

2026 - 2027 Banyule Community Grants - Equipment over \$2000

Form Preview

Eligibility

* indicates a required field

Before completing this application form, you should read the **2026-2027 Banyule Community [grant guidelines](#)**.

This section of the application form is designed to help you understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in relation to these eligibility criteria, please contact **Karen Molinaro on 9457 9955 or email cdgrants@banyule.vic.gov.au**

I confirm that the applicant

- has read and understood the grant program guidelines
- is a not-for-profit group/club/organisation
- is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- has been established and operational for a minimum of 12 months at the time of the application
- is located in and/or provides services to residents of the City of Banyule.
- has had a "presence" in Banyule for at least the last 12 months if not physically located in Banyule
- is able to demonstrate financial viability
- does not have any outstanding debt to Banyule City Council
- does not have any overdue grant acquittals to Banyule City Council
- has the appropriate type and level of insurance for the activities that are the subject of this grant
- is not seeking funding for political purposes
- is not seeking funding for religious or faith-based activities, except where the primary purpose is to promote interfaith understanding, community education, or social cohesion. Activities will not be funded if they primarily involve religious worship, instruction, or proselytizing, and must be open to participation from the broader community
- is not seeking funding for the core business of educational or medical organisations
- is not seeking retrospective funding
- does not undertake or promote gambling unless there is a significant community benefit demonstrated

Please select below:

*

☐ Yes

☐ No

if you cannot confirm that all statements above are true and correct, please do not proceed with this application.

Contact with a Council officer

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I have discussed the proposed project with *

Other:

Gender Impact Assessment Information

*** indicates a required field**

Under the Victorian Gender Equality Act Banyule City Council is required to conduct a Gender Impact Assessment for the grants program. This process aims to gather information and data to understand the identities of those accessing our grants programs and those who are not, with the goal of enhancing accessibility for all. This information is confidential and does not have any weighting in your grant application outcomes. It is purely about the Continuous Improvement of the grants program at Banyule City Council.

Do the members of your organisation leadership/committee identify with any of the following groups? *

- ☐ Aboriginal and/or Torres Strait Islander
- ☐ Refugee, asylum seeker, migrant or culturally diverse
- ☐ Religious minority
- ☐ Person living with a disability or chronic illness
- ☐ Carer for people with disability or illness
- ☐ LGBTIQA+
- ☐ Aged 18-24
- ☐ Aged 65+
- ☐ Prefer not to say
- ☐ None of the above
- ☐ Other:

Please select all that apply

Does your organisation work primarily with or support any of the following groups? *

- ☐ Women
- ☐ Men
- ☐ Gender diverse or transgender people
- ☐ LGBTIQA+ community
- ☐ Children (under 15 years)
- ☐ Young People (15-25 years)
- ☐ Older adults (over 65 years)
- ☐ People living with disability
- ☐ Carers for people with disability or illness
- ☐ Aboriginal and/or Torres Strait Islander people
- ☐ None of the above
- ☐ Other:

Please select all that apply

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Applicant details

* indicates a required field

The **applicant** is the name of the group/club/organisation, not the name of the individual completing the application on behalf of the group/club/organisation.

Applicant - name of group/organisation *

Organisation Name

Please use your organisations full name. Check the spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Applicant name *

Name should be the same as Applicant - name of group/organisation

If the applicant is known by another name provide details here.

Applicant primary address *

Address

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

Applicant phone number *

Must be an Australian phone number.

Website

Must be a URL.

Contact person for this application

If this application is being submitted by a professional grant writing company, **please ensure** you provide contact details for the not for profit group/organisation, not the grant writer.

Applicant Contact Person *

Title

First Name

Last Name

This is the person we will correspond with about this grant.

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Position held *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Where possible, this should be the email of the group, not a personal email address as we will use this email to correspond with the applicant for the life of the grant.

Applicants structure

* indicates a required field

What type of group are you? *

Other:

Incorporated group

Incorporation Registration Number *

Public Liability Insurance Policy number

If the group does not hold its own Public Liability insurance, please provide details of who will provide Public Liability insurance for your project.

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	

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Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type [More information](#)

ACNC Registration

Tax Concessions

Main Business Location

Must be an ABN.

If your group does not have an ABN and your application is successful, you will be required to fill in a Statement by Supplier which can be downloaded from the ATO website [here](#)

Auspiced group

Auspice name *

Organisation Name

Auspice address *

Address

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

Auspice Incorporation Number

Contact person in auspice organisation *

Title First Name Last Name

Auspice Phone Number *

Must be an Australian phone number.

Auspice Email *

Must be an email address.

Public Liability Insurance Policy number

If the group does not hold its own Public Liability insurance, please provide details of who will provide Public Liability insurance for the project.

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Attach letter of authorisation from Auspice here *

Attach a file:

We will only accept Microsoft Office files, jpegs or pdf documents

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.

If your application is successful and your Auspice does not have an ABN, they will be required to fill in a Statement by Supplier which can be downloaded from the ATO website [here](#)

Other Entity Type

Incorporation Registration Number if applicable

Public Liability Insurance Policy number

If the group does not hold its own Public Liability insurance, please provide details of who will provide Public Liability insurance for your project.

Entity 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	

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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 application is successful and you do not have an ABN, you will be required to fill in a Statement by Supplier which can be downloaded from the ATO website [here](#)

Annual Reports & Financial Statements

* indicates a required field

Applicants need to demonstrate that they have appropriate governance structures in place and are in a sound financial position to be eligible for funding as Council needs to ensure any long term investment through a grant is viable and will result in the intended outcomes.

Annual report

Upload your most recent Annual Report here

Attach a file:

We can only accept Microsoft Office files, jpegs or pdf documents

or

Provide a web link to your Annual Report

Must be a URL.

Financial statements

In support of your application please provide a copy of one of the following:

- Profit and Loss Statement
- Statement of Financial Performance and a Balance Sheet
- Statement of Financial Position.

Bank statements are not suitable as they may contain personal information and should not be submitted.

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For applicants that are auspiced or governed by a peak body, Council is interested in the applicants financial situation i.e. the local group not the auspice/peak bodies.

Attach your financial statement here *

Attach a file:

We will only accept Microsoft Office files, jpegs or pdf documents

Financial position

If the applicant has substantial funds in operating accounts or savings or term deposits, Council needs to know if there are any financial commitments. If funds are set aside for a particular purpose, you should clearly explain what the funds are to be used for. The applicant needs to demonstrate why the project cannot be completed within existing funds.

Applicants with substantial \$ in bank accounts who do not provide an explanation as to what the money is allocated for will be considered a lower priority.

Applicants current bank balance *

Must be a dollar amount.

Does your group have any savings, investments or term deposits? *

☐ Yes

☐ No

If yes, please provide details of any financial commitments the group has.

Are these funds in reserve for a specific purpose? e.g. superannuation, grant from another source, operational expenses etc

Applicant information

* indicates a required field

What is your groups purpose or mission? *

What does the group aim to achieve? What services/programs/activities does your group provide?
What areas does your group service?

Has your group been operating for longer than 12 months? *

☐ Yes

Please do not proceed with the application if you have not been in operation for more than 12 months

How many service users or participants does your group have annually? *

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If your group is membership based, how many members do you have?

Must be a number.

This does not include Committee of Management or Board members

Provide details on where your members, participants/users come from *

Are the majority Banyule residents, do people come from other areas?

Project details

* indicates a required field

Equipment can be free standing, portable or fixed. Labour, installation and assembly costs are not eligible in this category (apply in Minor Capital Works category if funding for this purpose is required)

The minimum grant available is \$2000.

For requests under \$2000, please apply through the Banyule Monthly Grants Program (the next round is due to open on 1 July 2025- see Councils website for details)

Project Title *

Must be no more than 250 characters.

Grant amount requested *

Must be a dollar amount and between 2000 and 10000.

What is the total financial support you are requesting from Banyule Council in this application?

Total Project Cost *

Must be a dollar amount.

What is the total budgeted cost (dollars) of your project?

Short project description *

Word count:

Must be no more than 50 words.

Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes)

Start date *

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Must be a date and no earlier than 9/11/2026.

End date *

Must be a date and no later than 31/10/2027.

Project Information

* indicates a required field

What is your project idea? *

Word count:

Must be no more than 250 words.

Provide details of the equipment you wish to purchase, why this equipment is needed, how often it will be used and who will use it?

What benefit will the equipment provide for the service, the individuals you work with and the community? *

Word count:

Must be no more than 100 words.

How will the purchase of the equipment impact the group or the community Will the equipment improve safety, streamline administration processes etc?

Are you sole users of the facility your group operates from?

☐ Yes

☐ No

If you share the facility, will the equipment requested be shared with other users?

☐ Yes

☐ No

☐ Unsure

Where will this equipment be stored? *

Who will have access to the equipment? *

If the equipment is to be provided to members/volunteers/staff for use, explain what systems you will have in place to ensure the equipment is returned once it is no longer required for the purpose for which it was allocated.

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How will you monitor who has the equipment and ensure it is returned if that person leaves the group or vacates their position?

Will you be partnering with any other groups to purchase this equipment? *

☐ Yes

☐ No

If so, provide details of the contribution the partner/s will make to the cost of the equipment.

If you wish to provide a letter of support from your partner for this project, please attach it here.

Attach a file:

We can only accept Microsoft Office files, jpegs or pdf documents. Please note, general letters of support are not required, please only upload letters from project partners.

Can the project be delivered by 30 November 2027 *

☐ Yes

☐ No

Project Plan

The Project Plan is the detail of how the project will be managed. Please use the template below to enter details for the project.

- Name of the activity/task/milestone
- Activity/task/milestone start and end date
- Resources required for the activity/task/milestone
- Who is responsible for delivering the activity/task/milestone

Name of activity/task/milestone	Start date	End date	Resources required	Who is responsible
	Must be a date.	Must be a date.		

We encourage all applicants to consider access, equity and inclusion for all members of Banyule's diverse community in the delivery of your project. This includes but is not limited to, people living with disability or chronic illness (including neurodiversity), people who identify as LGBTIQA+, Aboriginal and/or Torres Strait Islander people, people experiencing

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financial disadvantage (including people who are homeless or at risk of homelessness) and our multicultural and multi-faith community.

Please describe the measures in place to ensure your project is as accessible and inclusive as possible. Is your project seeking to address barriers to participation or access for any of the above groups or any other minority groups? Please include any details on specific strategies you would implement as part of your project. *

Project budget

* indicates a required field

Budget

Outline your project budget including details of other funding that has been confirmed and/or applied for.

The Budget must balance (total income = total expenditure)

You will need to submit a clear, balanced budget which describes and itemises the total cost of the project.

You may include GST in the cost of budget items where applicable.

Please do not add commas to figures - e.g. type \$1000 not \$1,000 - this will ensure your figures for each table total correctly

When preparing a budget for your project please consider the following important components:

- Due to limited funding, applicants may be offered part funding for their project. It is important to ensure that your budget is as detailed as possible.
- Ensure you provide details for each item of equipment or expense you wish to pay for with the grant.
- Please specify number of items and cost per item in the expenditure column. e.g. 2 desks @ \$175.00 each, 5 staff hours @ \$40ph etc.
- Please specify total for each "type" of expense in the total column e.g. \$350.
- Do not write refer to quote or attach spreadsheets- we require you to enter all expenditure details line by line in the budget table.

Income

In the notes section, please indicate:

- Whether income is confirmed by writing **(C)** or not confirmed **(NC)** in the notes column.
- If you have applied for a non Banyule grant that is unconfirmed, please also write the date of when you expect to be notified of the outcome of the application. (month/year)
- If the support is In Kind (eg. volunteer hours, free use of venue etc.) please write **(IK)** in the notes column. In Kind support should be calculated as a quoted or estimated \$ figure.

Expenditure

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In the notes section:

- If you have multiple grants streams, please identify which items you would use Banyule Council's grant for by writing (Banyule Grant) in the notes column
- If the item is covered by In Kind support, please write (IK) in the notes column

Budget

Income	Total \$	Notes	Expenditure	Total \$	Notes

Budget Totals

Total Income Amount

This number/amount is calculated.

Total Expenditure Amount

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.

Other funding sources in your budget

If you have identified unconfirmed grants (UC) from other sources in your budget, can the project proceed if this funding is not available?

☐ Yes

☐ No

If yes, please provide details on what changes/modifications you would need to make to the project budget?

Part funding

If Council can only provide part funding can the project proceed? *

☐ Yes

☐ No

If yes, provide details here - what is the minimum grant amount required and what would the grant be used for ?

Quotes

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One quote is required for any equipment over \$500.

Quotes should be provided by a reputable supplier and should include the business name, description of the item and costings .

These can be in the form of

- formal written quotes
- screen shots from online stores/catalogues
- scanned in images from catalogues

Hand written quotes/lists/estimates from the applicant are not acceptable and **will render the application ineligible for funding.**

Quotes should be no more than 6 months old.

Banyule Council encourages grant applicants to prioritise local suppliers whenever feasible.

Please attach quotes *

Attach a file:

We will only accept Microsoft Office files, jpegs or pdf documents

Declaration and Privacy Statement

* indicates a required field

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (which may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of offer.

I certify that the application has been submitted with the full knowledge and agreement of the management of my organisation/group and if appropriate, with the full knowledge and agreement of our auspice for this grant application.

I understand that the collection and handling of personal information will be conducted in accordance with Banyule City Councils Privacy Policy which is displayed on Councils website and is available for inspection at Councils customer service centre. The information is being collected and used to enable panel members to assess and allocate grant funds and to contact me in relation to my application. This is done in accordance with Councils powers, functions and purposes under the Local Government Act 2020 and other relevant legislation.

I understand that Council makes certain information publicly available in accordance with legislation and the Banyule Public Transparency Policy. A listing of donations and grants including the names or persons or bodies that have received grants are published on Councils website.(with the exception of the names of individual grant recipients which are available at Council offices)

Should you need to change or access your personal details, please contact us on 9490 4222 or via enquiries@banyule.vic.gov.au

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Banyule City Council will be contacted immediately if any information provided in this application changes or is found to be incorrect.

I have read the 2026 - 2027 Community Grant Guidelines and have complied with the grant requirements. *

☐ Yes

I have completed a grant application checklist with a grants officer. *

☐ Yes

I have attached all documents as required and complied with eligibility criteria *

☐ Yes

Name of authorised person *

Title First Name Last Name

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Position *

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Phone Number *

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Must be an Australian phone number.

I am authorised by the grant applicant and/or the auspice for this application, to complete this declaration and have read and understood the declaration and privacy statement above. *

☐ Yes

Date of declaration *

--

Must be a date.

Please indicate how you heard about the Banyule Community Grants program *

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Other:

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Choose as many as applicable

Would you be willing to receive a short feedback survey to help improve the Banyule grants application process?

☐ Yes

☐ No