Community Chest Application 2026 - 2027
Form Preview

Instructions for Grant Applicants

Section 1

Applications will be accepted throughout the year for Community Chest Donations of up to $1,000. Community Chest Donations are small 'one off' payments to assist organisations within the Council area with costs associated with community development initiatives such as; small community events and projects that will have benefits to the surrounding community.

The Community Chest Grant Program is intended to support small-scale, community-focused projects with budgets that are proportionate to the grant amount requested. Preference is given to initiatives that are not dependent on significant external funding or large-scale project delivery. Applicants should ensure their proposal is appropriate to the scope of a small grants program and clearly demonstrates community benefit, value for money, and accessible outcomes for the Holdfast Bay community.

To apply please submit an application in writing clearly outlining the following:

- The particulars of your community development initiative
- The amount you are requesting and the total cost of the program
- Your own contribution (financial and in-kind)
- Expected outcomes of your program or project
- Clearly demonstrates community benefit for Holdfast Bay residents
- Provides good value for money and reasonable, well-justified costs
- Ensures participation is accessible and not cost-prohibitive where Council funding is contributing
- How you will acknowledge Council's contribution

Applications will be received throughout the year but are subject to budgetary limitations.

Applications will only be accepted if the activity or initiative is to occur within the City of Holdfast Bay.

Eligibility

* indicates a required field

Confirmation of Eligibility

Before proceeding, please confirm the following:

- you are able to demonstrate alignment between your project and the aims of this program

- your organisation is a not-for-profit organisation (includes educational institutions such as schools and kindergartens)
- your organisation is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- your organisation is located in (and/or supplies services to) **the City of Holdfast Bay Council area.**
- your organisation is able to demonstrate financial viability
- your organisation does not owe any reports or money to the City of Holdfast Bay as a result of previous funding or grants
- your organisation has the appropriate type and level of insurance for the activities that are the subject of this grant

You must confirm that all statements above are true and correct. *
☐ Yes

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012.* To view Council's privacy statement, go to Privacy | City of Holdfast Bay

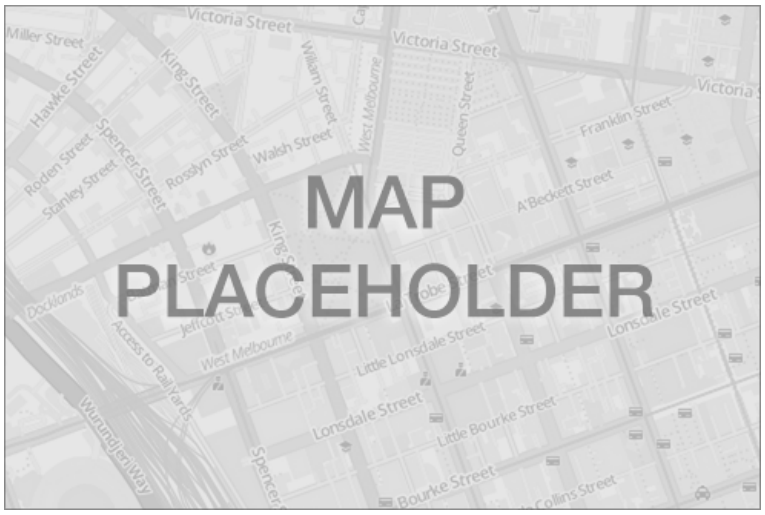
Applicant Details

Applicant *
○ Individual ○ Organisation
Organisation Name

Title | First Name | Last Name

Make sure you provide the same name that is listed in official documentation.

Applicant primary address
Address



Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Applicant website

Must be a URL.

Primary Contact Details

Primary contact *

Title | First Name | Last Name

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

Position held in organisation *

e.g., Manager, Director or Fundraising Coordinator.

Primary contact primary phone number *

Must be an Australian phone number.

Organisation Details

* indicates a required field

What is your organisation's purpose or mission? *

What type of not-for-profit organisation are you? *
- ○ Educational institution (includes pre-schools, schools, universities & higher education providers)
- ○ Religious or faith-based institution
- ○ Philanthropic organisation
- ○ Peak body
- ○ Social enterprise
- ○ International NGO
- ○ Professional association
- ○ Healthcare not-for-profit
- ○ Community group
- ○ Research body
- ○ General not-for-profit (i.e. none of the sub-types listed above)

Please choose the option that best applies to your organisation.

What is your organisation's annual revenue? *
- ○ Less than $50,000
- ○ $50,000 or more, but less than $250,000
- ○ $250,000 or more, but less than $1 million
- ○ $1 million or more, but less than $10 million
- ○ $10 million or more, but less than $100 million
- ○ $100 million or more

Your revenue includes grants, donations, and other fundraising activities, fees for services, sale of goods, interest, royalties and in-kind donations that have been included in your accounts as 'revenue'. The Australian Charities and Not-for-profits Commission (ACNC) has more detailed information here: https://www.acnc.gov.au/tools/topic-guides/revenue

Does your organisation have an ABN? *
- ○ Yes
- ○ No

Auspice Information

* indicates a required field

Is your organisation auspiced by another organisation for the purpose of this grant? *
- ○ Yes
- ○ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

Auspice Organisation Details

Auspice organisation name *
Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. *
Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

Project Details

* indicates a required field

Project title *

Word count:
Must be no more than 25 words.
Provide a name for your project/program/initiative. Your title should be short but descriptive

Anticipated start date *

Anticipated end date *

Please provide a short summary of your initiative *

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). Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

Rationale / Theory of Change: What is the need and how will you address it? *

Tell us why your initiative is needed, and why you believe the activities you propose will produce the outcomes you seek. Provide statistics/evidence (where available) of both the need and the link between the work you will do and the outcomes you seek. Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

Milestones

What are the major steps / stages (i.e. milestones) involved in delivering your initiative?

Milestone	Start Date	End Date	Notes

One per row. e.g. Planning; recruitment; evaluation. Add more rows if you want to list additional milestones.	Leave blank if date is unknown or not relevant. Must be a date.	Leave blank if date is unknown or not relevant. Must be a date.	Add notes if you need to provide more context.

Community Support

Does your proposed initiative have community support? In particular, does the beneficiary and/or geographic communities affected by this project/program support the activities you are proposing? *

○ Yes ○ No ○ Don't know

Evidence of community support is generally highly regarded as projects with community buy-in tend to be more successful.

What evidence do you have that this project/program has community support? *

Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

Please upload letters of support (if available/relevant)

Attach a file:

A maximum of 5 files can be attached

Project Beneficiaries & Outcomes

* indicates a required field

What are the primary areas of focus for this project/program? *

You may select up to five items. You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees).

Who are the expected primary beneficiaries of this project/program? *

Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, 'Universal – no particularly targeted beneficiaries'

Please tell us the expected outcomes of this project/initiative?

Consider the benefits your project is aiming to achieve for community.

Acknowledgement of Council Support

How will you acknowledge Council's contribution?

List how you will acknowledge Council's contributed funding (maximum 200 words)

Project Budget

* indicates a required field

Total Amount Requested *

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

Total Project/Program Cost *

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

Please attach quotes for those expenditure (cost) items over $500
Attach a file:

Have you applied for, or are you currently receiving, funding from any other source for this project? *

☐ Yes
☐ No

If yes, please provide details of the funding source(s), amount requested/ received, and the current status of the application.

If your initiative will charge a fee to participants or attendees, please outline all applicable costs, including ticket prices, registration fees, membership fees, or any other charges *

Project Budget Forecast

Council Contribution	$	Organisation / Individual Contribution	$

EFT Transfer Details

Bank Account Details

Should the grant application be approved, please enter a valid Australian bank account for payment transfer.

Account Name

BSB Number

Must be a number.

Account Number

Must be a number.

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (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 approval.

Community Chest Application 2026 - 2027
Form Preview

I agree *

☐ Yes

Name of authorised person *

Title | First Name | Last Name

Must be a senior staff member, trustee or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process.

○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

How many minutes in total did it take you to complete this application?

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.