

Small Grant Application Form (1 June - 30 September 2026)

Form Preview

1. General Information

This application is for organisations applying for Small Grant funding of up to \$3,000. (If your project requires over \$3,000, you will need to apply for an annual grant.) [View the other grant categories available.](#)

The **Small Grant** category has two streams available:

- **Community Strengthening** offers funding up to \$3,000 for one-off activities that support community strengthening initiatives that improve the quality of life of Manningham residents.
- **Equipment Purchase** offers funding of 50% contribution of the total cost of equipment up to \$1,500. The organisation will need to make an equal or greater contribution. Funding can be used for the purchase of non fixed equipment or minor assets. The equipment will support community strengthening initiatives that improve the quality of life of Manningham residents.

The Small Grant **Program** is open all year. The applications will be assessed in October 2026.

**** To have your application assessed in the next round, you must submit the application online by 5pm on Sunday 30 September 2026 (AEST).***

Please note: An organisation can only be funded for one Small Grant application per financial year (1 July to 30 June) in either the Community Strengthening or Equipment Purchase category.

The Grants Team is here to help you with your application. You can contact the Grants Team on 9840 9333 or email: grants@manningham.vic.gov.au

Completing your application:

1. Prior to commencing your application, please read the [Small Grant Guidelines](#). You must meet all the eligibility criteria before can apply for this grant.
2. Collect and attach the following documents:
 - ABN Number or a Statement by a Supplier form*
 - Quotes for each expenditure item over \$500
 - The organisation's latest Financial Statement
 - The organisation's current Public Liability Insurance certificate (Certificate of Currency) with \$20 million coverage

* Statement by a Supplier form is available online, go to the following link [Statement by a Supplier](#) form

Failure to submit the requested documentation will deem your application as ineligible.

Helpful Hints

- Read the [Small Grant Guidelines](#) including the Project Plan, Evaluation Framework and Budget examples.

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- Ensure that you **SAVE your work every 10 - 15 minutes when completing your application in Smartygrants**, the program does not autosave. You can **SAVE and CLOSE** the application and come back to complete it later.
- When you have completed your application and checked that it is accurate, you must press the **SUBMIT** button to lodge your application.
- Failure to submit the requested documentation will deem your application as ineligible. Please note, once your application has been submitted it cannot be changed.

Eligibility to Apply

* indicates a required field

CAN YOU APPLY FOR THIS GRANT?

Please review the following statements and tick to confirm that your organisation is eligible to apply for a Manningham Community Grant.

- I am applying as a not for profit organisation, or being auspiced
- I agree to the Terms and Condition of the Community Grant Program
- The activity/project is being conducted within the boundaries of Manningham Council
- The organisation has no outstanding debts or documentation to Council
- The organisation is covered by a public liability insurance policy for minimum of \$20 million

Terms and conditions can be view at: https://www.manningham.vic.gov.au/assistance-and-support-services/grants-and-funding/community-grant-program#terms_and_conditions_and_glossary

DECLARATION OF CONFLICT OF INTEREST

As an applicant you must declare if you or any immediate relatives, close friends or club members that have a personal or professional relationship with any Manningham Council staff member. If so, this will then be noted as a conflict of interest.

CONFLICT OF INTEREST DECLARATION *

- I declare there is NO actual, potenital or perceived conflict of interest
- I declare there is a conflict of interest

If a conflict of interest exists, please provide the names of the parties involved and the reason for the conflict.

Describe the conflict of interest

Enter names of parties involved and the reason for the conflict of interest

Council will manage any conflicts of interest to ensure that the grants process operates under good governance.

2. Organisation Details

* indicates a required field

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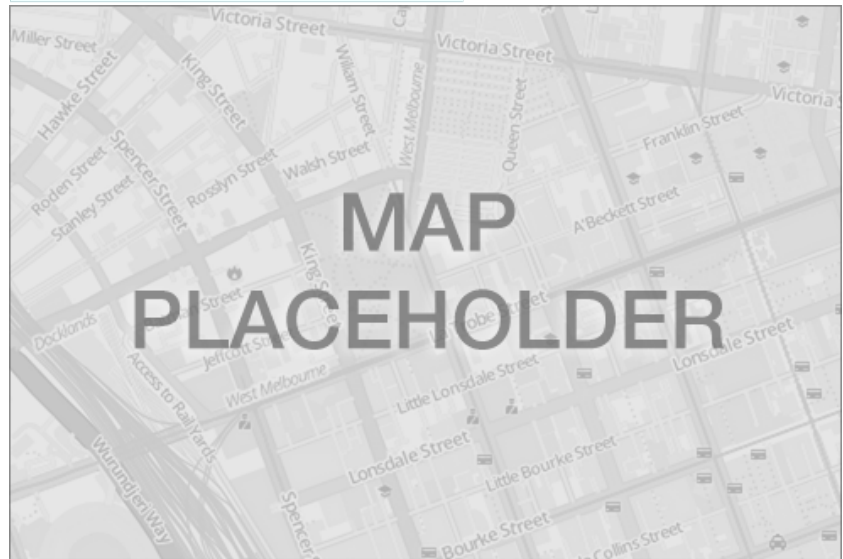
Organisation name *

Organisation Name

Please supply organisation name as registered with your banking institution

Address *

Address



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

Contact person for this grant application *

Title

First Name

Last Name

Title/position of contact person *

Phone number *

Mobile number

Email address *

Website

Must be a URL

Please provide the statement of your organisations purpose *

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Statement of purpose will be included in your organisations
Incorporation Rules. (100 words maximum)

Does your organisation have an Incorporation Number? *

- Yes No

Incorporation Number *

Must be no more than 9 characters.

Is your organisation an Australian Public Company, Limited by Guarantee *

- Yes No

If yes, provide your organisation's Australian Company Number (ACN)

View: https://connectonline.asic.gov.au/RegistrySearch/faces/landing/SearchRegisters.jspx?_adf.ctrl-state=b6gl6s3ba_21

Is your organisation registered with the Australian Charities and Not for Profits Commission (ACNC)? *

- Yes No

Check by visiting: <https://www.acnc.gov.au/charity>

Does your organisation have an ABN? *

- Yes No

Australian Business Number

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	

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Main business location

Must be an ABN.

If your organisation is a Not for Profit organisation and does not have an ABN please attach a completed Statement by Supplier form *

Attach a file:

Are you being auspiced by an Incorporated not-for-profit organisation? *

Yes

No

AUSPICE ORGANISATION

Have you discussed your application with the nominated auspicing organisation and do they agree to auspice your grant? *

Yes

No

Attach confirmation letter from auspicing organisation *

Attach a file:

Auspice organisation name *

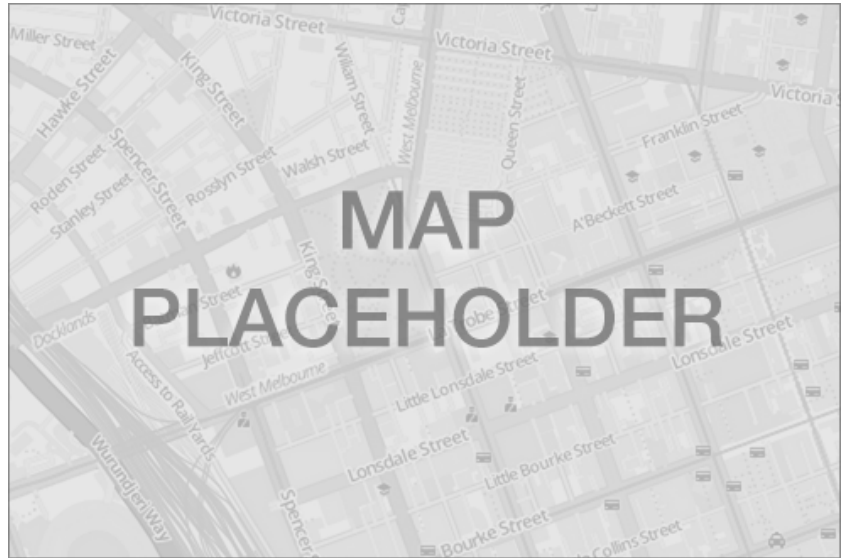
Organisation Name

Address

Address

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Contact name *

First Name

Last Name

Title position of contact person *

Phone number *

Mobile number

Email address *

Website

Does the auspicing organisation have an Incorporation Number? *

Yes

No

Check by visiting: <https://www.consumer.vic.gov.au/clubs-and-fundraising/incorporated-associations/> search-for-an-incorporated-association

Incorporation Number

Is the auspicing organisation an Australian Public Company, Limited by Guarantee? *

Yes

No

If yes, provide the auspicing organisation's

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Australian Company Number (ACN)

View: https://connectonline.asic.gov.au/RegistrySearch/faces/landing/SearchRegisters.jspx?_adf.ctrl-state=b6gl6s3ba_37

Is the auspicing organisation registered with the Australian Charities and Not for Profits Commission (ACNC)? *

Yes No

Check by visiting: <https://www.acnc.gov.au/charity>

Does the auspicing organisation have an ABN? *

Yes No

Australian Business Number

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

3. Activity or Equipment Details

* indicates a required field

Please select one of the Small Grant category streams *

Community Strengthening
 Equipment

Please note that organisations can only apply for one (1) Small Grant per financial year.

What are the details of your activity?

Title of activity *

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10 words maximum

Provide a short description of your activity / equipment purchase *

Word count:

Must be no more than 100 words.

Provide a short description (50 words recommended) of your activity - what are you seeking to achieve?

Which is the most relevant activity category that your application will address *

- | | |
|--|--|
| <input type="radio"/> Community Development | <input type="radio"/> Multicultural / Diversity |
| <input type="radio"/> Environment and Sustainability | <input type="radio"/> Sexual Identity |
| <input type="radio"/> Gender Equity | <input type="radio"/> Special Needs / Disability |
| <input type="radio"/> Health and Wellbeing | <input type="radio"/> Other: |

- Historical / Heritage

Who is the activity for?

Which age group will primarily benefit from the activity? (Select all that apply) *

- | | |
|---|---|
| <input type="checkbox"/> Children under 5 years | <input type="checkbox"/> Boys 19 - 24 years |
| <input type="checkbox"/> Children over 5 years | <input type="checkbox"/> Women |
| <input type="checkbox"/> Girls 12 - 18 years | <input type="checkbox"/> Men |
| <input type="checkbox"/> Boys 12 - 18 years | <input type="checkbox"/> Non Binary |
| <input type="checkbox"/> Girls 19 - 24 years | <input type="checkbox"/> Older Adults |

At least 1 choice must be selected.

What is the expected number of participants who will benefit from the activity or equipment? *

What is the percentage (%) of participants that may be Manningham residents? *

While there is no specific percentage requirement for local participation, applicants should ensure that the majority of the grant funding is directed toward benefiting Manningham residents

How much will the activity or equipment cost?

What is the total cost of the activity or equipment? *

\$

Must be a dollar amount

What is the amount you are applying for in this application *

\$

Must be a dollar amount up to \$3,000 for an activity or \$1,500 for equipment

When will the activity take place?

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Project start date *

Must be a date and no earlier than 1/11/2026.

Project end date *

Must be a date.

Activity must be completed within 12 months of commencement date

If your activity includes an event day, please provide the date of the event.

Must be a date and no earlier than 1/11/2026.

If applicable

Where will the activity be held?

Council Venues

Council has a range of community venues for hire. For information on the range of Council venues please:

- view <https://www.manningham.vic.gov.au/arts-and-venues> and select a venue
- contact the Venues Team to make a tentative booking by phoning 9840 9458 or email: venues@manningham.vic.gov.au or
- to book Manningham Gallery, Arts Centre or Doncaster Playhouse phone 9840 9382 or email: gallery@manningham.vic.gov.au
- when the booking is complete, tick the box (below) to acknowledge that you have made a tentative booking for the venue

The demand for venues is very high and bookings are not guaranteed. Tentative bookings may take up to 48 hours to confirm.

Please select the community venue that you have tentatively booked (from the drop down list)

Other:

If your activity is held in a Community Venue listed above, it is essential you call 9840 9458 to make a tentative booking before submitting your application. To tentatively book the Manningham Art Gallery, Arts Centre or Doncaster Playhouse call 9840 9382.

Other Venues

If your activity will NOT be held in a community venue (listed above), please provide the name and address of the venue or location where your activity will be held.

Name of venue

Address of venue

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Address

Please provide confirmation of your tentative booking.

Attach a file:

Booking form or correspondence from venue hirer,

Where will the equipment be used / stored? *

Purchase of equipment cannot be made prior to grant notification date. Items will not be funded retrospectively.

Who will manage the project?

Please provide contact details of the person who will manage the activity *

Title

First Name

Last Name

Position *

Phone number *

4. Small Grant Objectives, Assessment Criteria and Project Plan

* indicates a required field

Small Grant Objectives

The Small Grant enables not-for-profit groups and organisations to deliver one-off, innovative activities and minor equipment purchases that support community strengthening initiatives and enhance the quality of life of Manningham residents.

Please select 1 of the objectives listed below that your activity will achieve: *

- Respond to a clearly identified community need
- Facilitate community participation in a range of local activities and enhance access for individuals and groups that are identified as having high needs
- Enhance local network development and partnerships
- Provide capacity building opportunities including skills development and learning

Please select 1 objective and explain how this will be achieved below.

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Response to the Assessment Criteria

Please refer to pages 7 and 8 of the [Small Grant Guidelines](#) for further details.

The assessment criteria scores applications to a maximum total of 100%.

1. WHAT is the activity you are applying for and what will it achieve? Include details about the alignment of your activity or equipment purchase with the objective selected above (TOTAL 25%)

Clearly describe the activity / equipment you are seeking funding for and its objectives. (Required) *

Word count:

Must be no more than 250 words.

Explain how the activity / equipment aligns with one (1) of the grant category objectives (page 3 of the guidelines) (25%) *

Word count:

Must be no more than 250 words.

2. WHY is the activity or equipment needed? (TOTAL 25%)

What is the community need, issue or opportunity that your activity / equipment purchase is responding to. (15%) *

Word count:

Must be no more than 250 words.

Include information that supports your application. Information can include demographic data, letters of support, research studies. (10%) *

Word count:

Must be no more than 250 words.

3. WHO will benefit from the activity or equipment purchase? (TOTAL 25%)

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Describe the groups and/or individuals in the community that are being targeted and will participate in the activity (e.g. socially isolated, vulnerable, older residents, diverse, women, men, LGBTQI, indigenous). (20%) *

Word count:

Must be no more than 250 words.

Describe how you will attract the target group and where appropriate, explain if the activity will attract a broader audience including participants from outside of the municipality. (5%) *

Word count:

Must be no more than 250 words.

While there is no specific percentage requirement for local participation, applicants should ensure that the majority of the grant funding is directed toward benefiting Manningham residents

4. HOW will the funded activity or equipment purchase be managed over the funding period? (TOTAL 25%)

Describe how you will deliver the activity or how the equipment will be utilised. Explain your organisation's experience in delivering and marketing similar initiatives. Include details of the project management roles. (15%) *

Word count:

Must be no more than 250 words.

FOR COMMUNITY STRENGTHENING: Provide information on any groups and/or organisations that will assist on the delivery of the activity and their role/s. Letters of support are encouraged. FOR EQUIPMENT PURCHASES: please advise where the equipment will be stored. (10%) *

Word count:

Must be no more than 250 words.

Project / Activity Plan (Only required for Small Grants Community Strengthening stream)

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Applicants are required to provide a completed **Project / Activity Plan** for their Small Grants Community Strengthening grant application. Please complete the details of your activity in the template below. If you require more details please refer to page 9 and page 11 of the [Small Grant Guidelines](#).

If you require more space you can add lines, press the + button or Add More on the right hand side of the table.

Key tasks to be completed for the activity	Person responsible	What will show that you have completed the task?	Date to be completed by
List tasks in the order they will be completed		List the key outputs of each task	Must be a date.

5. Financial Information

* indicates a required field

Have you completed your Activity Completion Report (including acquittal) on previous grants?

An acquittal is a report that shows how you spent the funding. If you have received grant funding in the past and completed your activity you will need to complete an acquittal before any further funding is paid.

Do you have any outstanding grant acquittals from previous Community Grant funding? *

Yes No Not applicable

If yes, please provide details

Please note: If your application is successful your organisation will not receive funding until outstanding acquittals are submitted.

Are You Able to Change Your Proposal?

If your organisation is not allocated the full amount of funding requested, are you able to change your proposal? *

Yes No

If yes, how? Ensure that any proposed changes are viable with a reduced amount of funding.

Must be no more than 150 characters.

6. Budget Information

Two streams are available in the Small Grant category:

Please ensure your budget clearly reflects one of the streams below:

- **Community Strengthening:** funding up to \$3,000 is available for one-off activities that support community strengthening initiatives
- **Equipment Purchase:** funding up to \$1,500 is available for the purchase of non-fixed equipment or assets. This is a 50% co-contribution of the total cost of the equipment.

Please ensure the budget reflects the activity scope and includes all income and expenditure items that relate specifically to the proposed activity.

When completing the budget tables please ensure that the budget balances, the Total Income A equals the Total Expenditure B.

For further information on budgets please refer to the [Small Grant Program Guidelines](#) on page 9. A sample budget is available on pages 12-13.

Income

Please list all income contributions, both financial and in-kind that are specifically related to the activity. (Include this grant request in the income budget table)

Income items include:

- Council grant
- grants from other organisations
- cash contributions from your organisation
- ticket sales
- membership fees
- sponsorship, donations
- [in-kind contributions](#)

What is an In-kind contribution?

An in-kind contribution is when an organisation contributes goods or services in lieu of providing funds (cash). For example, services such as administration or coordination, provision of labour and expertise through volunteer hours, use of organisation equipment and facilities such as photocopiers and venues (must be an equivalent \$ value). The estimated value for volunteer time is \$45.00 per hour.

Income source	Income Amount
Who is providing the funding?	Must be a dollar amount.
Council Grant	\$
Your organisation's cash contribution	\$
Your organisation's in-kind contribution	\$
Other: please specify	\$
	\$

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Total Income (A)

\$

This amount is automatically calculated

Expenditure

Please list all expenditure costs related to the activity. This may include venue hire, facilitator fees, equipment purchase, equipment hire, set up costs, materials and in-kind contributions.

- A quote is required for all items over \$500 and considered favourably for items under \$500.
- If your activity includes salaries/facilitator fees please include **the award classification for the position** and show the calculation as: **hourly rate x number of hours per week x number of weeks** they will be engaged. i.e. \$30 per hour x 2 hours per week x 20 weeks = \$1200. Please note the application must demonstrate that this is a new position or if an existing position, the hours are above and beyond the existing staff hours.
- **If In-kind contributions have been included in the Income section, you will also need to include the In-kind item as an Expenditure item.**

Expenditure items	Expenditure Amount	Cash or in-kind item?	Is a quote provided?
-------------------	--------------------	-----------------------	----------------------

What is being purchased/ provided?	Must be a dollar amount.	How will the item be funded?	Required for items over \$500
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

Total Expenditure (B)

\$

This number/amount is calculated.

Budget Totals

Total Income Amount (column 1) must be equal to Total Expenditure Amount (column 2)

The Income - Expenditure (column 3) MUST equal \$0.

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Total Income (A)

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure (B)

Total Expenditure Amount

\$

This number/amount is calculated.

Total Income = Total Expenditure

Income - Expenditure

\$

This number/amount is calculated.

Quotations

Quotations are mandatory for all expenditure items over \$500 that are essential for the delivery of your activity.

Failure to submit all relevant quotes will result in your application being deemed ineligible..

Quotes may be submitted as a catalogue item (web or hard copy) or quotes from a provider and must include the supplier's details, a clear description of the goods or service and the cost.

Applications that include formal estimates/quotations for specific goods or services that are below \$500 will be considered highly. Subject to the nature of the application Council may require written estimates.

Please attach all quotes for items over \$500 that are essential for the delivery of your activity

Attach a file:

7. Application Submission

* indicates a required field

Supporting Documentation

Please upload the following documents with this application

Certificate of Public Liability Insurance *

Attach a file:

Minimum of \$20 million cover required

Latest Financial Statement *

Attach a file:

Letters or Emails of Support

Attach a file:

More than one document may be attached

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Any other supporting documentation

Attach a file:

More than one document may be attached

Declaration (to be completed by an authorised representative of your organisation)

I confirm that the information in this application and the attachments are, to the best of my knowledge, true and correct and that the application has been submitted with the full knowledge and agreement of the management of my organisation/group/club. I shall notify Manningham Council of any changes to this information or circumstances that may affect this application.

Tick box to indicate yes

Yes

*

Name *

Title

First Name

Last Name

Position

Mobile Phone Number *

Primary Email *

Submitting your Application

Applications are not submitted until you select the **submit** button below on the next page.

Once your application has been submitted it cannot be changed so please make sure it is accurate and complete before you lodge your application.

Failure to submit the required supporting documentation will result in the application deemed ineligible. Please make sure that all documentation is included in your submission.

Privacy Information

Manningham Council is committed to full compliance with its obligations under the Privacy and Data Protection Act 2014 (Vic) (Act). All personal information collected by Council will be used for Council business purposes and kept confidential. It will not be disclosed to third parties unless Council is required to disclose the information under other legislation or disclosure is necessary to complete the purpose for which it is sought. You may access information you have provided to Council at anytime and make corrections if you believe that information is incorrect. A copy of Council's Information Privacy Policy or Health Records Policy, can be viewed at www.manningham.vic.gov.au/privacy

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