

Urgent Grant FY 2026-2027

Form Preview

Urgent Grants FY 2026-2027

* indicates a required field

Introduction

Please read the [Grant Guidelines](#) before completing this grant application.

The **Urgent Grant** provides one-off funding to support not-for-profit community groups responding unforeseen or urgent circumstances that impact service delivery or an immediate community need. Funded activities must arise from unforeseen or urgent situations, be essential, time-critical, and deliver a clear and immediate community benefit.

For any questions or assistance with your application, please contact the Community Grants and Network team on **(03) 9784 1035** or email CommunityGrants@frankston.vic.gov.au

Please quote the application number below for all enquiries:

This field is read only.

The identification number or code for this submission.

Privacy Statement

The personal information on this application form is collected by Frankston City Council for the purposes of assessing eligibility for funding and for the management of any community grants funding provided. Council may also use the personal information to distribute mail of interest such as: events, information and other funding opportunities. Applications for some grants may be provided to a panel with community members for assessment. Information about awarded grants, including the amount and the project name, is made public. Personal information about individuals is not made public, except for the names of artists receiving Artists Projects Grants. Personal information will otherwise only be used as authorised by law. For further detail about how Council handles personal information, or to access your information, see Council's privacy policy at www.frankston.vic.gov.au or contact Council's privacy officer on 1300 322 322.

Organisational Details

Is the community group or organisation not-for-profit (as classified by the ATO in the Income Tax Assessment Act 1936)? *

- ☐ Yes
☐ No (ineligible)

Must be a legal entity for a Not-for-Profit

Ineligible

Unfortunately, the answer you've provided on this form have indicated that you may be ineligible for this grant.

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This grant is for not-for-profit organisations or community groups. Not-for-profit organisations provides services or undertake activities for the community's benefit and does not operate to make a profit of its members / clients.

Please refer to the grant guidelines for more information regarding eligibility or contact the Community Grants & Networks Unit by [email](#) or calling (03) 9784 1035 before continuing.

If you are a business, please find business related grants and opportunities at <https://www.frankston.vic.gov.au/Business-and-Growth/Business-Grants/Business-Grants>

Is the community group or organisation either: *

- ☐ Incorporated association
- ☐ Enacted under legislative provisions for charitable purposes
- ☐ Group operates under a larger incorporated umbrella organisation
- ☐ Unincorporated group with an auspice organisation
- ☐ None of the above (ineligible)

Helpful tip

Unsure about legal structures for not-for-profits? Please refer to the Australian Taxation Office website [Legal structures for not-for-profits | Australian Taxation Office](#) (open in a separate tab)

Ineligible

Unfortunately, the answer you've provided on this form have indicated that you may be ineligible for this grant.

To be eligible for this grant the organisation must either be

- Incorporated under the Associations Incorporation Reform Act 2012 or commenced the process of incorporation (evidence will be required)
- Enacted under legislative provisions for charitable purposes
- Supported (auspiced) by another incorporated not-for-profit organisation that will assume legal and financial responsibility for the grant.

Please refer to the grant guidelines for more information regarding eligibility or contact the Community Grants & Networks Unit by [email](#) on CommunityGrants@frankston.vic.gov.au or calling (03) 9784 1035 before continuing.

Organisation Name *

Organisation Name

Please select one that best describes your organisation *

Other:

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Where is the organisation located?

Address

Any, but at least one field is required.

Applicant's Postal Address (if different from above)

Address

Optional - Organisation's Website or social media page

Must be a URL.

You've selected that your organisation is incorporated, please confirm your incorporation number below.

If you're unsure of your incorporation number, visit [Search for an incorporated association - Consumer Affairs Victoria](#)

Incorporation Number *

Must be a valid incorporation number

ABN Status

What is your group's ABN or ACN / GST status *

- ☐ No ABN/ACN and not registered for GST
- ☐ ABN/ACN but not registered for GST.
- ☐ ABN/ACN and registered for GST.
- ☐ Currently applying for ABN / ACN / GST registration (provide evidence)

Please choose one.

Please provide the Australian Business Register (ABN) of the group / organisation? *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

DGR Endorsed

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ATO Charity Type
ACNC Registration
Tax Concessions
Main Business Location
Must be an ABN.

If you are currently applying for ABN / ACN / GST Registration, please attach evidence *

Attach a file:

Key Contact Person: *

First Name

Last Name

Position *

Phone Number *

Email *

Must be an email address.

2nd Contact Person (other committee member): *

First Name

Last Name

Position: *

Phone *

Please include area code e.g 03 5555 5555

Mobile

Email *

Must be an email address.

Child Safety

Everyone in the community has a responsibility in ensuring the health, safety and wellbeing of children.

Which of the following apply to your organisation? *

- ☐ We provide services specifically for children (under 18 years of age)
- ☐ We provide facilities specifically for use by children under our supervision
- ☐ We engage children (under 18) as contractors, employees, or volunteers
- ☐ None of the above

At least 1 choice must be selected.

Do you have a child safe policy and procedures in place for protecting children? *

- ☐ Yes ☐ No

Required Documents

* indicates a required field

Helpful tips

- If you are **unable to attach your documents** please contact the Community Grants and Network Unit on 9784 1035 or [email](#). Please note that scanning and printing is available at [Frankston City Libraries](#) (open in a separate tab)
- If you are **newly established** incorporated entity or considered as a **'Basic Religious Charity'** by the Australian Charities and Not-for-Profit Commission (ACNC), please contact us for alternative evidence.

Public Liability Insurance

Your public liability insurance must also meet all the following requirements:

- Valid at the time of submitting this form.
- The group (or auspice organisation, if applicable) is named on the certificate as being insured by the policy.
- The insurance is for public and products liability, or general liability.
- The insurance class is relevant to the activities being undertaken.
- The insurer is on the [APRAExternal link](#) register of authorised insurers, or approved alternative provider.
- The insurer is based in Australia. If not, they have a local claim management agent that is bound by Australian law.
- The certificate of currency is signed or has the name and contact details of the insurer.

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Attach your current public liability insurance certificate of currency *

Attach a file:

PLEASE NOTE: Expired Public Liability Insurance will not be accepted. Insurance must cover all parts of the activity proposed.

AGM Minutes / Annual Report

What to Provide Please upload the most recent version (current at the time you submit this form) of one of the following:

- Your Annual General Meeting (AGM) minutes, OR
- Your Annual Report

This should be for your latest completed financial year (2025-26).

What this means: “Most recent” means the latest document your organisation has available when you submit this form. For example, if you have already held your AGM for 2025-26, upload those AGM minutes. If your AGM has not yet happened, upload your the AGM minutes from 2024-25.

What the document should include:

- Your organisation’s name
- The date of the AGM or the reporting period
- List of Committee members
- A summary of your activities over the year
- Financial information (such as income and expenses)
- Confirmation the document has been approved (e.g. at an AGM or by your committee)

Your latest Annual General Meeting minutes (or annual report) *

Attach a file:

If you cannot provide the AGM minutes for this year, please provide last years AGM minutes.

Annual Financial Statement

What to provide Please upload your most recent financial statement. This should be for your latest completed financial year (2025-26).

What this means “Most recent” means the latest financial report your organisation has available when you submit this form. For example, if your 2025-26 financial statements are ready, upload these. If they are not yet finalised, upload your 2024-25 financial statements.

What the document should include

- Your organisation’s name
- The financial year (reporting dates)
- Income Details (money received)
- Expenses (money spent)
- A summary of your financial position (e.g. bank balance or assets)

Most Recent Annual Financial Statements *

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Attach a file:

Must include annual profit/loss and asset/liabilities statements to be eligible for funding. If you cannot supply this years statements, please provide last years.

Auspice Organisations Information

Is the auspice organisation: *

- ☐ Incorporated association
- ☐ Enacted under legislative provisions for charitable purposes
- ☐ None of the above (ineligible)

Ineligible

Unfortunately, the answer you've provided on this form have indicated that the auspice organisation is not eligible for this grant.

To be eligible for this grant the **auspice organisation** must either be

- Incorporated under the Associations Incorporation Reform Act 2012 OR commenced the process of incorporation (evidence will be required)
- Enacted under legislative provisions for charitable purposes.

Please refer to the grant guidelines for more information regarding eligibility or contact the Community Grants and Networks Unit by [email](#) or calling (03) 9784 1035 before continuing.

Auspice Organisation Name *

Organisation Name

Auspice Contact Name *

First Name

Last Name

Auspice Office Address

Address

Any, but at least one field is required.

Auspice Office Phone Number *

Auspice Office Email *

Must be an email address.

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Please advise your auspicing organisation's ABN / GST status? *

- ☐ No ABN and not registered for GST
- ☐ ABN but not registered for GST
- ☐ ABN and registered for GST

Auspice Organisation's 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.

Please attach evidence of your auspicing letter of agreement *

Attach a file:

Auspice Organisation's Most Recent Annual Financial Statements *

Attach a file:

Must include annual profit/loss and asset/liabilities statements to be eligible for funding. If you cannot supply this years statements, please provide last years.

Auspice Organisation's Most Recent Annual General Meeting Minutes or Annual Report *

Attach a file:

If you cannot provide the AGM minutes for this year, please provide last years AGM minutes.

Auspice Organisation's Public Liability Insurance Policy (Current Certificate of Currency) - Insurance must cover all parts of the activity proposed. *

Attach a file:

PLEASE NOTE: Expired Public Liability Insurance will not be accepted.

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Helpful tip

- If you are **unable to attach your documents** please contact the Community Grants and Network Unit on 9784 1035 or [email](#). Please note that scanning and printing is available at [Frankston City Libraries](#) (open in a separate tab)

Group operates under a larger incorporated umbrella organisation

What is your local group's relationship to this organisation? *

- ☐ Local branch/unit/chapter
- ☐ Affiliated club
- ☐ Other:

Umbrella organisation *

Organisation Name

Umbrella organisation Postal Address *

Address

Please advise your umbrella organisation's ABN / GST status?

- ☐ No ABN and not registered for GST
- ☐ ABN but not registered for GST
- ☐ ABN and registered for GST

Umbrella 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.

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The key contact person will be used as they key contact in the formal funding agreement, they must be authorised to sign the document on behalf of the organisation.

Umbrella organisation key contact *

Title	First Name	Last Name

Umbrella organisation key contact position *

Key contact for umbrella organisation's phone number *

Must be an Australian phone number.

Key contact for umbrella organisation's email address *

Must be an email address.

Umbrella Organisation's Most Recent Annual Financial Statements *

Attach a file:

Umbrella Organisation's Most Recent Annual General Meeting Minutes or Annual Report *

Attach a file:

Umbrella Organisation's Public Liability Insurance Policy (Current Certificate of Currency) - Insurance must cover all parts of the activity proposed. *

Attach a file:

Helpful tip

-

If you are **unable to attach your documents** please contact the Community Grants and Network Unit on 9784 1035 or [email](#). Please note that scanning and printing is available at [Frankston City Libraries](#) (open in a separate tab)

About your activity

* indicates a required field

Important, we cannot fund activities that are:

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- Already funded by Council in the same financial year.
- Core responsibilities of incorporated groups or lease/license holders, including ongoing operational costs and capital works.
- Costs ordinarily covered by insurance including claims, premiums, or excesses.
- Council-related statutory fees such as planning or building applications, environmental health registration and its inspection fees, or similar charges.
- Major capital assets, structural building works, or routine maintenance that involve constructs, repairs, upgrades, or installation costs where works relate to a building or major asset, or any upkeep that is normally the responsibility of the property owner or tenant.

Please refer to the [grant guidelines](#) for the full list of eligibility and exclusions.

Funding Objective

Helpful tip

Choose the option that best reflects your request. You will be asked to describe how your activity delivers on this *objective*.

Which funding objective best aligns with your urgent funding request? *

- ☐ Critical Support for Essential Community Services
- ☐ Community-Led Responses to Emerging Crises

Give a short title for your urgent funding request (5 words or less) *

Must be no more than 250 characters.

Objectives Alignment (35% weighting) - Critical Support for Essential Community Services

You've selected: Critical Support for Essential Community Services

Describe the unexpected event or circumstance affecting your organisation's ability to deliver essential services.

Include:

- What happened
- When it occurred
- Why it was unexpected

*

Word count:

Must be no more than 250 words.

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Why is immediate action required to continue or restore service delivery? *

Word count:
Must be no more than 150 words.

What essential service, equipment, facility or capability is at risk, and how will the grant funding address this? *

Word count:
Must be no more than 150 words.

What will happen if funding is not received? *

Word count:
Must be no more than 150 words.

Objectives Alignment (35% weighting) - Community-Led Responses to Emerging Crises

You've selected: Community-Led Responses to Emerging Crises

Activities that focus on supporting fast, locally driven action in response to a specific new crisis or disruptive event affecting vulnerable or disadvantaged residents. This objective is not intended for ongoing or long-standing service needs.

Describe the emerging crisis, disruptive event or emergency affecting the community. Include:

- What has occurred
- Who is affected
- Why this is an emerging issue
- Why a local response is needed

*

Word count:
Must be no more than 250 words.

How will your organisation respond to this crisis or emerging need? *

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Word count:
Must be no more than 150 words.

Why must this response happen now? *

Word count:
Must be no more than 150 words.

Community Need and Benefit - 35% weighting

What immediate community benefit will be achieved through this funding? *

What evidence demonstrates the need for this funding? (Data, reports, real experience etc) *

Word count:
Must be no more than 150 words.

Who will benefit from this activity? *

Word count:
Must be no more than 150 words.

Approximately how many Frankston City residents will directly benefit during the funding period? *

Must be a number.

Does your activity directly and intentionally support any of the following groups - please do not select all: *

☐ This activity is open to the general community and does not specifically target these groups

- ☐ Aboriginal and Torres Strait Islander peoples
- ☐ Older people
- ☐ People from culturally and linguistically diverse backgrounds
- ☐ People from lower socioeconomic groups
- ☐ People who identify as LGBTQIA+
- ☐ People with a disability
- ☐ Women

At least 1 choice must be selected.

Value add criterion

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Please describe the concrete steps you take to support these specific groups, such as:

- targeted programs
- outreach strategies
- fee subsidies
- tailored communications
- partnerships

How do you actively include or support these groups in your activity? *

Word count:

Must be no more than 250 words.

Additional Information (Optional)

Please attach additional supporting information, if desired (optional).

Attach a file:

Management and Budget (30% weighting)

*** indicates a required field**

This section helps us understand your organisation's ability to deliver the activity, how the budget will be used, and how risks will be managed.

Describe your organisation's experience delivering similar work and the people involved.

You may include:

- Staff or volunteer experience
- Relevant skills or qualifications (if applicable)
- Partnerships or support from other organisations
- Resources available to deliver the activity

How will your organisation successfully deliver this activity? *

Word count:

Must be no more than 250 words.

What risks have been identified and how will they be managed? *

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What specific service, equipment, venue or capability will the funding support?

- "Total Cost" = full cost of the item
- "Amount Requested" = the portion you are asking Council to fund

Helpful tips

- Only include items directly related to the activity. You can request full or partial funding for each item.
- Spending within Frankston City is highly regarded.
- If you are requesting equipment:
 - please refer to the guidelines for eligibility.
 - Equipment request must not exceed \$2,000.
 - Provide evidence of cost - including quote, screenshot from supplier website or email from supplier

Item	Annual Total Cost (\$)	Amount Requested from Council (\$)	Please provide a quote for equipment request
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
E.g. Hall hire, 4 x FT Staff.	Must be a dollar amount.	Must be a dollar amount.	

Total Amount Requested (How much funding you are hoping to receive?)

This number/amount is calculated.

This is calculated by adding the Councils Contribution

Describe:

- What the Council funding will pay for (e.g. staffing, materials, venue hire)
- How this supports delivery of your activity
- Why this is a cost-effective way to deliver the activity

Focus on the funding requested from Council, not your entire budget.

Clearly link your requested funding to what will be delivered.

How will the Council funding you are requesting be used to deliver this activity, and how does it provide value for money? *

Word count:

Must be no more than 150 words.

Declaration, Funding Conditions and Feedback

* indicates a required field

Grant Conditions

- - **Eligibility does not guarantee funding.** All funding decisions are made at the full discretion of Council and are final.
 - **Funding is limited.** Community Grants funding is subject to the total amount allocated in Council's annual budget.
 - **Competitive grant.** This is a competitive grants program with limited funding available. Submitting an application does not guarantee funding, or the full amount requested.
 - **No ongoing commitment.** Funding received in any given year does not imply support in future years.
 - **One application per financial year.** Applicants may submit only one application per financial year.
 - **Merit-based assessment.** Each application will be assessed against the criteria outlined in these guidelines.
 - **Council contribution is limited.** Council's contribution will be limited to the amount granted. Applicants are responsible for any additional costs.
 - **Policy compliance required.** All applicants and recipients must comply with Council's Community Grants Policy.
 - **Canvassing is prohibited.** Applicants must not attempt to influence decisions by contacting Councillors, Council staff, or assessment panel members.

Successful applicants (and their auspice organisations, if applicable) must:

- **Accept the terms and conditions:** By redeeming the grant, you accept all terms and conditions outlined in this grant guidelines.
- **Invoice Council by 30 June.** Submit an invoice by 30 June of the same financial year. Late invoices will not be paid.
- **Deliver the funded activity.** Undertake the activity to Council's reasonable satisfaction, within approved budget and timelines.
- **Use funds for approved purposes.** Grant funds must only be used for the approved activity unless written approval is obtained (see instructions below).
- **Notify Council of contact detail changes.** Inform Council of any changes to contact details or circumstances during the funding period.
- **Request approval for any significant and substantial changes** such as:
 - Changes to activity details.
 - Reallocation of funds to new, unrelated activities.
 - Request for deadline extensions (acquittal submission or activity completion).

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To request changes (excluding funding amounts), request and submit a Grant Variation Request form through SmartyGrants. Do not proceed with revised activities until Council provides written approval.

- **Acknowledge Council's support.** Publicly recognise Council's support in promotional materials or events (announced at your event or AGM, newsletter, or other comms), using:
 - Council's approved logo (in line with branding guidelines).
 - The phrase: ***"Supported by Frankston City Council's Community Grants Program"***.
- **Support Council publicity efforts, as required.** Cooperate with Council's promotional activities, provide notice of events, and invite Council representatives where appropriate. Council reserves the right to publicise funded activities including organisation's name, activity description, funding outcome, and grant amount.
- **Maintain public liability insurance.** Insurance must be held for the duration of the funded activity.
- **Comply with Federal, State or local laws and regulations** while undertaking the funding activity.
- **Submit an acquittal report.** Complete an acquittal form via SmartyGrants within 12 months of grant notification or before applying for future grants (whichever is earlier).
- **Maintain financial records.** Retain receipts and invoices related to the grant. Council may request evidence of compliance at any time.
- **Return unspent funds.** Unspent or uncommitted funds totalling 5% or more of the grant (and at least \$50) must be returned by the end of the financial year.
- **Meet Child Safety requirements.** Comply with all relevant child safety legislation which may include, but is not limited to:
 - The Victorian Child Safe Standards (2022)
 - The Child Wellbeing and Safety Act (2005). Council may request evidence of compliance. For more information, visit <https://ccyp.vic.gov.au/child-safe-standards/> or email childsafe@frankston.vic.gov.au

Cancellation of Grant Council reserves the right to cancel and request payment of grant funds if:

- - The application contains false or misleading information.
 - The applicant withdraws from the activity.
 - The applicant is not delivering the activity as proposed.
 - The activity is cancelled.

Do you accept these terms and conditions of the grant? *

- ☐ Yes
☐ No (Ineligible)

You must accept the terms and conditions to be eligible for this grant.

Declaration

I declare that:

- The information in this application and any attachments is true and correct.

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- I am authorised to submit the application on behalf of the organisation/community group.
- I understand that if successful, the organisation will be required to sign a funding agreement.

*

☐ Yes

☐ No

Name of authorised person *

First Name

Last Name

Date of declaration *

Must be a date

Help us improve (feedback)

You are now nearing the end of this form. Before you **REVIEW** your application and click the **SUBMIT** button, please take a few moments to provide some feedback on the application process. This section is **NOT ASSESSED** as part of your application and is purely to help us improve the process for future grant rounds.

How did you hear about Frankston City Council's Community Grants Program? *

- ☐ Community Grants Email Alert
- ☐ Council website
- ☐ Frankston News (newspaper)
- ☐ Frankston eNews
- ☐ Community Groups eNews
- ☐ Social Media
- ☐ Other:

How satisfied were you with the Community Grants process: *

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Unsatisfied
- ☐ Very Unsatisfied

Tell us about your experience and how we can improve (optional)

Tell us about you (person filling out this form)

We're asking these questions to help us better understand our community and your needs.

Please feel free to select 'prefer not to say' in the questions below.

This section is **NOT ASSESSED** as part of your application and is purely to help us improve the process for future grant rounds.

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Where do you live? *

What best describes your gender? *

What is your age? *

Which of the following do you identify with? *

- ☐ Aboriginal and/or Torres Strait Islander
- ☐ Part of the LGBTIQA+ community
- ☐ Speak a language other than English
- ☐ Person with a disability or long-term health condition
- ☐ None of these
- ☐ Prefer not to say

At least 1 choice must be selected.