

# 2026-2027 Individual Grant Application Form

## Form Preview

### Introduction

This form is to apply for an Individual Grant with the application amount up to \$1,500.

#### Before completing this application:

- Ensure you read the [Community Grant Guidelines 2026-2027](#)
- Please see also the SmartyGrants Help Guide for Applicants which can be found [here](#).

#### Key Dates to Note:

- Applications will be open 10 months throughout the year with approval rounds being conducted on a monthly basis.
- Applications for Individual grants **must be submitted at least two months** before the date of the individual's event/conference etc.

Application notifications occur approximately six weeks after the end of month in which an application was submitted. The following table confirms the dates of notification for monthly grants. For dates that fall on a public holiday or weekend, notifications will occur the day after the public holiday.

#### Applications submitted by the end of the month

##### Notification Date

January

14 March

February

11 April

March

12 May

April

11 June

July

11 September

August

12 October

September

11 November

October

12 December

November

11 January

December

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11 February

### Documentation required:

- Only parents or guardians can apply on behalf of children under 18.
- Birth certificate, passport or driver's license will be required in proof of age.
- Evidence must accompany the application form (e.g. quotes, letters of offer, training courses etc)
- Sports and Recreation applications will require evidence of State/National selection or evidence of financial need for support (eg healthcare card, disability support payments etc)
- Quotes for expenses \$500 and above will need to be provided.

## How to print your application or save as PDF

1. Go to the navigation menu on the left side of the screen
2. Click on 'Review & Submit' at the bottom of the list
3. Click on the '**Download PDF**' button at the top of the screen
4. You may now save to email or print.

## Getting help

If you have any **technical difficulties** viewing the application form or accessing your account, please contact **SmartyGrants** directly on **9320 6888**.

If you have **funding related questions** or need assistance to complete the application, please contact the **Grants Team** on **9217 2170**.

## 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.

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

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### 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](http://www.whittlesea.vic.gov.au/privacy) or contact Council's privacy officer by email at [privacy@whittlesea.vic.gov.au](mailto: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

**Please note you must declare your potential conflict of interest if you are one of the following:**

- Councillor - you are ineligible to apply
- Council Officer
- Council Volunteer
- Appointed to a Council Committee or Working Group
- Council Contractor or Consultant

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

- ☐ Yes ☐ No

Please confirm your affiliation with Council.

**Full Name \***

**What is your role or connection to Council \***

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### Applicant Details

\* indicates a required field

#### Contact details

**Who is the grant for? (This is the 'applicant'. If you are a parent applying on behalf of a child, please enter the child's name.) \***

First Name

Last Name

The applicant and if applicable, the parent of the child must reside in the City of Whittlesea

**Does the applicant reside in the City of Whittlesea? \***

If you are not a resident of the City of Whittlesea, then you are not eligible

**Address \***

Address

  

Must be an address in the City of Whittlesea

**Phone Number \***

Must be an Australian phone number.

**Email \***

Must be an email address.

**Are you completing this application on behalf of a child or someone else? \***

**Please provide the reason you needed help with your application**

- |                                                        |                                                                                       |
|--------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Applicant is under 18         | <input type="checkbox"/> Assistance due to a disability                               |
| <input type="checkbox"/> Assistance with English       | <input type="checkbox"/> Artificial Intelligence (e.g. Chat GPT, CoPilot, Gemini etc) |
| <input type="checkbox"/> Grant writer (paid or unpaid) | <input type="checkbox"/> Other: <input type="text"/>                                  |
| <input type="checkbox"/> Assistance with technology    |                                                                                       |

#### Proof Required

**As the person completing the application form, please select the documentation you will submit to prove your age and that you live in the City of Whittlesea**

- |                                          |                                         |                                              |
|------------------------------------------|-----------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Drivers License | <input type="checkbox"/> Property Rates | <input type="checkbox"/> Australian Passport |
|------------------------------------------|-----------------------------------------|----------------------------------------------|

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☐ Utility Bill

☐ Rental Receipt

Proof of both address and age

**Please upload proof of address in the City of Whittlesea \***

Attach a file:

**Please upload proof of age of the person completing this application \***

Attach a file:

Proof of address and age

**Please upload proof of address in the City of Whittlesea and your age**

Attach a file:

Contact details of the person who helped fill out this application

**Name \***

First Name

Last Name

**Email \***

Must be an email address.

**Phone Number \***

Must be an Australian phone number.

Please select the group/s you identify with.

\*

☐ First Nations Person

☐ LGBTIQ+

☐ Veteran

☐ Children or Youth

☐ Person living with a Disability

☐ I prefer not to answer

☐ Culturally and Linguistically Diverse Person

☐ Carer

☐ None of the Above

☐ Refugee

☐ Senior

☐ Other:

Please choose 'Other' to specify another target group or a combination of target groups

**Tell us about your Activity**

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\* indicates a required field

### Individual Pathways

**What type of grant are you applying for? \***

**What is the name of your activity? \***

**What is the start date of your activity? \***

Must be a date.

**What is the end date of your activity? \***

Must be a date.

**Please indicate what you intend to use the funds towards \***

- |                                                      |                                                                          |
|------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Creative Costs or Expenses  | <input type="checkbox"/> Travel and Accommodation - up to \$500 combined |
| <input type="checkbox"/> Registration or Course Fees | <input type="checkbox"/> Materials or Equipment - up to \$500 combined   |
| <input type="checkbox"/> Uniform (up to \$250)       | <input type="checkbox"/> Improve accessibility                           |
- Please have your quotes ready to submit with your application

**Tell us about your activity - please select how you want to submit your explanation \***

- ☐ Answer a question      ☐ By submitting a video or audio file

If by video or audio this is limited to 5 minutes maximum

How will the grant help you achieve your goal?

-----How will the grant help you achieve your goal? (1)

**Please upload your written story or video \***

Attach a file:

This is limited to 5 minutes maximum

-----How will the grant help you achieve your goal? (2)

**Please upload your written story or video \***

Attach a file:

This is limited to 5 minutes maximum

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How the grant will help you achieve your goal?

**How would this grant impact you? Share your story and describe how the funding would help you. You may submit a written response or upload a video?. \***

Word count:

Provide a short description (around 100 word) of your project - what are you out to do?

## Explanation of Opportunity 50%

\* indicates a required field

### Arts Culture

**Please provide information about your artistic practice and recent creative activities (within the last 12 months) \***

Word count:

Must be no more than 200 characters.

**Please upload your Artist CV (resume) or creative portfolio, if applicable \***

Attach a file:

**Please upload any other supporting documents**

Attach a file:

e.g. Evidence of financial need or letters of support

### Sports and Recreation

Applications for Sport and Recreation must be accompanied by evidence.

- In the case of **State or National representation**: a letter or other official documentation from the State or National Association or governing body of the competition concerned. The documentation must confirm that the competition is of National or International standard. In the correspondence from the sporting/recreational activity body it must confirm your entry into the competition.
- In the case of **enabling increased participation and access to local sporting clubs registered in the City of Whittlesea, for people with accessible barriers** (for example, people living with a disability and or those experiencing financial hardship). Applicants will be required to provide proof of hardship (eg Healthcare card or Disability support payment).

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**Which Sport and Recreation grant are you applying for? \***

State or National Competition

**Have you or your child been selected and registered to compete in a nominated competition outlined above at the State or National level? \***

☐ Yes

☐ No

**Which sport or recreation activity are you competing in? \***

**Please confirm the level of competition \***

☐ State

☐ National

☐ International

☐ Other:

Local participation will prioritise persons with limited accessibility.

**Name of Competition \***

**State/ National Association Name \***

**Association Contact Name \***

First Name

Last Name

**Association Contact Position \***

**State/ National Association Primary Address \***

Address

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

**Association Contact's Phone Number \***

Must be an Australian phone number.

**Association Contact's Email address \***

Must be an email address.

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### **Evidence of State or National competition entry/registration (on letterhead) \***

Attach a file:

A letter or other official documentation from the sporting/recreational activity body confirming your selection into the competition.

### **Please upload additional supporting documentation as required**

Attach a file:

eg Evidence of financial need or letters of support

## Sport and Recreation Access for People with Accessibility Barriers

This grant is to enable increased participation and access to local sporting clubs registered in the City of Whittlesea, for people with accessible barriers (for example, people with disability and or those experiencing financial hardship). You will be required to provide proof of your barrier or hardship (eg Healthcare card or Disability support card).

### **Please share any challenges or obstacles you might be facing when it comes to Sports and Recreation \***

Word count:

Must be no more than 200 words.

Please be advised that local transport costs (eg petrol) are not included in this grant

### **Please feel free to upload a video to explain the obstacles and challenges.**

Attach a file:

### **Please upload any other documents to support your application**

Attach a file:

eg Evidence of pending registration with local sporting club or letters of support

## Community Leadership

### **Please provide information regarding Community Contributions you have been involved in during the last 12 months**

Word count:

Must be no more than 300 words.

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### **Please upload evidence of volunteer participation or engagement \***

Attach a file:

You may attach additional documentation to further support your application (eg letters of support) or videos

### **Please upload evidence of the Registered Training Organisation course that you intend to take \***

Attach a file:

e.g Invoice or screenshots with the URL (web address) visible

### **Please upload any other supporting documents or videos**

Attach a file:

e.g. Evidence of financial need or letters of support

## Sustainable Environmental Initiatives

Please indicate if you would like to upload a project plan.

### **Do you have a project plan to upload? \***

☐ Yes

☐ No

## Tell us about your project

### **Tell us what you hope to achieve through your project \***

Word count:

Must be no more than 300 words.

Please provide clear objectives

### **What outcomes and impact do you hope your initiative will achieve? \***

Word count:

Must be no more than 300 words.

### **Please upload any supporting documents**

Attach a file:

e.g. Evidence of financial need or letters of support

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### Project Plan

**Please upload a project plan \***

Attach a file:

**Please upload any other supporting documents**

Attach a file:

e.g. Evidence of financial need or letters of support

### Evidence of Financial Need and Budget

**\* indicates a required field**

#### Evidence of Financial Need (40%)

**Do you currently receive financial assistance from Centrelink? \***

☐ Yes ☐ No

For example, Jobseeker, Age Pension, Disability Support etc

**Please indicate the current combined annual income of your household \***

**Please upload documentation that verifies your income. \***

Attach a file:

For example: recent payslips, Centrelink income statement, employment contract, bank statements showing regular income, or your most recent tax return

**Please upload evidence of financial need. \***

Attach a file:

This may include evidence of the financial assistance you receive from Centrelink, such as a Health Care Card or Disability Support Pension.

**Are you receiving other funding for this initiative? \***

☐ City of Whittlesea - another area

☐ Other Local Government ☐ Federal

☐ Not funded elsewhere

☐ Other:

**\*\*You cannot apply for funding for a project or event you are already receiving funding for. This grant must fund something different if you are already funded elsewhere. You can declare other funding resources as 'in-kind' support in the budget.**

#### Budget 10%

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Eligible items include:

- Creative Costs or Expenses
- Registration fees
- Course fees delivered by a Registered Training Organisation (RTO)
- Clothing or uniforms (up to \$250 combined)
- Travel and accommodation (up to \$500 combined)
- Materials and equipment (up to \$500 combined)

| Budget Category                                   | Budget Line Item Description | Cost of Budget Item      |
|---------------------------------------------------|------------------------------|--------------------------|
| Local travel costs cannot be included e.g. petrol |                              | Must be a dollar amount. |
|                                                   |                              | \$                       |
|                                                   |                              | \$                       |
|                                                   |                              | \$                       |

**Amount Requested (not more than \$1,500)**

This number/amount is calculated.

### Quotes

-----Quotes (1)

**Please attach quotes for items \$500 and over (excluding GST) \***

Attach a file:

Online quotes must show all items/services, website address and business name

-----Quotes (2)

**Please attach quotes for items \$500 and over (excluding GST) \***

Attach a file:

Online quotes must show all items/services, website address and business name

### Other Supports

|                                          |                                                          |                              |
|------------------------------------------|----------------------------------------------------------|------------------------------|
| <b>Please define the type of support</b> | <b>Please provide a description of this support item</b> | <b>Please confirm amount</b> |
|------------------------------------------|----------------------------------------------------------|------------------------------|

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|                                                                     |  |                          |
|---------------------------------------------------------------------|--|--------------------------|
| For example other grants, donations, sponsorships, ticket sales etc |  | Must be a dollar amount. |
|                                                                     |  |                          |
|                                                                     |  |                          |

### Total Project Cost

This number/amount is calculated.

## Checklist

**\* indicates a required field**

To ensure your application is fairly considered, please attach all documents to support your application. Priority will be given to applicants demonstrating their need for support through this grant.

**Click here to attach additional documents. You are able to 'Add More' if required.**  
Attach a file:

### 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 \***

**Have you checked the 'What won't be funded' section of the grant guidelines and are you confident your application is within the guidelines? \***

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

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

**Have you attached all relevant paperwork for your application including evidence of financial need, letters of support and proof of address? \***

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### Declaration

\* indicates a required field

This section must be completed by the applicant or an authorised person (if the applicant is under 18 or receiving help with their application).

**I certify that to the best of my knowledge;**

- 1.The statements made within this application are true and correct,**
- 2.I understand that if the applicant organisation is approved for this grant, we will be required to accept the grant as stated in the conditions of grant,**
- 3.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 Understand that applications submitted with all required supporting documents will be prioritised for funding. \***

**I have the authority to submit this application for myself or the applicant \***

**Name of Authorised Person \***

**Phone Number \***

**Email \***

**Date \***

Must be a date.  
DD/MM/YYYY

### Feedback

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\* indicates a required field

**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? \***

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? \***

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