

Seniors Festival Grant Application Form 2026

Form Preview

About this Grant Program

About this Grant Program

The Seniors Festival Grant Program aims to support innovative and new opportunities for ageing peoples' participation in the Greater Shepparton region through social interaction, skill development and building lasting connections with organisations. The Seniors Festival Grant Program is inclusive and accessible to all people in the local community, including vulnerable cohorts of people experiencing additional disadvantage.

In line with the 2026 Victorian Seniors Festival, priority will be given to activities, programs, and events that focus on the following seniors cohorts:

- men
- LGBTIQ+
- First Nation Elders
- veterans
- seniors with a disability
- seniors from multicultural and multi-faith backgrounds

For the 2026/2027 Financial Year there is a total funding pool of **\$5,000** available. Individual grants of up to **\$1,500** are available for successful applicants to conduct activities during the timeframes between **1 October 2026 and 31 October 2026**.

Council strongly advises you to contact the Community Wellbeing Department prior to making an application to discuss your proposed activity and eligibility. For assistance you can contact Council's Access & Positive Ageing Officer via telephone on (03) 5832 9700 or via email positiveageing@shepparton.vic.gov.au. Following discussions, applicants will be provided with a secure link to submit an application.

As this is a competitive process, not all applications will necessarily be funded even if they meet the eligibility criteria. In some cases, applicants may be offered partial funding.

Contact Details

*** indicates a required field**

Applicant Organisation Details

Applicant organisation name *

Organisation Name

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

Organisation address *

Address

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

Contact person *

Title First Name Last Name

This is the person we will correspond with about this grant

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Phone number *

Must be an Australian phone number.

Contact person's email address *

This is the address we will use to correspond with you about this grant.

Organisation Details

What is your organisation's purpose or mission? *

If someone had never heard about your organisation, what would you tell them?

Is your organisation incorporated?

- ☐ Yes (Including State Government Entity)
☐ No

Incorporated Organisations and State Government Entities

* indicates a required field

Incorporation number

Does your organisation have an ABN? *

- ☐ Yes ☐ No

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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

Does your organisation have Public Liability Insurance?

- ☐ Yes - please attach a copy at the Documents Checklist section
- ☐ No - Please contact the Coordinator-Community Partnerships on (03) 5832 9527

A minimum of \$20,000,000 Public Liability Insurance is required

Auspice Information

Auspice Organisation Details

If your organisation is not incorporated you need to find an organisation that is able to auspice your project. Please attach an electronic copy of a letter from your auspice organisation stating their willingness to accept and administer the grant.

Name of auspicing organisation

Organisation Name

Auspicing organisation's website

Primary contact person at auspicing organisation

Title First Name Last Name

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We may contact this person to verify that this auspicing arrangement is valid and current.

Auspice Postal Address

Address

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Position held in organisation

e.g. Manager, CEO

Contact person's phone number

Contact person's email address

Must be an email address

Please attach a letter from the auspicng organisation confirming this arrangement is valid and current

Attach a file:

Letter must be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and must include, name, position, signature and date.

ABN of auspicng 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.

Information from the Australian Business Register	
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Entity Name	
ABN Status	
Entity Type	
Goods & Services Tax (GST)	
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Main Business Location	

Must be an ABN

Project Details

* indicates a required field

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Seniors Festival Project Title *

Provide a name for your project/program/initiative. Your title should be short but descriptive

Anticipated start date *

Must be a date and no earlier than 1/10/2026.

Anticipated end date *

Must be a date and no later than 31/10/2026.

Please provide a brief description of the event or activity you are intending to run. *

Include a brief summary of what you are planning (i.e. the activity or event you are planning to deliver), and what effects you expect to result from your activities.

Who will benefit from this event or activity? *

How will you make sure that your event or activity is accessible and inclusive to all members of the senior community? *

Describe how you will ensure that your project will be inclusive to all members of the senior community including those with disabilities, and people from diverse cultural backgrounds.

Are you working together with any other organisation(s)? *

- ☐ Yes
☐ No

If yes, who will you work with and what will you do together? *

Plans & Strategies

* indicates a required field

Access and Inclusion

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Describe how you have ensured that your project will be inclusive to all members of the community, consider those with disabilities, seniors and people from diverse cultural backgrounds. *

For example: Consider accessible facilities (wheelchair, walkers), parking, ensure printed materials are in an accessible format, interpreters, availability of halal foods.

Strategic Alignments

Does the project align with the Council Plan, a Master Plan or other Council Strategy? If yes, please detail which plan/s. *

<https://greatersepparton.com.au/council/council-documents>

Does the project align with a Small Town Community Plan? If yes, which one/s?

<http://greatersepparton.com.au/community/neighbourhoods/community-plans>

Budget

* indicates a required field

Total Seniors Grant Amount Requested from Council *

Must be a dollar amount and between 0 and 1500.

It is important to demonstrate that your application is financially viable and can be delivered within the budget specified here.

Under **Income** you MUST list **the Grant amount you are seeking from Council**

Your financial contribution **match** (if any) should also be listed here

Income and Expenditure must be equal

Please note that any items over \$1,000 will require quotations to be attached to your application.

Please see the application guidelines for further information on how to fill in your budget: <http://www.greatersepparton.com.au/residents/grantsandfunding/communitymatchinggrants/>

Budget

INCOME

Please list the Seniors Week Grant Request (same as above).

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Please list any other income (if any) to this initiative; e.g donations, raffle, sponsorship etc.

EXPENDITURE

Please list any expenditure associated with this initiative.

This can be things like (but not limited to): 'venue hire', 'catering', 'advertising' etc.

INCOME AND EXPENDITURE MUST EQUAL

Income	\$	Expenditure	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Budget Totals

TOTAL INCOME AND TOTAL EXPENDITURE MUST EQUAL

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

\$

This number/amount is calculated.

In-Kind

Please include details of any contributions to the project that you would normally pay for, but are being received at no cost to the project.

If you have volunteers working on the project, include their contribution valued at:

- \$25 per hour for unskilled labour
- \$40 per hour qualified trades person
- \$65 per hour machinery hire, including driver

Person Or Organisation	Hours/Rate	Hours/Rate	Amount In Kind

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Non-financial inputs could include staff/ volunteers time/ expertise, equipment, facilities, pro bono or in-kind contributions, and other types of support.			

Document Checklist

Incorporation Organisation Applying

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

Attach a file:

Applying with a Auspice Organisation

Attach an electronic copy of a letter from your auspice organisation stating their willingness to accept and administer the grant

Attach a file:

Attach a copy of your auspice organisations Certificate of Currency for Public Liability Insurance

Attach a file:

Support Documents

Please attach Quotes

Attach a file:

Please attach any maps, plans and support letters

Attach a file:

Declaration & Privacy Statement

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* indicates a required field

Privacy Statement

Greater Shepparton City Council manages your personal information in accordance with its Privacy Policy and the Privacy and Data Protection Act 2014 (Vic). Your personal information is collected to communicate with you regarding your grant application. It is disclosed to Council Officers for review of your application and may be disclosed to other areas of Council to administer your grant application. If you do not provide the requested information we may be unable to process your application and keep you informed of the outcome of the application. Council may also use your personal information to contact you regarding future grant rounds. To opt out of future notification, gain access to or update your personal information please contact Council's Grants Coordinator on (03) 5832 9872.

Declaration *

- ☐ I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organisation/group.
- ☐ I have read the accompanying guidelines for applicants provided with this application form.
- ☐ I have considered Council's access and inclusion requirements.
- ☐ I agree that I will contact the Greater Shepparton City Council immediately if any information provided in this application changes or is incorrect.
- ☐ I understand that the information above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge.
- ☐ I agree to provide final acquittal reports as required.

Name *

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

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Position *

Date *

Must be a date.

Application Feedback

* indicates a required field

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. .

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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 minutes

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