

2026 Seniors Club Support Grants

Form Preview

1. General Information

This application is for organisations applying for Seniors Club Support Grant funding of up to \$8,000.

All applications must be submitted online by 5pm Wednesday 2 September 2026 (AEST).

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 [Seniors Club Support Grant Guidelines 2026](#) to ensure you meet all the eligibility criteria and can apply for this grant.
2. Collect and attach the following documents:
 - ABN Number or a Statement by a Supplier form*
 - Quotes for expenditure items \$500 and over
 - The organisation's latest Financial Statement
 - The organisation's current Public Liability Insurance certificate (Certificate of Currency)

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

Failure to submit the requested documentation will result in your application being ineligible.

Helpful Hints

- Read the [Seniors Club Support Grant 2026](#) including the budget examples.
- 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.

Are you eligible to 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 am not applying or being auspiced as an individual
- ☐ The organisation has been established and operational for a minimum of 12 months
- ☐ 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

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☐ The organisation is covered by a public liability insurance policy for minimum of \$20 million

☐ I have read the guidelines for this category

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, potential 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

Organisation name *

Organisation Name

Please supply organisation name as registered with your banking institution

Postal address (Please note all correspondence regarding the grant will be sent to this address)

*

Address

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

Contact person for this grant application *

Title

First Name

Last Name

Title/position of contact person *

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Phone number *

Mobile number

Email address *

Website

Must be a URL

Please provide the statement of your organisations purpose *

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

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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.

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:

* Statement by a Supplier form is available online, go to the following link <https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn>

3. Activity or Equipment Details

* indicates a required field

What are the details of your activity?

Title of activity *

10 words maximum

Who is the activity for?

Please select the target groups for your program / activity. Please select all that apply

- | | |
|---|---|
| ☐ Carers | ☐ LGBTIQ People |
| ☐ Culturally Diverse Communities | ☐ People With a Disability |
| ☐ Female | ☐ Male |
| ☐ First Nations People | ☐ Seniors |

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

What percentage (%) of participants are over 60 years? *

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

How much will the activity cost?

What is the total cost of the activity? *

\$

Must be a dollar amount

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

\$

Must be a dollar amount up to \$8,000

When will the activity take place?

Project start date *

Must be a date and no earlier than 2/11/2026.

Project end date *

Must be a date and no earlier than 2/11/2026.

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 2/11/2026.

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 9367 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)

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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 9367.

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

Address

Please provide confirmation of your tentative booking.

Attach a file:

Booking form or correspondence from venue hirer,

4. Seniors Club Support Grant Objectives and Assessment Criteria

* indicates a required field

Seniors Club Support Grant Objectives

The Seniors Club Support Grant helps with programs and activities that promote social connection and have positive health and wellbeing outcomes for Manningham's ageing community.

Please select ONE (1) Seniors Club Support Grant objective that your activity will achieve *

- ☐ Increase social connection for older people
- ☐ Respond to a specific community need for older people in Manningham
- ☐ Support inclusion and participation
- ☐ Promote diversity and harmony
- ☐ Improve health and wellbeing
- ☐ Help build a safe and resilient community

Response to the Assessment Criteria

Please refer to page 6 of the [Seniors Club Support Grant Guidelines 2026](#) for further details.

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**Tip: A strong application clearly outlines your activity and alignment with Council priorities, and well-planned outcomes.*

1. DESCRIBE your activity.

Provide a clear description of the activity and what it will achieve. *

Word count:

Must be no more than 200 words.

What will you do? What will you achieve?

2. WHY is the activity needed?

Provide a clear description of the community need, issue or opportunity to which your activity is responding. *

Word count:

Must be no more than 200 words.

Provide clear examples to support your response. Why is the activity important? What community need, topic or opportunity it will address?

3. WHO will attend?

Describe the groups and/or individuals in the community that will participate in the activity (e.g. seniors, people with disability, LGBTQIA+ community, carers, female, male, culturally diverse communities). *

Word count:

Must be no more than 200 words.

Who will take part? The estimated number of participants. The percentage of participants aged 60 or over. What cultural groups will attend? The percentage of participants who live in Manningham

4. HOW will the funded activity be managed over the funding period?

Who will be responsible for the delivery of the activity? *

Word count:

Must be no more than 200 words.

Who will be responsible for delivering the activity? Who will manage the funding? Who will complete the grant reporting requirements?

Who will manage the activity funding and complete the grant acquittal ?

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Word count:

Must be no more than 200 words.

5. Financial Information

* indicates a required field

Have you completed your 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

Word count:

Must be no more than 200 words.

Are you able to modify your activity?

Please note: The Panel may consider applications for reduced funding. If you select this option, your application will only be considered for the full funding amount requested and will not be eligible for a partial funding offer. This may reduce the opportunities for your project to receive funding.

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

☐ Yes

☐ No

If yes, how? Explain how your activity can be delivered with reduced funding.

Word count:

Must be no more than 200 words.

6. Budget Information

Income

Please list all income:

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- Council grant
- cash contributions from your organisation

Income source	Income Amount \$
Council Grant	\$
	\$

Total Income (A)

\$

This amount is automatically calculated

Expenses

To help assess your application, please provide a clear description for every budget item, including how it supports your project. Budget items that are unclear or do not include sufficient detail may not be eligible for funding.

- A quote is required for all items \$500 and over and are considered favourably for items under \$500

Expenditure items	Expenditure Amount	Is a quote provided?
What is being purchased/ provided?	Must be a dollar amount.	Required for items \$500 and over
	\$	
	\$	
	\$	
	\$	
	\$	

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 expense items \$500 and over 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 (from online or hard copy). Quotes from a supplier must include the supplier's details, a clear description of the goods or service and the cost.

Applications that include quotes 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 \$500 and over 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 Report or Bank 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 club/organisation/group. I will 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

To submit your application, you must select the '**Submit**' button below on the next page. You will receive an email confirming your submission.

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

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