Unincorporated Group Grant 2026-2027
Form Preview

Introduction

Groups that are not yet incorporated, are encouraged to apply for this grant that includes set-up and operational costs, insurance, governance, and establishment activities.

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

Before completing this application:

- Ensure you read the City of Whittlesea 2026-2027 Community Grants Guidelines.
- Please see also the SmartyGrants Help Guide for Applicants which can be found here.

Documentation required:

- Group ABN *(if applicable)*
- List of group members including their residential suburbs
- Group's Rules of Association or Statement of Purpose or Mission Statement
- Quotes for items $500 and over (if applicable)
- Public Liability Insurance quote

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.

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.

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**
- **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**

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, 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, you application will not be considered.

Conflict of Interest

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

- Council Officer
- Councilor
- Council Volunteer
- Appointed to a Council Committee or Working Group
- Council Contractor or Consultant

Do you (or if applicable your helper) have a conflict of interest? *
○ Yes ○ No

Please confirm your affiliation with Council

Full Name *

What is your role or connection to Council *

Applicant Group Contact Details

* indicates a required field

Group contact details

What is your group's name *
Organisation Name

Contact Person *
First Name Last Name

Position in group *
e.g. Secretary, Treasurer, Committee Member

Phone number *
Must be an Australian phone number

Email *

Secondary Contact Person *
First Name Last Name

Position in group *
e.g. Secretary, Treasurer, Committee Member

Phone number *
Must be an Australian phone number

Email *

Contact Phone Number *

Must be an Australian phone number

Primary Target Group

Which group is your project or event primary target *

- ○ First Peoples Communities
- ○ Children and Young People
- ○ Culturally and Linguistically Diverse People
- ○ Gender Based Groups
- ○ LGBTIQA+
- ○ People living with a Disability and Carers
- ○ Placed-Based Groups
- ○ Seniors
- ○ Veterans
- ○ None of the Above
- ○ Other:

Please confirm *

- ○ Aboriginal
- ○ Torres Strait Islander
- ○ Both Aboriginal and Torres Strait Islander

Children or 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.

Does your organisation meet the Victorian Child Safe Standards? *

- ○ Yes
- ○ No
- ○ Yes, please contact us first

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:

Culturally and Linguistically Diverse People

Please confirm the main cultural group for this program or event. *

People with Disability

Please confirm the specific group if applicable. *

Please write N/A if there is no specific disability group.

Geographic Location

Please confirm your group's primary location. *

☐ Beveridge ☐ Epping ☐ Mernda ☐ Whittlesea
☐ Bundoora ☐ Humevale ☐ Mill Park ☐ Wollert
☐ Donnybrook ☐ Kinglake West ☐ South Morang ☐ Woodstock
☐ Doreen ☐ Lalor ☐ Thomastown ☐ Yan Yean
☐ Eden Park

Other funding

Please confirm if your group is receiving other funding for starting up. *

Other:

**You can not apply for funding if you are already receiving funding to achieve the same things you are applying for in this application. You can use resources of other funding as support section of the budget.

Group details

Group postal address *

Address

Suburb State Postcode

Group website (if applicable)

Can be a Facebook page

Is your group not-for-profit? *
○ Yes ○ No

Is your group incorporated? *
○ Yes ○ No
If your group is incorporated you are NOT ELIGIBLE for this grant.

Does your group have an ABN? *
○ Yes ○ No

Does your group have a bank account which is registered in the group's name? *
○ Yes ○ No
Payment can only be made to your group bank account.

ABN details

Group 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.

Applicant Group Details

* indicates a required field

About your group

How often does your group meet? *

e.g. weekly, fortnightly, monthly

How long has your group been meeting? *

What is the address of the place your group meets or will meet? *

Address

Suburb State Postcode

Must be an Australian post code

How many members does your group have? *

Must be a number.

How many group members reside in the City of Whittlesea?

Must be a number.

Community Group Benefit - 40%

How does your group benefit the Whittlesea community? *

Word count:
Must be no more than 500 words.
The specific issue or need your group wants to address.

Creating social cohesion - 40%

Please provide an explanation of how the group benefits community members and increasing a sense of belonging among its members.

What does your group do? *

Word count:
Must be no more than 500 words.
A brief overview focusing on the activities and/or programs you deliver, or plan to deliver.

Grant details

* indicates a required field

What are you applying for? *

- ☐ Incorporation fees
- ☐ Public liability insurance
- ☐ Materials and equipment to support organisation set-up
- ☐ Group promotion and member recruitment
- ☐ Costs for regular meeting venues
- ☐ Costs to set up group webpage

☐ Facilitators to support development of strategic plans and governance systems
☐ Costs for activities associated with starting up a social/ business enterprise

Funding request

How much are you requesting from Council? (excluding GST)* *

$

Must be a dollar amount and no more than 1500.

Budget - 20%

Expenses must be itemised. Rather than requesting $1,500 for equipment, you must state each piece of equipment you wish to purchase and the cost you have been quoted.

Costs should be realistic - if any single item is $500 and over (excluding GST) please provide a quote (can be uploaded in the 'Document Checklist' section on the following page).

Please refer to the 2026-2027 Community Grant Guidelines for information on eligible items.

Budget Category	Budget Line Item Desciptio n	Cost of Budget Item
	Please explain why your group needs this Must be no more than 100 characters.	Must be a dollar amount.
		$
		$

Budget Totals

Total Expenditure Amount

$

This number/amount is calculated.

Why does your group need these items to become established? *

Word count:

Must be no more than 150 words.
Items must be for group set up, not for the programs and/or activities you plan to run

Documentation Check List

* 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 click here to access the City of Whittlesea 2026-2027 Grant Guidelines.

Have you double checked your answers regarding Eligibility? *

Have you checked the 'What won't be funded' section of the grant guidelines and you are confident your group has not applied for anything in this section? *

If no - please double check.

Please attach all supporting documentation as listed and tick each document attached. *

- ☐ List of members including their residential suburbs
- ☐ Group Rules of Association or Statement of Purpose or Mission Statement
- ☐ Quote for items $500 and over (excluding GST) if applicable
- ☐ Quote for Public Liability Insurance (if applicable)

Members list *
Attach a file:

Group's Rules of Association or Statement of Purpose or Mission Statement *
Attach a file:

Quote for items $500 and over (excluding GST) - if applicable
Attach a file:

Quote for Public Liability Insurance - if applicable
Attach a file:

Any other support material
Attach a file:

E.g. support letters, photos

Declaration

* indicates a required field

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;

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 2026-2027 Community Grants Guidelines.**

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. *

Do you agree that your group is not political in nature? *

Name of Authorised Person *

Position in Organisation *

Contact Phone Number *

Email *

Date of Declaration *

Must be a date.
DD/MM/YYYY

Feedback

* indicates a required field

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.

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? *

Must be a number.
Eg. 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.

Reason for needing assistance filling out the application form.

What support did you receive to complete the form? *
☐ Applicant is under 18
☐ Assistance with English
☐ Grant writer (paid or unpaid)
☐ Assistance with technology
☐ Assistance due to a disability
☐ Artificial Intelligence (e.g. Chat GPT, CoPilot, Gemini etc)
☐ I need assistance with technology
☐ I don't have access to technology
☐ Other: