SIAG 2026/27 Community Connection Grant - Round 2 - Expression Of Interest

Form Preview

Important Information

* indicates a required field

Important Information

Please read the **Social Inclusion Action Group (SIAG) Community Connection Grant Program Guidelines,** before completing the Expression of Interest form.

For more **helpful documents** visit the **SIAG webpage.**

Opportunities for feedback on your project will be available during our roundtable session. With dedicated one on one support available throughout the process.

Round 2 Timeline

- EOI closes 16 October 2026
- SIAG Roundtable Meeting 28 October 2026
- 1 on 1 support for application 29 October - 6 November
- Final application due 6 November 2026
- Outcome notification 11 December 2026

If you have questions at anytime, please feel free to contact the Social Inclusion Project Officer:

Hannah Burley

Phone: 0437 456 061

Email: SIAG@latrobe.vic.gov.au

Application Checklist

To assess your application, we only use the information you provide within your application. Applications that do not meet the criteria will not undergo further evaluation.

Check these things before applying:

I have: *
☐ Read and understood the 2025/26 Social Inclusion Action Group (SIAG) Community Connection Grant Program Guidelines.
☐ Appropriate insurance for this project.
☐ Checked our entity's GST status to ensure the budget is completed correctly.
☐ The project has not commenced before 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 Details *
First Name Last Name

Primary Contact Position *

Primary Contact Phone Number *
Must be an Australian phone number.

Primary Contact Email *
Must be an email address.

Secondary Contact Email *
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 Details

* indicates a required field

Organisation Details

Organisation Name *
Organisation Name

Organisation Address *
Address

Please provide a short description of your organisation: *
Word count:
Must be no more than 150 words.
How does this project align with your organisation?

Organisation Type

Applicant organisations must be a not-for-profit organisation that is incorporated and has an ABN or is auspiced by such a body which is able to accept legal and financial responsibility for the project.

for more details please reference the following documents.

- Community Grants Policy
- SIAG Guidelines
- Auspice Information Sheet

Please select an option type below that best represents the status of your organisation: *

○ Our organisation meets the criteria outlined in the guidelines and policy
○ Our organisation has collaborated with an auspice organisation who meets the criteria outlined in the guidelines and policy

Please provide evidence to demonstrate that your organisation is a not-for-profit entity: *

Attach a file:

This could include a certificate of registrations, official correspondence, reporting documentation etc.

Please enter your Australian Business Number (ABN) details: *

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	

Please provide your incorporation number: *

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

Is your organisation a company limited by guarantee? *

○ Yes ○ No

Please note, if you answer yes, you will need an auspice to be eligible for a SIAG Community Connection Grant.

Auspice Information

* indicates a required field

Auspice Contact Details

If your community group is not one of the following

- Not for Profit
- Have an ABN
- is Incorporated

You can approach an organisation to auspice your project. We see auspicing as a great way to partner with likeminded organisations to deliver community projects.

The auspice organisation will:

- Provide a letter indicating that they accept full financial accountability for the project.
- Receive any funding that may be granted on your behalf.
- Work with you to complete the application, funding agreement and acquittal..

Auspices are not considered to be the applicant and may apply for separate funding for other projects.

For more information please see our auspice information sheet

Auspice Organisaion *
Organisation Name

Auspice Primary Contact Person: *
First Name Last Name

Position Held in Organisation: *

e.g. Manager, CEO

Contact Person's Primary Phone Number: *

Contact Person's Email Address: *

Auspice Evidence

Please provide a letter signed by both the applicant organisation and the auspice organisation outlining the partnership and each organisations responsibilities: *
Attach a file:

Auspice Organisation Details

Please provide evidence to demonstrate that the auspice organisation is a not for profit entity: *
Attach a file:

This could include a certificate of registrations, official correspondence, reporting documentation etc.

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.

Please enter the auspice organisation's incorporation number: *

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

Is the auspice organisation a company limited by guarantee? *

○ Yes ○ No

Please note, if you answer yes, you will need a different auspice to be eligible for a SIAG Community Connection Grant.

Public Liability

* indicates a required field

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:

What date does the Public Liability Insurance Certificate of Currency expire?

Must be a date.
please note if if expires before your project is delivered you will need to provide an updated certificate.

Eligibility Criteria

* indicates a required field

Please describe where the project will take place and why the location was selected: *

Word count:
Must be no more than 150 words.
This could include multiple locations or the name of the building (e.g. Moe Library)

Please explain how this project is open to the broader community beyond your organisation: *

Word count:
Must be no more than 150 words.
Please note, applications that only benefit the group or individual members may not be eligible.

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
If your answer is yes, your application will not be considered.

Child Safety

PLEASE NOTE: This section does not determine eligibility. This information will go to informing Council services.

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 ○ Unsure ○ Not Applicable

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

○ Yes ○ Not at this time

Project Details

* indicates a required field

Is the project applying for general or Aboriginal and Torres Strait Islander funding? *

○ General
○ Aboriginal and Torres Strait Islander

For further information, refer to the Funding Guidelines: https://latrobe.smartygrants.com.au/d/files/dlm/d620885d234cadeece81dffc861d9116e523867

Project Title: *

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

Please give a brief description of your project and its aim: *

Word count:
Must be no more than 200 words.
Who is involved, what the project entails and how it will be completed.

What date will the project commence? *

Must be a date and no earlier than 2/4/2026.

Budget

* indicates a required field

Budget - Income and Expenditure

Please provide a rough estimate of what your expected costs will be.

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

- Do not add commas to figures.
- You can add and remove rows. Delete any rows you do not need.

What is the estimated total cost of your project? *

$

Total Amount Requested: *

$

What is the total financial support you are requesting in this application from Latrobe City Council?

Budget - Expenditure

Please include all expected expenditure for your project.

Expenditure	Amount ($)
E.g. venue hire, supplies, facilitator, educational equipment etc.	Total amount of each individual expenditure item. Must be a dollar amount.
	$
	$
	$
	$
	$
	$

Total Expenditure

Total Expenditure Amount:

$

This number/amount is calculated.

Which of the expenditure items will Latrobe City Council funding be used for? *

Word count:

Must be no more than 50 words.
Please note: catering is an ineligible expense. For a full list of ineligible expenditure items, see the Funding Guidelines: https://latrobe.smartygrants.com.au/d/files/dlm/d620885d234cadeece81dffc861d9116e523867

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; and**
- **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 *
First Name Last Name

Position *

Phone Number *
Must be an Australian phone number.

Email *
Must be an email address.

Date *
Must be a date.

Next Steps

A Latrobe City Council Officer from the SIAG team will be in touch to discuss your Expression of Interest within 2 weeks of submission .

We will discuss your eligibility, project idea and how it aligns with the SIAG goals.

If successful, we will provide you with a link to complete the application form. This form will request the following information:

- Expected participation numbers.
- Project timeline.
- Alignment with Council and SIAG goals
- Community need and benefit
- Strategies to promote equity and inclusion.
- Community engagement strategies.
- Expected outcomes and evidence to support.
- Quotes for all expenditure items purchased using Latrobe City Council funds.

The final application will be due on 6 November 2026.

Your application will then be assessed against the following criteria.

Assessment Criteria

Weighting

Alignment with Latrobe City's Municipal Public Health and Wellbeing Plan and Latrobe's SIAG Priorities.

20

Demonstrated ability of project to address local needs, improve equity and address barriers to participation.

20

Demonstrated level of community engagement undertaken or planned as part of the project.

20

Evidence supporting the effectiveness and impact of the project to support social connection and mental health.

20

Demonstrated organisational capacity to deliver the project, including plan for long-term sustainability.

20

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 easy was it to understand the instructions and questions provided? *
- ○ Very Easy
- ○ Easy
- ○ Neither Easy nor Difficult
- ○ Difficult
- ○ Very Difficult

How long did it take you to complete this application?
- ○ Less than 30 minutes
- ○ 30-60 minutes
- ○ 1-2 hours
- ○ 2-3 hours
- ○ 3+ hours

Thank you for taking the time to complete your application.

Once your Expression of Interest 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.