

2026-2027 Emergency Grant Application Form

Form Preview

Introduction

We are mindful that due to unexpected events you are seeking support through the City of Whittlesea Emergency Grants.

You can apply for this grant application with an amount up to \$1,500.

Before you complete your application:

- Please read the Community Grant Guidelines 2026-2027. This provides details of what can be funded and what is excluded. [Please click here to access the 2026-2027 Community Grant Guidelines.](#)
- The maximum amount available for this grant is **\$2,000**
- Please ensure that you submit your application with all required documentation due to the requirements of this grant.
- For a quick response to your application please submit all documentation to support your application.
- To view the SmartyGrants Help Guide for Applicants, please click [here](#).
- When completing the form * **indicates a required field.**

Getting Help

If you have any **difficulties** logging in to Smarty Grants or viewing the application form, please contact **SmartyGrants** directly as follows;

- **Phone:** [03 9320 6888](tel:0393206888)
- **Email:** service@smartygrants.com.au
- [Technical help guide for applicant](#)

If you have **funding related questions** or need assistance to understand the application, please contact **Council on 9217 2170** and ask to speak to the **Community Grants Team** or email us at community.grants@whittlesea.vic.gov.au.

Translation

If you require the Community Grant Guidelines translated, you can view and translate them through our website.

Follow the instructions below if you need help translating the guidelines:

1. [Access the City of Whittlesea website by clicking here.](#)
2. At the top right of the page, you will see '**English (Australia)**'.
3. Click on the language and change the page to your preferred language.
4. The page will then display the information from the guidelines in your selected language.

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If your preferred language is not available, we encourage you to use other translation sites like Google Translate to help you understand the guidelines.

Privacy Statement and Conflict of Interest

* indicates a required field

Privacy Statement

The personal information you provide on this form is being collected by the City of Whittlesea for the purpose of assessing, processing and allocating grant funding and will be disclosed to relevant staff if required as part of this process. Council may contact a third party to confirm details of your application.

We will only use the personal information you provide for the purposes for which it was collected and any other authorised purpose.

To ensure transparency, some details of successful applicants are required to be published on Council's website including grant type, name or organisation name of recipient, project title and approved grant amount.

The information we collect may also be used for our own planning and research purposes to improve our internal processes across the organisation. Failure to provide the information requested may result in your application being delayed or denied.

For further information about how Council handles personal information, or to request access to your personal information, see www.whittlesea.vic.gov.au/privacy or contact Council's privacy officer by email at privacy@whittlesea.vic.gov.au.

I am over 18 years of age and I am Authorised to complete this application and have read and understood the privacy statement *

☐ I agree ☐ I do not agree

If you Do Not Agree Your Application will not be considered.

Conflict of Interest

All Grants are open to all residents within the City of Whittlesea including Council staff. To ensure fairness and transparency a Declaration of a Conflict of Interest must be completed by all applicants who are affiliated with Council with any of the following roles;

1. **1.Council Officer**
- 2.Volunteer**
- 3.Appointed to Committee or working group**
- 4.Contractor or Consultant**

Failure to disclose your affiliations and subsequent completion of the Conflict of Interest section in your application, will result in your individual or group, organisation or business application being deemed '**Unsuccessful**' due to not disclosing your Conflict of Interest'.

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Do you have a Conflict of Interest due to your affiliation with Council? *

☐ Yes

☐ No

Full Name *

What is your role or connection to Council

Eligibility Declaration

* indicates a required field

Eligibility

Applicant Type *

Other:

Please confirm the address requiring quick response. *

Address

This must be an address in the City of Whittlesea

Do you agree to provide legitimate quotes for items \$500 or more? *

Do you acknowledge your group or organisation currently does not have outstanding acquittals with Council? *

This will be validated in the eligibility check stage.

Do you hold current public liability insurance? *

If you choose No, your application may not be approved.

Do you acknowledge your application for this Emergency Grant is to reduce the financial impact of an emergency

☐ Yes

☐ No

☐ Other:

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due to unforeseen events?

Please upload your Public Liability and or Professional Liability Insurance covering a minimum of \$20 million.

Please ensure your attachment includes dates of cover including the period you will deliver your project or your event in your uploaded Public and or Professional Liability Insurance. *

Attach a file:

Applicant Details

* indicates a required field

Applicant Name *

Organisation Name

Please enter the group or organisation name as it appears on official documents such as your incorporation certificate or bank account.

Primary Address of Organisation/ Group *

Address

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

Primary Contact *

First Name

Last Name

Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Admin Contact *

First Name

Last Name

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Admin Contact Position *

Admin Contact Phone Number *

Must be an Australian phone number.

Admin Contact Email *

Must be an email address.

Do you want to add additional contacts? *

Additional Contact

Additional Contact Name *

First Name

Last Name

Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Applicant Details continued

*** indicates a required field**

Incorporation status

Is your group, social enterprise or business incorporated? *

- ☐ Yes - group is incorporated
- ☐ No - group is NOT incorporated
- ☐ N/A - group is a registered charity or educational institution
- ☐ N/A - sole trader with public liability insurance

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Incorporation Number

What is your incorporation number? *

ABN Details

Does your organisation have an 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.

Services to Children and Youth

The City of Whittlesea is committed to ensuring the safety of children and young people and has zero tolerance for child abuse.

Victorian organisations that provide services or facilities for children are required by law to implement the Child Safe Standards ("the Standards") to protect children from abuse and harm. Council expects grant recipients that are subject to the Standards to comply with them, including having in place relevant policies, procedures and practices to keep children safe.

Council also expects grant recipients to notify Council of any significant child safety issues that arise during the implementation of their grant funding (if successful).

More detailed guidance and resources on the Standards are available from the [Commission for Children and Young People website](#).

More information on Council's approach to child safety can be found on the [City of Whittlesea website](#) and in our [Child Safe Policy](#).

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Does your organisation provide services to Children and Youth? *

☐ Yes ☐ No

Does your organisation meet the Victorian Child Safe Standards? *

☐ Yes ☐ No ☐ Other:

Please provide further information how your organisation meets or does not meet the Victorian Child Safe Standards *

Please upload any other documentation on how your organisation meets or does not meet the Victorian Child Safe Standards.

Attach a file:

Please confirm the age group for your project or event *

☐ 0-4 ☐ 10-14 ☐ 20-24
☐ 5-9 ☐ 15-19 ☐ Other:

Assessment Criteria Explanation

* indicates a required field

Emergency Grant

Please tell us more about your need for the Emergency Grant.

The more details you provide, the clearer the picture is of your need for this grant.

This whole section is a combined weighting of 80%.

Please describe the event that occurred causing your organisation to seek an emergency grant. *

Word count:

Must be no more than 300 words.

Community Impact - 30% - Please explain the services and or activities you offer the local community in the City of Whittlesea.

Word count:

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Must be no more than 400 words.

Financial hardship - 30% - Please describe how the fees incurred due to the emergency will create financial hardship. *

Word count:

Must be no more than 400 words.

Impact on normal operations - 30% - Please describe how this has affected your normal operations. *

Please attach supporting documents

Please upload necessary documents, pictures or additional paperwork to support your application. *

Attach a file:

You can add more if you need.

Budget 10%

* indicates a required field

Budget

Budget Category	Budget Line Item Description	Cost of Budget Item
		Must be a dollar amount.
		\$
		\$
		\$

Total Amount Requested *

\$

This number/amount is calculated.

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

Volunteer Hours

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Total volunteer hours *

Must be a number.

Total value of volunteer hours

\$

This number/amount is calculated.
Calculated at \$42.00 per hour

Total Project Cost

\$

This number/amount is calculated.
What is the total budgeted cost (dollars) of your project?

Quotes

Please provide quotes for everything \$500 and over as identified in your budget.

Quotes submitted with the application form must include at a minimum: • ABN details of the organisation or company providing the quote • an itemised break-down of what is included and costs • screen shots of online quotes with the website address included in the screen shot and name of business

Please provide quotes for budget items \$500 and over *

Attach a file:

Checklist - Before you submit your application please check the following

* indicates a required field

Application Checklist

Before submitting your application please double check all requirements to support your application as follows:

You have read the City of Whittlesea Community Grants Guidelines *

Please double check the [Community Grants Guidelines 2026-2027](#)

Have you attached a copy of your current 'Public or Professional Liability' insurance covering the period of this emergency with a minimum of \$20 million covered *

If your application you can attach this below. If you dont provide a copy, your application may not be approved.

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Have you attached legitimate quotes for anything over \$500? *

Have you attached all relevant paperwork for your application including letters of support and auspice letter if applicable? *

Have you checked the 'What won't be funded' section of the grant guidelines and you are confident your project or event is not included in the 'What won't be funded' section? *

Public Liability

Current public liability insurance (minimum \$20 million)

Please attach a copy of your Public Liability Insurance including the period covering your project or event.

Attach a file:

Letter of Support or Auspice letter

Applicants with an auspice organisation must ensure the auspice organisation meets all the requirements of an Auspice as per the Guidelines.

A letter of support from the auspice organisation must include;

- date (issued within the last 12 months)
- auspice organisation name and ABN
- applicant name
- grant type
- project or event name
- grant amount being applied for
- signature of the authorised delegate of the auspice organisation, including their contact details.

Please upload your letter of support or auspice letter

Attach a file:

Declaration

*** indicates a required field**

Declaration

- **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 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**

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organisation is approved for this grant, we will be required to accept the grant as stated in conditions of grant.

- This application is submitted after reading and understanding the City of Whittlesea [Community Grants Guidelines 2026-2027](#)

I understand that this application may not necessarily result in approval of funding, or the full amount requested. *

I have the authority to submit this application on behalf of my community group or organisation. *

Name of Authorised Person *

Position in Organisation *

Contact Phone Number *

Email *

Date *

Must be a date.
DD/MM/YYYY

Applicant Feedback - Please complete this section before submitting your application form.

* indicates a required field

Did you receive help filling out this form? *

☐ Yes ☐ No

Please indicate how you found the online application process: *

☐ Very easy ☐ Easy ☐ Difficult ☐ Very difficult

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

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Must be a number.

Estimate in minutes i.e. 1 hour 60 minutes (include numbers only)

Please provide improvement suggestions and/or additions to the application form/process that Council should consider

How did you hear about this grant opportunity? *

- | | |
|--|--|
| ☐ Grants and Training Opportunities email | ☐ Word of mouth |
| ☐ Local Area Network email | ☐ Social media |
| ☐ Other Council newsletter (electronic or hardcopy) | ☐ Council's website |
| ☐ Poster/flyer | ☐ Other: <input type="text"/> |

Reason for needing assistance filling out the application.

What support did you receive to complete the form? *

- | | |
|---|---|
| ☐ Applicant is under 18 | ☐ Artificial Intelligence (e.g. Chat GPT, CoPilot, Gemini etc) |
| ☐ Assistance with English | ☐ I need assistance with technology |
| ☐ Grant writer (paid or unpaid) | ☐ I don't have access to technology |
| ☐ Assistance with technology | ☐ Other: <input type="text"/> |
| ☐ Assistance due to a disability | |