

Emergency Relief Fund Application 2026-27

Form Preview

2026-27 Emergency Relief Application Form

Welcome to the 2026-27 Emergency Relief Fund Application Form

Welcome to the Knox City Council's online grant application service, powered by SmartyGrants.

If you need any help navigating this form or using SmartyGrants, please visit SmartyGrants applicant [Frequently Asked Questions](#).

If you have any questions about the application process, [guidelines](#), or [timeframes](#) please contact the Community Grants Team at Knox on 9298 8000 or email grants@knox.vic.gov.au.

Navigating the application form

You may begin anywhere in this application form. Please remember to save as you go! You will find the save button in the top left hand corner of your screen.

On the right hand side of every screen, there is a box which links directly to every page of the application. Click the link to jump directly to the page you want.

You can also click "next page" or "previous page" on the top or bottom of each page to move back or forward through the application.

Saving and printing your draft application

If you wish to leave a partially completed application, simply press save and log out. When you log back in, click on the "My Applications" link at the top of the screen and you will see a list of any applications you have started or submitted. You can then reopen your draft application and begin where you left off.

You can also download any application, whether in draft or complete. Click on the "Download" button at the bottom of the application navigation panel. Once you have downloaded your application as a PDF you can print it.

Reviewing and submitting your application

You will find a "Review" button at the bottom of the Navigation Panel. You need to review your application before submitting it.

If you have not answered all mandatory questions in the application form, you will be notified when you click "Review".

Once you are happy with your application, click on "Submit" at the top of the screen or on the navigation panel.

When you submit your application, you will receive an automated confirmation email with a copy of your submitted application attached. This will be sent to the email you used to register.

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VERY IMPORTANT: *You will not be able to submit your application until all the questions are completed as required.*

If you DO NOT receive a confirmation of submission email then your submission has NOT been received.

Once you have submitted your application, no further changes can be made without contacting the Knox Grants Team on 9298 8000 or grants@knox.vic.gov.au.

Attachments and supporting documentation

You will need to upload documents to support your application. This is simple, however you will need to have the documents saved onto your computer.

You need to allow enough time for each file to upload before trying to attach another file. Files can be up to 25MB each, however we do recommend trying to keep files to a maximum size of 5MB for ease of uploading.

If you are not able to upload a document, please contact the team at SmartyGrants for support.

Completing an application in a group/team

A number of people can work on an application using the same log in details, as long as only one person is working at a time.

Remember - SAVE AS YOU GO!

Eligibility and Program Information

* indicates a required field

Applicants: please note

Before completing this application form, please ensure you have read the program guidelines: www.knox.vic.gov.au/our-council/grants/emergency-relief-fund

This section of the application is designed to help you, and us, understand if you are eligible for this program. It is important that you complete these questions before any others to ensure you do not waste your time.

If you have any questions in regards to these eligibility criteria, please contact the grants team on 9298 8000 or at grants@knox.vic.gov.au and quote the application number below:

Application Number

This field is read only.

The identification number or code for this submission.

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Confirmation of Eligibility

Before proceeding, please confirm the following:

- you have read and understood the program guidelines
- you are a member of the Knox Emergency Relief Network (KERN)
- your organisation has a primary mission of delivering immediate and essential relief and support to people in need in Knox
- your organisation is a not-for-profit organisation
- your organisation is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- your organisation is located in (and/or provides services to) the Knox City Council local government area
- your organisation has an ABN, or completes a Statement by Supplier form
- your organisation is able to demonstrate financial viability
- your organisation has a Committee of Management or similar governing body that accepts responsibility for the grant
- your organisation does not operate electronic gaming machines, or deliver the project at a venue that does
- your organisation does not owe any reports or money to Knox City Council 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

Program Information

The Emergency Relief Fund supports organisations operating in Knox, or delivering services to Knox residents, to provide immediate and essential assistance to people experiencing hardship or crisis. It is a responsive fund that helps organisations meet urgent need and replenish essential relief supplies.

Examples of eligible support include:

- **food and groceries**
- **bedding and blankets**
- **clothing and personal care items**
- **grocery vouchers**
- **medicines and health-related essentials.**

You can request any amount from \$1 to \$10,000. Please request only what you need to meet the identified need.

Each organisation can receive a maximum of \$10,000 per financial year, across one or more applications.

Funds must be spent within five months of approval.

Successful applicants must sign a funding agreement and submit an acquittal at the end of their project showing proof of expenditure and the benefit of the grant.

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Your project start date must be after the Council meeting date where your application is being presented for approval. Projects that are due to begin before the Council meeting date at which they're being presented will not be considered.

Dates to remember

Submission deadline Council meeting

20 November 2026 14 December 2026

8 January 2027 8 February 2027

12 February 2027 9 March 2027 (Tues)

12 March 2027 12 April 2027

9 April 2027 10 May 2027

14 May 2027 15 June 2027

Applicant Details

* indicates a required field

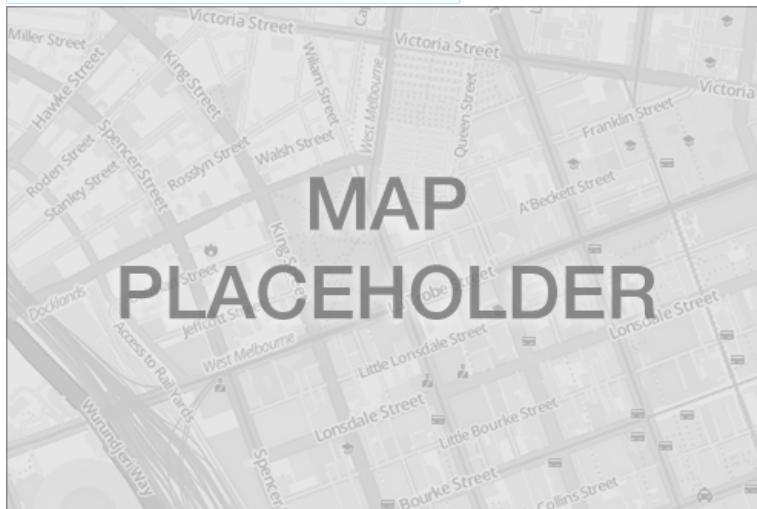
Applicant Details

Name of organisation *

Organisation Name

Organisation Address *

Address



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

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What is your organisation's legal structure? *

- ☐ Incorporated association
- ☐ Cooperative
- ☐ Company limited by guarantee
- ☐ Indigenous corporation, association or cooperative
- ☐ Organisation established through specific legislation
- ☐ Trust
- ☐ Unincorporated association
- ☐ Unknown
- ☐ Other:

Does your organisation have an ABN? *

- ☐ Yes ☐ No

Applicant 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.

provide ABN of auspice organisation if relevant. If no ABN please complete a Statement by Supplier declaration.

What is your incorporation number?

This can be found on the Consumer Affairs Victoria website

Committee/Governance Structure

Complete the details of your full committee below:

Committee Member Full Name	Position	Email Address	Phone Number
			Must be an Australian phone number.

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Primary Contact Details

Primary contact *

First Name

Last Name

Position held in organisation *

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

Primary contact phone number *

Must be an Australian phone number.

Primary contact email address *

Must be an email address.

Secondary Contact Details

Secondary contact (must be different to primary contact) *

First Name

Last Name

Position held in organisation ***Secondary contact phone number ***

Must be an Australian phone number.

Secondary contact email address *

Must be an email address.

Child Safety

Child Safe Standards

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Council is committed to creating a child safe and child friendly city. We have zero tolerance for child abuse and are committed to ensuring all children and young people are safe, valued and protected from harm. Child safety is embedded in the everyday work of Council staff, contractors and volunteers.

All organisations funded through the Knox Grants Program must comply with all relevant child safety laws, including but not limited to, the Child Wellbeing and Safety Act 2005. This includes:

- Reviewing the Worker Screening Act 2020 to understand any Working with Children Check (WWCC) requirements;
- Reviewing the Child Employment (Amendment) Act 2022 to determine whether your organisation requires a licence to employ children under 15;
- Implementing the Victorian Child Safe Standards, where applicable; and
- Understanding your organisation's obligations under the Reportable Conduct Scheme.

Plain language guides, fact sheets-language guides, fact sheets and other resources are available from the Social Services Regulator: [Child Safe Standards | vic.gov.au](https://www.vic.gov.au/child-safe-standards).

Compliance with Child Safe Standards

As a condition of receiving Community Grant funding, organisations must comply with the Child Wellbeing and Safety Act 2005, the Child Safe Standards and the Reportable Conduct Scheme.

If your organisation has direct or indirect contact with children under 18, your application must include evidence of your organisation's commitment to child safety. This includes:

- Policies and procedures related to the Child Safe Standards (where required organisations with no involvement with children are not expected to provide these);
- Confirmation that all relevant staff and volunteers hold a Working with Children Check, where applicable.

Does your organisation or the proposed project/activity involve direct or indirect contact with children or young people under 18 years of age? *

☐ Yes

☐ No

If yes, please provide evidence of your organisation's Child Safe policies and procedures aligned with the Child Safe Standards; and confirmation that all relevant staff and volunteers hold a current Working with Children Check. (Organisations with no involvement with children are not required to provide this information.)

Attach a file:

A letter signed by your President or Secretary confirming that all relevant staff and volunteers hold a valid WWCC, and that your organisation keeps a register of these checks is sufficient proof

Does your project, activity, or event take place in a park or other open public space? *

☐ Yes

☐ No

If yes, this is considered indirect contact with children. Please provide a Child Safe Plan. A Child Safe Plan is activity specific and outlines the practical steps you will take to manage child safety risks for this project, rather than an organisation-wide policy.

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Attach a file:

Contact with Council

Have you discussed your application with any Knox Council Officer? If so, please provide details below:

Applicants are encouraged (but not required) to contact the Grants Team before submitting to confirm their eligibility.

Community Strengthening e-Bulletin Subscription

To subscribe to our e-Bulletin containing information on community training, grants and more, please follow the link below:

[Subscribe here](#)

Auspice Information (if applicable)

* indicates a required field

An auspice arrangement is when an eligible incorporated organisation agrees to apply for, receive and manage grant funding on behalf of an unincorporated group. The auspice organisation takes legal and financial responsibility for the grant while the unincorporated group delivers the project or activity.

Is your organisation auspiced by another organisation for the purpose of this grant? *

☐ Yes

☐ No

Auspice Organisation Details

Auspice organisation name *

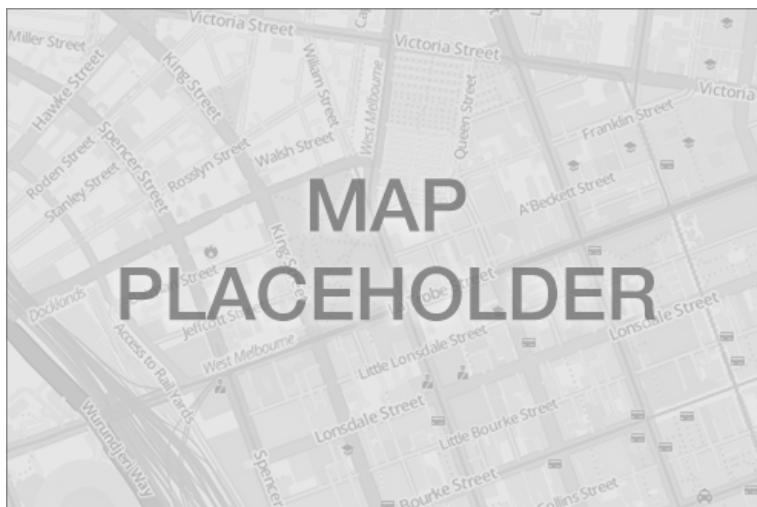
Organisation Name

Auspice address *

Address

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**Auspice phone number ***

Must be an Australian phone number.

Auspice email address *

Must be an email address.

Auspice website *

Must be a URL.

Primary contact person at auspice organisation *

First Name

Last Name

Position held in organisation ***Auspice contact phone number ***

Must be an Australian phone number.

Auspice contact email address *

Must be an email address.

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

Attach a file:

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Does the auspice organisation have an ABN? *

☐ Yes

☐ No

Auspice 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.

Project details and assessment criteria

*** indicates a required field**

Request Details

Project Title *

Project Start Date *

Must be a date after the Council meeting at which your application is being presented. See dates at beginning of this application for guidance.

Project End Date *

Must be a date.

(a) Briefly describe details of the request. What relief items or support will the grant fund, and how will they reach people in need? (max 150 words) *

Word count:

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Must be no more than 150 words.

What sort of emergency relief supplies are required.

Which theme/s of the Knox Council and Health & Wellbeing Plan 2025-2029 does this project align with?

- | | |
|---|---|
| ☐ Enhancing community connection to vital services and resources | ☐ Leading, listening and governing responsibly |
| ☐ Embracing connection, inclusion and diversity | ☐ Being a strong voice for safety |
| ☐ Caring for and enhancing our environment | ☐ Planning our future city |

1. Community need and demand (40%)

Describe the current need for this support. Include evidence of service demand, waitlists or service pressures, and any recent increase in demand and what is driving it (max 250 words) *

Word count:

Must be no more than 250 words.

Use your own service data where possible, for example the number of people you've turned away, or demand compared with this time last year

How many people has your service supported in the last three months?

Must be a number.

2. Urgency and responsiveness (30%)

Please explain why this support is required at this time, how the proposed project responds to an unmet or emerging community need, and what is likely to happen if funding is not received. Please also explain why the project cannot be delayed or alternative funding sought at a later time. (max 250 words) *

Word count:

Must be no more than 250 words.

Tell us about any unmet or emerging need this request responds to

Community benefit (15%)

3. Who will benefit from this project, and how will it help people experiencing hardship in Knox? Tell us whether the benefit will last beyond the grant period (max 100 words)

Word count:

Must be no more than 100 words.

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How many people will directly benefit?

Must be a number.

How many of these are Knox residents?

Must be a number.

How have you calculated the above figure?

How will you make sure the project is accessible and inclusive, and open to the wider Knox community? (max 100 words)

Word count:

Must be no more than 100 words.

4. Organisational capacity (15%)

Describe your organisation's purpose and your experience delivering similar programs / initiatives, or working with people experiencing hardship. Please also upload a project plan to demonstrate how you have planned each stage of the proposed project, including key activities, timelines, responsibilities and expected outcomes (max 200 words) *

Project Plan *

Attach a file:

How many staff and/or volunteers, including committee members, are currently involved in your service? *

Must be a number.

Budget

*** indicates a required field**

GST and Proof of Expenditure Requirements

- Where an applicant is registered for GST, grant funding will not include GST for salary, project management costs, equipment or other items that attract GST.

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- All invoices submitted as proof of expenditure must clearly indicate whether GST has been applied, and where applicable, invoices and quotes must include GST and show this separately.
- Where screenshots are provided as proof of expenditure, applicants must clearly confirm whether the amounts shown include GST.

Is your organisation registered for GST? *

- ☐ Yes
☐ No

Do the quotes or invoices provided with your application include GST? *

- ☐ Yes
☐ No

What is the total cost of the project / activity? *

\$

Must be a dollar amount.

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

What amount is being requested in this application? *

\$

Must be a dollar amount.

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

Project Income

Please outline your project income in the budget table below, including details of other income or funding that you have applied for, whether it has been confirmed or not.

Your budget MUST balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT)

Income description	Income type	Income amount (budgeted)
	Other:	
	Other:	
	Other:	
	Other:	
	Other:	

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Provide a clear description for each budget item. Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'.	Please select the type of income	Must be a dollar amount.

What will the grant pay for?

Below, list only the items that you want the grant to pay for. These should be items from the expenditure in your budget above, and they should add up to the amount you're requesting.

Attach a quote for each item. A formal quote or a screenshot from a retailer's website is fine. You can attach quotes next to each item, or all together in the section below.

Expenditure	Amount	Quote/s
	\$	
	\$	
	\$	
	\$	
	\$	
	Must be a dollar amount.	

Quote Requirements – Explanation for Missing Quotes

If you can't provide two quotes for an item, please explain why. For example, the item is only available from one supplier.

Additional Quotes and/or Calculations

You can attach any other quotes not attached above here.

Attach a file:

Quotes must support all expenditure items listed in table above

Additional Supporting Information

* indicates a required field

Please upload your current Public Liability Insurance Certificate *

Attach a file:

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Public Liability Expiry Date *

Expiry date must extend beyond your project start and finish date

Please upload your latest Annual Report *

Attach a file:

Please upload your latest Financial Statement *

Attach a file:

Please attach any other relevant supporting documentation

Attach a file:

Declaration

* indicates a required field

I declare that all information within this application is true and correct.

If successful, the organisation commits to provide an acquittal of all grant funds to Council as outlined in the Community Grants Guidelines and will adhere to the principles set out in the Council and Health and Wellbeing Plan.

*

☐ Yes

Name of authorised person

First Name

Last Name

Position (eg President, Treasurer) *

Phone Number

Must be an Australian phone number.

Declaration Date *

Must be a date.

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Conflict of Interest

Does anyone involved in your organisation, or a member of their family, have a relationship with a Council staff member or Councillor? This includes a Councillor being a member of your organisation. *

☐ Yes

☐ No

If you have any queries regarding this, please call Council's Community Partnerships Team on 9298 8000 to discuss.

Please provide further information

Privacy Statement

The personal information requested in this application form is for the purposes of administering the Emergency Relief Fund and will only be used by Council for that primary purpose or directly related purposes. Whilst information relating to groups and the specific request/project details will be published, personal information in regards to individuals will not be disclosed except as required by law.