2026-29 Healthy Ageing Triennial Operational Grant
Form Preview

Section 1 - Before you begin

* indicates a required field

The Healthy Ageing Triennial Operational Grants are part of the Boroondara Community Grants Program. The program supports the sustainability of existing volunteer-led, not-for-profit seniors' groups whose primary purpose is to provide activities that encourage healthy ageing, inclusion, and participation for older adults in Boroondara. These groups play an important role in promoting social connection and recreational, cultural, educational, and wellbeing opportunities. Funding helps eligible groups remain active and sustainable.

Funding is available from 1 January 2027 to 31 December 2029. Applicants may request up to $10,000 per year. Refer to the grant guidelines for full eligibility and funding conditions.

Please speak to a Active Ageing Council officer before submitting this form.

I have discussed my application with an Active Ageing Team member *

Name of Council Officer

Required documentation and information to complete this application

To complete this application, you will require the following documents and information listed in the checklist below. *

☐ Your organisation's (or auspice organisation's) recent Financial Statement (income statement and balance sheet)
☐ Your organisation's (or auspice organisation's) current Public Liability Insurance Certificate of Currency
☐ Your organisation's (or auspice organisation's) ABN (if relevant)
☐ The budget income and expenditure details (Section 5)
☐ Quotes for expenditure items more than $2,000 (Section 5)
☐ An authorised representative of your organisation to complete the declaration. (Section 6)
☐ Completed the conflict of interest declaration (Section 6)
☐ Minutes of last Annual General Meeting

At least 7 choices must be selected.

Without all the documents and information listed above, your application cannot proceed to the assessment stage.

Call a member of the Active Ageing Partnerships and Project team on 9278 4777 if you are having trouble getting any of the documents or information.

Tips for completing this application

1. Review the application form and gather all required information and documents before submitting your application
2. Enter your organisation's name as it appears on your ABN or Certificate of Incorporation
3. Upload ALL required supporting documents (such as Public Liability Insurance certificate of currency, financial reports, letters of support).
4. Please proofread your application before submission.
5. Contact Active Ageing Team if you have any questions about your application.

New Section

Section 2 - Senior Group Details

* indicates a required field

2a. Senior Group Contact Details

Group Name *
Organisation Name

Please ensure group name is entered EXACTLY as with the registered body e.g. ABR, CAV

Group Contact First Name *

Group Contact Last Name *

Group Primary Address *
Address

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

Group Primary Phone Number *

Must be an Australian phone number.

Group Primary Email *

Must be an email address.

Group Primary Website

Must be a URL.

Is the group contact the same as the grant correspondence contact? *
- ○ Yes
- ○ No

2a. Grant Correspondence Contact Details

Contact details for Grant Correspondence First Name Last Name

Title/Position of Contact Person *

Primary Phone number *

Correspondence Email address *

2b. Group Committee of Management

List members of your Committee, position held and the length of time each has served. Contact numbers are requested to assist us with contacting your group during the life of the grant.

Member Name	Position Held	How long have they been involved with your organisation?	Phone Number
			Must be an Australian phone number.

2c. Senior Group details

What is the purpose of your group? (200 word max) *

Word count:
Must be no more than 200 words.

How does your group achieve its purpose? *

Word count:
Must be no more than 100 words.

What demographic/s does your organisation support?
☐ Aboriginal and Torres Strait Islander Peoples
☐ Children
☐ Families
☐ Culturally diverse communities
☐ LGBTIQA+ communities
☐ Low income
☐ Men
☐ People living with a disability
☐ Seniors'
☐ Socially isolated
☐ Women
☐ Youth
☐ Other:

How long has your group been in operation? *

Has your group previously received grant funding from the City of Boroondara? *
○ Yes
○ No

Group members profile

How many financial members are in your group? *

Must be a number.

How many financial members attend regular activities? *

Must be a number

How many financial members live in Boroondara? *

Must be a number.
Include members who live in Boroondara

How many members are in the 65-74 age group *

Must be a number

How many members are in the 75-84 age group *

Must be a number

How many members are in the 85+ age group *

Must be a number

What is the membership fee per member, per year. *

Must be a dollar amount.

Do you also charge an attendance fee? *
- ○ No
- ○ Yes

Group Status

Is your group not-for-profit? *
- ○ Yes
- ○ No

Is your group incorporated as defined under the Associations Incorporation Act, a company limited by guarantee (with charitable status), a co-operative or have an auspice? *
- ○ Yes
- ○ No
- ○ No - I am applying through an Auspice
- ○ No - I am applying for $1,000 or less

As you're applying for $1,000 or less your organisation does not have to be incorporated or have an ABN. However, your organisation **MUST HAVE** current Public Liability Insurance.

Your application is not eligible for an Annual Community Grant

To be eligible to apply for a 2026-29 Healthy Ageing Triennial Operational Grant your organisation has to be incorporated as defined under the Associations Incorporation Act, a company limited by guarantee (with charitable status), a co-operative or have an auspice.

2d. ABN/ Incorporation Details

Please provide the Incorporation number of your group

Provide your 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.

2d. Auspice Organisation detail

Name of Auspice Organisation *
Organisation Name

(Please ensure Auspice Organisation name is entered EXACTLY as displayed on the ABN Register below)

Auspice Organisation Contact Name *

Auspice Organisation Office Address *
Address

Auspice Organisation Postal Address *
Address

Auspice Organisation Primary Email *

Must be an email address.

Auspice Organisation Primary Phone Number *

Must be an Australian phone number.

Auspice Organisation Incorporation number *

Auspice Organisation's most recent Financial Statement eg. Income Statement or Balance Sheet *
Attach a file:

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.

Attach Auspice Organisation current Public Liability Certificate of Currency *
Attach a file:

Auspice Public Liability Insurance Date of Expiry *

Must be a date and no earlier than 13/4/2026.

Provide your organisation's Incorporation or Charity number: *

Attach your organisation's recent Financial Statements (eg. Income Statement and Balance Sheet) *

Attach a file:

Attach current Public Liability certificate of currency *

Attach a file:

Public Liability Insurance date of expiry *

Must be a date and no earlier than 31/12/2026.

Attach current Public Liability certificate of currency *

Attach a file:

Public Liability Insurance date of expiry

Must be a date and no earlier than 13/4/2026.

Attach your organisation's recent Financial Statements (eg. Income Statement and Balance Sheet)

Attach a file:

Is your organisation organisation registered for GST? *

- ○ Yes
- ○ No

Is your auspice organisation registered for GST?

- ○ Yes
- ○ No

Section 3 - Tell us about your grant proposal

* indicates a required field

3a. Grant Proposal

In this section, we want to learn about your planned program/activities, in particular the:

- What
- When
- Where

What programs or activities do you plan to deliver? *

Word count:
Must be no more than 200 words.
Answers can be written in WORD first then copy/paste into field. Be succinct & include dot points. If you have extensive programming, please attach your timetable

Attach a file:

Give a short outline of what the grant will be spent on *

Word count:
Must be no more than 100 words.
Answers can be written in WORD first then copy/paste into field.
Be succinct & include dot points

Project / Activity Start Date *

Must be a date and no earlier than 1/1/2027.

Project / Activity End Date *

Must be a date and no later than 31/12/2027.

Where do you deliver your activities? Tick all boxes that apply *

- ☐ Ashburton
- ☐ Balwyn
- ☐ Balwyn North
- ☐ Camberwell
- ☐ Canterbury
- ☐ Glen Iris
- ☐ Hawthorn
- ☐ Hawthorn East
- ☐ Kew
- ☐ Kew East
- ☐ Mont Albert
- ☐ Surrey Hills
- ☐ Boroondara wide
- ☐ Outside Boroondara

Address of where main activities are delivered *

More than one address

How often are main activities delivered? *

- ☐ Monthly
- ☐ Fortnightly
- ☐ Weekly
- ☐ Quarterly

Section 4 - Budget

* indicates a required field

4a. How will the grant be spent? (include GST)

Expenditure can include the following items, for example:

- Venue hire (please provide details)
- Catering (estimate number of people attending and price per head)
- Administrative costs (e.g. phone calls, printing)
- Professional Fees e.g for an activity ($ per hour x number of hours)
- Volunteer support and training
- Other costs as specified by applicant within grant guidelines

Formal quotes must be provided for all services or products you are requesting that are more than $2,000. All quotes must include the suppliers ABN.

Only List the expenditure items to be ***funded by this grant application*.**

Budget category	Budget item	Amount inc GST	Attach quote (if over $2,000)
		Must be a dollar amount.	
Other:			
Other:			
Other:			

How will the grant be spent? (no GST)

Expenditure can include the following items, for example:

- Venue hire (please provide details)
- Catering (estimate number of people attending and price per head)
- Administrative costs (e.g. phone calls, printing)
- Professional Fees e.g for an activity ($ per hour x number of hours)
- Volunteer support and training
- Other costs as specified by applicant within grant guidelines

Formal quotes must be provided for all services or products you are requesting that are more than $2,000. All quotes must include the suppliers ABN.

Only List the expenditure items to be ***funded by this grant application*.**

Budget category	Budget item	Amount ex gst	Attach quote if over $2,000
		Must be a dollar amount.	
Other:			
Other:			
Other:			
Other:			

This number/amount is calculated.

Total amount requested from Health Ageing Triennial Operational Grant program

This number/amount is calculated.

4b. Additional Income

Let us know if you are to receive any other financial support (e.g. from other grants, or your organisation) to meet the total cost of proposal.

Income examples could include:

- membership fees (Fees which your group collects from members to be part of your group)
- attendance fees (Fees charged for attending club activities. Example is a weekly charge for attending group)
- non-Boroondara grants (do you receive grant funding from other sources or other levels of Government?)
- funds from your organisation
- sponsorship

Additional income source	$ Amount inc GST

Total additional income with GST

This number/amount is calculated.

4c. Partial Funding

If you do not receive the full amount requested, could you still run your program/ activities?

- ○ Yes
- ○ No

Tell us what changes you would need to make if you were to receive partial funding *

What changes would you need to make?

Section 5 - Assessment Criteria

* indicates a required field

5a. WHAT are the objectives of your group and what grant objectives does your proposal support?

The objectives of the Community Grants are to:

- increase participation of residents in their community
- increase inclusion and representation of under-represented groups and issues
- develop innovative approaches to local issues
- assist groups and volunteers to develop skills and build capacity
- encourage the sustainability and better governance of community organisations
- encourage partnerships between local organisations and the development of local community networks

Community Strengthening Grant objective	How will your program/activities deliver on this objective?

Select two of the Community Strengthening Grant objectives your proposal will address	Please be clear and concise

5b. Boroondara Community Plan Health priorities

The Boroondara Community Plan also outlines Council's health priority outcomes, as part of the Health and Wellbeing Plan and include:

- Increase mental wellbeing and social inclusion
- Increase physical activity and active living
- Increase healthy eating
- Improve gender equality and prevent gender-based violence
- Tackling climate change and its impacts on health
- Reduce harm (namely injury, alcohol and emerging harms).

Select a Boroondara Community Plan Health priority	**How does your group support this priority?**
Select one priority from drop down list	

5c. The Healthy Ageing Triennial Operational Grant program aligns with Theme 1 - Our Community. Select the one aim that best reflects your group's main purpose. If your activities contribute to more than one aim, choose the aim that most closely represents your primary purpose.

Boroondara Community Plan themes, aims and priorities are available on the Community Grants webpage.

The Boroondara Community Plan 2025-35 is available on Council's website.

Select Boroondara Community Plan theme that your proposal aligns with. *
☐ Theme 1 - Our community. Aim 1.2 Health, wellbeing and social connection
☐ Theme 1 - Our community. Aim 1.3: Safety and resilience
☐ Theme 1 - Our community. Aim 1.4: Lifelong learning
☐ Theme 1 Our community. Aim 1.6: Diversity and inclusion
No more than 1 choice may be selected.

5c. WHAT Aim 1.2, Health, wellbeing and social connection priorities does your proposal align with?

Theme 1 - Our community

Aim 1.2 Health, wellbeing and social connection priorities:

- Partner with and support local community organisations to enhance health and wellbeing outcomes and build community capacity, including through workshops, grants and volunteers.

- Deliver tailored programs promoting social connection, health, wellbeing and independence for young people, children and families, and older people.
- Deliver support and resources to community groups and community members to strengthen and grow local volunteering.

Select Aim 1.2: Health, wellbeing and social connection priority	How does your proposal support this priority?
Select at least one priority from the drop down list	

5c. WHAT Aim 1.3: Safety and resilience priorities does your proposal support?

Theme 1 - Our community

Aim 1.3 Safety and resilience

- Deliver programs and initiatives that promote gender equality and prevent gender-based violence.
- Deliver initiatives that strengthen community connections and build our community's resilience to adapt and respond to emergencies and climate impacts.
- Support people experiencing homelessness to access and connect with local services.
- Deliver programs and initiatives that build social cohesion and address racism.

Select Aim 1.3: Safety and resilience priority	How does your proposal support this priority?
Select at least one priority from the drop down list	

5c WHAT Aim 1.4: Lifelong learning priorities does your proposal support?

Theme 1 - Our community

Aim 1.4 Lifelong learning

- Support lifelong learning and personal development by supporting kindergartens, early learning centres, seniors' centres, neighbourhood houses and community centres.
- Partner with local neighbourhood houses and community groups to expand access to informal and lifelong learning opportunities.
- Support skills development for young people that prepares them for employment.

Select Aim 1.4 Lifelong learning priority	How does your proposal support this priority?

Select at least one priority from the drop down list	

5c. WHAT Aim 1.6: Diversity and inclusion priorities does your proposal support?

Theme 1- Our community

Aim 1.6 Diversity and inclusion

- Deliver initiatives that foster a welcoming and inclusive community where everyone, regardless of background, age, gender, sexuality, disability, or financial situation, have equitable access to community facilities, services, programs and events.
- Deliver targeted initiatives that actively address barriers to participation and inclusion, in particular for multicultural communities, people with disability, lesbian, gay, bisexual, trans and gender diverse, intersex, queer, and asexual (LGBTQIA+) communities, and those who are vulnerable.
- Partner with stakeholders to build on each other's strengths and knowledge, fostering strong relationships and better community outcomes.

Select Aim 1.6 Diversity and inclusion priority	How does your proposal support this priority?
Select at least one priority from the drop down list	

5d. WHO will benefit from your program/activities?

Who will participate in the proposal?

Describe how the activities will significantly benefit Boroondara residents. Ensure to include participant numbers.

Who will be involved? (members, committee members, other community stakeholders)	How will they be involved and how will this benefit the proposal?	How many will participate? (Must be a number)	How have you determined the number of participants?

5e. HOW will you deliver your program/activities?

Consider the tasks required across the life of the proposal, such as research, planning, coordination, delivery, evaluation etc. Provide evidence that the group has the expertise and capacity to successfully manage and evaluate the programs/activities you deliver.

Task	Person Responsible	Time Frame
Must be no more than 100 words.		

5f. Welcome and Connect Program

More older residents are looking for local groups to join. Joining a new group can be difficult when you do not know anyone.

In 2027, Council is starting the **Welcome and Connect Program.** This program helps older residents find a suitable group and feel welcome at their first visit.

Groups that take part will nominate a **Group Welcoming Officer.** This person will:

- welcome new participants
- explain how the group works
- introduce them to other members
- help them feel included
- be the group's contact person for Council's Active Ageing Team.

A Council worker may contact the Group Welcoming Officer to arrange a new participant's first visit.

Would your group be willing to take part in the Welcome and Connect Program? *
☐ yes
☐ no

Section 6 - Declaration and Final Checklist

* indicates a required field

Declaration

(To be completed by an authorised representative of your organisation)

I confirm 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 group/club. I shall notify the City of Boroondara of any changes to this information or circumstances that may affect this application.

Tick box to indicate yes *
○ Yes

First Name *

Last Name *

Conflict of Interest Declaration

Tell us if you have a relationship with any Council officers who could be involved in the assessment of your application.

Please note, "*relationship" includes friendship and family members but does not include acquaintances or remote associations.*

*

- ○ I DO NOT have a relationship with any Council officer
- ○ I DO have a relationship with any Council officer

If yes, please provide name of Council officer and nature of relationship:

Authorised member and bank account signatory details

If your application is successful, you will be required to provide details for **two authorised officers** and **one authorised signatory** for your organisation's nominated bank account. Grant funds will be paid into this account.

Authorised member 1

Full Name *

Position / Title *

Email address *

Must be an email address.

Authorised member 2

Full name *

Title / position *

Email address *

Must be an email address.

Authorised bank account signatory

Signatory name for nominated bank account *

Signatory position *

Signatory email *

Must be an email address.

Application checklist

To ensure your application meets eligibility requirements, please check that you have completed and uploaded all of the following documents.

Please check box to indicate yes *

☐ Application form is completed in full and letters of support are attached, if appropriate
☐ Annual financial statement (income statement and balance sheet) for your organisation, (audited if appropriate) has been provided
☐ Your organisation's (or auspice organisation's) current public liability insurance certificate is attached
☐ Your organisation's (or auspice organisation's) ABN has been provided (if you have one)
☐ A budget with no GST has been provided if you are registered for GST (Section 5)
☐ The budget income and expenditure tables have been completed and all quotes over $2,000 have been provided (Section 5)
☐ You have indicated that your organisation complies with all relevant Australian and Victorian legislation
☐ An authorised representative of the organisation has completed the declaration (Section 6)
☐ The person filling in this form has completed the conflict of interest declaration (Section 6)
☐ Attach minutes of your organisations last Annual General Meeting (AGM)

Attach any letters of support or other supporting documentation here

Attach a file:

How did you find out about the City of Boroondara Healthy Ageing Triennial Operational grants?

☐ Word of Mouth
☐ E-Newsletter
☐ Direct Email from City of Boroondara
☐ Other:

Senior Group Information

The Active Ageing Team disseminates information to all Senior Groups covering topics that may interest Club committees and members. Topics may include grant opportunities, healthy ageing events and activities in Boroondara, plus opportunities and information to improve club operations. Please indicate whether you wish to subscribe.

*

○ Yes
○ No

Privacy Declaration

Privacy Information

The personal information requested on this form is being collected by Council for the purpose of assessing, processing and allocating the Community Grants applications and if consented to, receiving information from Active Ageing Team. The personal information will be used by Council for that primary purpose or a directly related. The information may also be used to update Council's customer databases to assist Council in discharging its statutory functions and/or providing services. The personal information collected will not otherwise be disclosed unless permitted or required by law. If the information is not collected, we are unable to accept or process your Healthy Ageing Triennial Operational Grant application. Requests for access to and/or amendment of personal information should be made to Council's Privacy Officer.