

2026-27 Community Strengthening Grant Application

Form Preview

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* indicates a required field

Before you begin

Please read the Community Grant Guidelines before completing this application form. Click [here](#) to access the guidelines and the Frequently Asked Questions document.

To complete the application you will need the following documents and/or information:

- Public Liability Insurance Certificate of Currency
- the Incorporated Association's ABN
- Quotes

When using the supplied templates in this application you must save the file to your own device and then upload it using the 'choose files' option.

NEED HELP?

To access help in completing this application go to the [SmartyGrants Guide for Applicants](#)

Before completing the application

Before submitting your application you must contact a member of the Strathbogie Shire Council Community Team on 1800 065 993 or by e-mail info@strathbogie.vic.gov.au to discuss your project.

Which Council Officer have you spoken to about your application? *

- Jean McKinnon
- Other Council Officer
- Have not spoken to a Council Officer

Council Officer Name

Not Eligible

Your application is not eligible for submission. Please contact Jean McKinnon or Kate McKernan to discuss your project. Please call 1800 065 993 or e-mail info@strathbogie.vic.gov.au

Applicant Eligibility

This section of the application form is designed to help you, and us, understand if you are eligible for this grant.

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The applicant has read the Guidelines, meets the eligibility criteria as stated in the Guidelines, and is incorporated or auspiced by an incorporated association with:

- an ABN
- a bank account
- \$20million Public Liability insurance

The project for this grant application meets the eligibility criteria for funding as stated in the Guidelines.

I confirm that all statements above are true and correct. *

- Yes
 No

Not Eligible

Your application is not eligible for submission. Please contact Jean McKinnon or Kate McKernan to discuss your project. Please call 1800 065 993 or e-mail info@strathbogje.vic.gov.au

Project Outcome - Council Asset

A council asset is any fixture on Council owned or managed land where the ongoing maintenance, upgrades, safety and any other requirements during the lifecycle of that fixture will be the responsibility of Council.

Will this project result in a Council asset? *

- Yes
 No

Have you received approval from Council? *

- Yes
 No

Not Eligible

Your application is not eligible for submission. Please contact Jean McKinnon to discuss your project. Please call 1800 065 993 or e-mail info@strathbogje.vic.gov.au

Applicant Details

* indicates a required field

Organisation Name *

Organisation Name

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Organisation Primary Address

Address

Any, but at least one field is required.

What is your organisation's legal status? *

- Incorporated Association
- Unincorporated Association
- Other:

Primary Contact

This person will be the point of contact with Council.

Contact Person *

First Name

Last Name

Position in Organisation

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Will this project be under the auspice of another organisation? *

- Yes - complete auspice information
- No - provide the organisation's ABN below

Organisation 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

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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.

Auspice Information

* indicates a required field

Auspice Organisation *

Organisation Name

Auspice Organisation 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.

Auspice Organisation Primary Address *

Address

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

Attach a letter of verification from the Auspice Organisation *

Attach a file:

Auspice Organisation Contact *

First Name

Last Name

Position in Organisation

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Project Information

* indicates a required field

Project Description

Project Title *

Start Date *

Must be a date.

Must be after June 30th 2026

End Date *

Must be a date.

Short project description *

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Provide a short description (100 words recommended) of your project - what are you going to do?

Why is it needed? *

Describe the issue, gap or need you want to address with this project (200 words recommended)

Project Outcomes

What are the expected outcomes of the project? *

Describe what you want the project to achieve in terms of benefits for participants aligning with the objectives of the Community Grants program - bringing people together to connect, collaborate, celebrate, upskill, share resources, and put ideas into action. (200 words recommended)

Describe how you will make your project as inclusive as possible. *

Identify what aspects of inclusion you will address e.g. gender, age, accessibility, cost and format, and how you will do that. Click [here](#) for the Make Your Project More Inclusive Guide

Please select the outcome(s) that best match your goals for this project *

- | | |
|---|---|
| <input type="checkbox"/> strengthening social connection | <input type="checkbox"/> supporting a thriving economy |
| <input type="checkbox"/> promoting healthy living and wellbeing | <input type="checkbox"/> promoting resilient communities |
| <input type="checkbox"/> providing opportunities to participate in community life | <input type="checkbox"/> providing upskilling and/or training |
| <input type="checkbox"/> supporting mental wellbeing | <input type="checkbox"/> other |
| <input type="checkbox"/> promoting a sustainable environment | |

Please list the other outcomes that best match your goals for this project

Does your project contribute to the Strathbogie Shire Council Climate Change Action Plan 2022-27? *

- Yes
 No

Please detail what elements of the Strathbogie Shire Council Climate Change Action Plan 2022-27 this project aligns to and how this project contributes to improving sustainability practices within the Strathbogie Shire area e.g. reducing emissions and waste going to landfill by upcycling/repurposing of goods in the first instance or, if upcycling is not possible, recycled material is used whenever possible.

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Project Delivery

What are the steps involved in delivering your project? *

Briefly list the specific steps that will take place to deliver the project and the estimated time frame (200 words recommended)

If applicable, please list the landowner consent and permits you will require for your project:

If your project is being delivered on Council owned/managed land or Department of Energy, Environment and Climate Action land, you will need to provide evidence of landowner consent and required permits prior to any grant funds being provided if your application is successful.

Partnership

Will this project be delivered in partnership or receive funding from another group/organisation? *

- Yes
- No

Please list the groups you are partnering with to deliver the project including any other organisations you are receiving funding or donations from.

Community Support

Has your project come from a Community Plan? *

- Yes
- No

Name of the Community Plan *

Evidence of Community Support

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Please attach evidence to confirm Community support eg. letters of support, survey results

Attach a file:

Attach a file:

Attach a file:

Project impact on adjacent landowners and residents

Low impact: No temporary infrastructure required. No amplification. No change to traffic conditions and parking. No light pollution being the excessive or inappropriate use of outdoor artificial light. No impact to usual amenity of space.

Moderate impact: Temporary infrastructure required. Low-mid noise impact. Moderate additional vehicle traffic to the project area. No impact to usual amenity of space. Temporary light pollution being the excessive or inappropriate use of outdoor artificial light. Some impact to amenity of space.

High impact: Moderate to high noise impact. Substantial additional vehicle traffic to the area. Substantial impact to the usual amenity of space. Temporary light pollution being the excessive or inappropriate use of outdoor artificial light.

How will this project impact adjacent landowners/residents? Please rate and describe the level of impact. *

- High Impact
- Moderate Impact
- Low Impact

Project Impact Notification

I agree to notify adjacent residents of any impacts resulting from the project and provide project contact person details prior to commencement . *

- Yes
- No

Project Budget

* indicates a required field

You will need to provide a balanced budget for your project which includes all income and expenditure items. Clear budgets help Council to understand what you will be spending money on. Budgets should match the proposal that you have outlined in your grant application.

For support in writing your budget click [HERE](#)

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Please provide the total amount of grant funding you are requesting from Council. **This total must include the value of any in-kind contribution you are requesting from Council.**

Total Amount of Grant Funding Requested *

\$

COUNCIL In-kind Contribution

Council can also provide in-kind contributions to your project e.g. equipment hire, venue hire, rubbish removal. All requests for Council in-kind contributions must be approved prior to this application. The value of any Council in-kind contributions must be added to the amount of Council grant funds requested and the total amount must not exceed the maximum grant amount.

Are you requesting Council in-kind contributions? *

- Yes
 No

What is the total Council in-kind contribution?

\$

Must be a dollar amount.

Please itemise and value each in-kind item: eg. venue hire, equipment hire etc.

Budget

Income - list confirmed income e.g. cash, donations, other funding, and the amount of Council grant funds requested.

Expenditure - list all items of expenditure.

Income	\$	Expenditure	\$
			Must be a dollar amount.
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Budget Totals

Applicants must provide a balanced budget

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INCOME

Total Income Amount

\$

This number/amount is calculated.

EXPENDITURE

Total Expenditure Amount

\$

This number/amount is calculated.

BALANCE

Income - Expenditure

\$

This number/amount is calculated.

Applicant Contribution

Applicants must provide a contribution to the project which can be **cash** or **in-kind**.

Please provide the total of any cash contributions below including other grants and donations.

Applicant Cash Contribution Total

Must be a dollar amount.

Applicant In-kind Contributions are contributions by volunteers and suppliers in terms of time, goods, or professional services donated to the project or event.

In-kind contributions can be calculated at: \$80 per hour for skilled labour (e.g. electrician, graphic designer) \$40 per hour for general labour Goods/equipment/materials/hire costs are listed at market value

Please list all **in-kind** contributions and their value in the table below.

Applicant In-Kind Contribution

\$

<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

Applicant In-Kind Contribution Total

This number/amount is calculated.

Applicant Contribution Totals

Total Applicant Contribution Amount

\$

This number/amount is calculated.

GST

Are you registered for GST? *

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- Yes
- No

What is the total amount of GST paid that you will be eligible to claim? *

\$

Must be a dollar amount.

Quotes

You must provide quotes for the expenses listed in your budget table.

If you require additional uploads, please click on the "Add More" button.

Upload quotes

Upload quotes

Does the project require on-going funding? *

- Yes
- No

How will you fund it in the future? *

Capacity

* indicates a required field

Applicant Capacity

Now that we know about your project/program, we want to find out more about your organisation's ability to undertake the work you propose. Please provide some information about your organisation that will give us confidence that you can complete the work you've described in this application.

Include in this section information about your strategies for providing the inputs (volunteers time/ expertise, equipment, facilities, in-kind contributions, etc.) and how you will complete this project/ program within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work.

Insurance

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Please ensure your group or auspice organisation has current Public Liability insurance of at least \$20mil for your project.

Failure to do so will render your application ineligible.

Date of expiry of Public Liability insurance *

When does your Insurance expire?

Attach a copy of your Certificate of Currency for Public Liability Insurance *

Attach a file:

AGM Minutes and Annual Statement

Please attach a copy of your organisation or your auspice organisation's most recent AGM minutes.

Attach a file:

Please attach a copy of your organisation or your auspice organisation's most recent Annual Statement

Attach a file:

Annual Statements are provided annually by Incorporated Associations to Consumer Affairs Victoria

Other information

If you need to upload any other documentation that is relevant to your application, you may do so here.

Attach a file:

Authorisation

* indicates a required field

Strathbogie Shire Council expects all successful applicants to formally recognise Council if funding is provided in line with Strathbogie Shire Council's 'Acknowledgement and Publicity Guidelines'. Click [here](#) to view the guidelines.

I confirm we will recognise Strathbogie Shire Council as stated above *

Yes

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I certify that to the best of my knowledge the statements made in this application are true.

I understand that if the Council approves a grant, I will be required to accept the conditions of the grant in accordance with the Council audit requirements.

I consent to the information contained within this application being disclosed to or by the Council for the purpose of assessing, administering and monitoring my current and any future Council grant applications.

I understand that if the Council approves a grant, I will be bound by the contents of my application to carry out my project as I have described and my application will form part of my contractual agreement with the Council.

I agree to the above conditions *

Yes

Please fill in details of your Chair or President of your organisation or your auspice organisation below as a sign they endorse this application.

Name *

First Name

Last Name

Position *

Date *

Must be a date