach a file:

Letter must be signed by two appropriately authorised persons (e.g. Manager, CEO, Board Chair) and must include, name, position, signature and date.

Project Details

* indicates a required field

Project Title: *

Your title should be short but descriptive. This title will be used by Latrobe City Council when promoting successful applicants.

What is the primary venue where your project will be completed? *

e.g. Ted Summerton Reserve, Morwell Recreation Reserve, Kernot Hall. If your venue does not have a name, please write N/A in this space

Address of venue: *
Address

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

Please give a brief description of your project, its aim, and how you will use Latrobe City Council funds: *

Word count:
Must be no more than 150 words.

Be descriptive, but succinct. This description will be used by Latrobe City Council when promoting successful applicants.

Healthy Partnerships

In partnership with VicHealth, Latrobe City Council is working to create an environment where community organisations seek healthier options to support their projects.

Will the grant funding you are applying for be used to purchase or promote the consumption of tobacco, alcohol, large chain fast food, or increase exposure to gaming activities? *

○ Yes ○ No

Assessment

* indicates a required field

An assessment panel will score your application against the following criteria:

Assessment Criteria

Weighting

The application is consistent with the Council Plan, Municipal Public Health and Wellbeing Plan and other strategic documents.

20

*You will find the **Council Plan 2025-2029** (which includes the Municipal Public Health and Wellbeing Plan) here.*

Assessment Criteria

Weighting

The project addresses a community need and describes how the community will benefit from the project.

20

*Read the **Tip Sheet Explaining Community Need and Benefit***

Assessment Criteria

Weighting

The applicant has demonstrated ability to deliver the project.

20

Please consider that the assessment panel may not be aware of your previous projects or skills.

Please make sure you consider the assessment criteria when responding to the following questions.

What is the community need this project is designed to address? How do you know this need exists? *

Word count:
Must be no more than 200 words.
e.g. Local stats, stories, or feedback from the community. Gaps in existing services or events. Why this project is timely or urgent. Who it helps (e.g., youth, seniors, CALD groups, people with disability)

Please upload any data or documents that demonstrate a community need:
Attach a file:

E.g. Research reports, letters of support, photos, etc.

How will the community benefit from the project? *

Word count:
Must be no more than 200 words.
Describe the changes you expect to see in the community as a result of your project.

What resources or experience does your organisation have in delivering a project of this nature? *

Word count:
Must be no more than 200 words.
E.g. Prior successful projects, qualified staff, reputation within the community, etc. This information is for the assessment panel who may not be aware of your previous projects or skills.

Needs, Equity and Barriers

* indicates a required field

Most projects will have a particular group that they are targeting. The Council Plan 2025-2029 identifies these principles - Fairness, Accessibility, Shared responsibility and Prevention.

What groups does your project specifically support? *
☐ Aboriginal and Torres Straight Islander People
☐ People who are lesbian, gay, bisexual, trans and gender diverse, intersex, and queer and / or questioning (LGBTIQA+)
☐ People with a disability
☐ People from culturally and linguistically diverse communities
☐ Children (under 12)

☐ Young people (aged 12 - 25)
☐ People over 65
☐ People who have faced hardship and exclusion. This includes those with mental ill-health, addiction, family violence, and socio-economic disadvantage. It also includes the homeless or those at risk of it.
☐ Single people and single parents
☐ Women / Girls
☐ Men / Boys
☐ Other specific demographic
☐ Exploring how we could add equity in our project
No more than 3 choices may be selected.

What things are you doing to meet the needs of that target group? *

Word count:
Must be no more than 100 words.
E.g. training staff and facilitators, dedicated advertising strategies or equipment, appropriate planning of project times and locations etc.

Participation

A project may be open to the whole community or target participation from different community demographics. Successful projects will either have broad community benefit, or achieve deep and meaningful outcomes with particular community members and groups.

How many people will benefit from the outcomes of the project?

Participant Type	Number of Females	Number of Males	Number of people of self-described gender

Project Management

* indicates a required field

Project Timeline

Start Date * **End Date** *

Must be a date and no earlier than 30/5/2026.

Must be a date.
Funds must be expended within 6 months of signing the funding agreement and acquitted within 2 months of the identified project completion, unless written approval has been given.

Please describe the major milestones that you expect will occur as part of your project for example: what the timelines are for required engaging a facilitator for a training session, printing of collateral, program / project delivery.

Milestones	Start Date	Finish Date
e.g. planning, facilitator quotes, printing of collateral, project delivery, acquit project	If timing is not fixed provide an estimate, type 'unknown', or describe dependencies	If timing is not fixed provide an estimate, type 'unknown', or describe dependencies

Budget

* indicates a required field

In-Kind Support

Please read out Voluntary Support - Example and Proforma for more information and guidance to answer the next questions.

- In-kind amounts must be directly related to the project and not general operational;
- In-kind service costs are calculated at:
  - $20 per hour - volunteer labour, no qualifications required (painting work, clearing of site after demolition etc)
  - $45 per hour - donated services / specialist labour (engineer, architect, electrician etc)
- calculate donated goods at the price you would pay for them if they were not donated.

Council will not consider the time it has taken to plan and complete the application as an in-kind contribution.

Will you be providing any In-kind support towards the project? *

○ Yes ○ No

In-Kind Support Budget

In-kind supplier	Type of in-kind support provided	Description of task / donated goods	Hours of work	In-kind rate	Total ($)
e.g. Bob Smith	e.g.Volunteer labour	e.g. created news letter for printing, donated kettle	e.g. 6 hours (please put N/A for donated goods)	See above for in-kind service calculations (please put N/A for donated goods)	e.g. 6 x $20 = $120. For donated goods, enter the total amount you would pay if it was not donated Must be a dollar amount.

In-Kind Support Budget Total

Total Income Amount

This number/amount is calculated.

Budget - Income and Expenditure

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns.

- **Your budget must balance.** The total income must equal the total expenditure.
- Do not include any in-kind support, all in-kind support must be included in the above table.
- Please do not add commas to figures.
- You can add and remove rows. Delete any rows you do not need.

Project Budget (Income)

Income description	Is this funding confirmed?	Income amount ($)	Notes
Provide a clear description for each budget item. Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'.	Has funding been approved from the source?	Enter the total amount received/expected to be received. Must be a dollar amount.	Add notes only if you need to provide more context Must be no more than 50 words.
Latrobe City Council Grant			

Total Income

Total Income Amount

This number/amount is calculated.

Project Budget (Expenditure)

IMPORTANT: Check the Community Grant Program Guidelines for eligible expenditure items.

Expenditure description	Expenditure amount ($)	Notes
Provide clear descriptions for each budget item. Examples of expenses could include: facilitator, venue hire, program materials etc.	Total amount of each individual expenditure item. These amounts must match your quotes. Must be a dollar amount.	Add notes only if you need to provide more context. Must be no more than 50 words.

Total Expenditure

Total Expenditure Amount:

This number/amount is calculated.

Total Amount Requested: *

Must be a dollar amount.
What is the total financial support you are requesting in this application from Latrobe City Council?

Total Project Cost: *

Must be a dollar amount.
What is the total budgeted cost (dollars) of your project?

Which of the expenditure items that you have listed above, will Latrobe City Council funding be used for? *

Quotes and Evidence

Latrobe City Council requires:

- One written quote for projects up to $5,000
- Two written quotes for projects over $5,000

We will accept screenshots of catalogues or online ads as quotes. Please ensure you include the website address in any screenshots so we can confirm the purchase would be made from an Australian company.

We only accept written quotes that include:

- The date
- The registered business name
- A detailed cost breakdown

The quote must also match the expenditure listed in the table above.

Attach your quotes here: *
Attach a file:

If only part of the funding requested is allocated, will this project go ahead? *

○ Yes ○ No

If yes, what is the minimum amount you would require? *

Must be a dollar amount.

Which expenditure items will the funding be used for, if part funding was granted? *

What alterations would you consider?

Supporting Documents

* indicates a required field

Mandatory Attachments

Public liability insurance is a mandatory requirement for all Community Grant Program applicants. A copy must be attached to the application to be eligible. The insurance policy must be appropriate for the proposed activity or event and offer a minimum coverage of $10 million. The insurance policy must be in the name of the applicant unless there is an auspice agreement in place. Where an auspice agreement is in place, their public liability insurance policy must cover the activity or event.

Please provide a current copy of your Public Liability Insurance Certificate of Currency (or the auspice organisation's if applicable) that will be used to cover your project: *
Attach a file:

Optional Attachments

Your are welcome to attach any additional information to support your application:
Attach a file:

This could include risk assessments, project management plans, financial statements, marketing information, annual reports, strategic plans, evidence of expenditure items, letters of support and any additional information that will support your application.

Declaration

* indicates a required field

Privacy Notice

The personal information requested on this form is being collected by Latrobe City Council for the purpose of administering your application. The personal information collected about you and your organisation will be used solely by Latrobe City Council for that primary purpose or directly related purposes. It will not be disclosed to any external party without your consent, unless required or authorised by law.

If you choose not to provide this information, then we will be unable to process your application. You have the right to access and/or correct your personal information. Queries or requests for access to your information should be made to the Privacy Officer at Latrobe City Council on 1300 367 700.

Do you give permission for your project details to be used by Council for grant promotion purposes? *

○ Yes ○ No

This may include photos provided in your acquittal form for grant promotions, presentations or events.

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).

I confirm that:

- **To the best of my knowledge all details supplied in this application and in any attached documents are true and correct;**
- **I am authorised to complete this application on behalf of the applicant organisation and have read and understood the certification and privacy notice;**
- **On behalf of the applicant organisation I accept the terms and conditions set out in:**
  - **This application form, including but not limited to the incorporated funding agreement; and**
  - **The Community Grant guidelines and Grant Governance Policy;**
- **I understand that if this grant application is approved, there may be additional terms and conditions outlined in the outcome notification email that the applicant organisation will be required to accept as a condition of receipt of the grant.**

I agree * ○ Yes

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)

Phone Number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.

Date *

Must be a date.

Feedback

* indicates a required field

We would appreciate your feedback on the online application system and the Community Grants program. Suggestions will be considered for improving Council's Community Grants Program.

How did you find the application process? *
- ○ Very Easy
- ○ Easy
- ○ Neither Easy nor Difficult
- ○ Difficult
- ○ Very Difficult

How did you hear about Council's Community Grants program? *
- ☐ Council's Website
- ☐ Library/Leisure Centre
- ☐ Local Newspaper
- ☐ Word of mouth
- ☐ Someone in my organisation
- ☐ Radio
- ☐ Instagram
- ☐ Facebook
- ☐ Other:

Would you like to be added to our email list for future grant opportunities? *
○ Yes ○ No

Please provide any other feedback you may have about the online application process or the Community Grants Program:

E.g. ways it could be more accessible, documents that would support making an application, or another aspect of the process. Were there any questions that needed to be clearer? Were there any questions you felt you were repeating information? Were there any questions you felt were hard to answer within the word limit?

Thank you for taking the time to complete your application.

Once your application is submitted, you will receive an email with your application number and a copy of your application. Please check your application carefully to ensure that all information is correct. Please advise us immediately if there are any errors.