

Winter Shelter Program Expression of Interest

Form Preview

Winter Shelter Program Expression of Interest (EOI)

Welcome to the Winter Shelter Program Expression of Interest Form

Welcome to the Knox City Council's online 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 or timeframes, please contact the Community Grants Team at Knox on 9298 8000 or email grants@knox.vic.gov.au.

Navigating the EOI 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 EOI

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 EOI

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.

Winter Shelter Program Expression of Interest

Form Preview

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 the EOI 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 & Program Information

* indicates a required field

Applicants: please note

Before completing this Expression of Interest (EOI) form, please ensure you have [read this document](#)

Incomplete EOI's received after the closing date will not be considered.

This section of the EOI 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.

Winter Shelter Program Expression of Interest

Form Preview

Confirmation of Eligibility

Before proceeding, please confirm the following:

- you have read and understood the program guidelines
- you are able to demonstrate alignment between your project and the aims of this program
- your organisation is a not-for-profit organisation
- your organisation is incorporated, or is auspiced by an incorporated organisation for the purposes of this EOI
- your organisation is located in (and/or provides services to) the Knox City Council local government area
- your organisation is able to demonstrate financial viability
- 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

Child Safety

Child Safe Standards

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);

Winter Shelter Program Expression of Interest

Form Preview

- 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.

Attach a file:

Program Information

Knox City Council is seeking Expressions of Interest (EOI) from suitably qualified not-for-profit organisations to establish and deliver a Winter Shelter Program in Knox.

The program will provide safe overnight accommodation for people experiencing homelessness during the coldest months of the year, and connect guests with housing, health and support services.

Funding can be used for:

- Program planning and coordination
- Partnership development
- Volunteer recruitment, training and support
- Venue preparation and operational readiness
- Program delivery
- Guest support and referral pathways
- Monitoring, reporting and evaluation
- Other reasonable costs directly associated with delivering the program

Milestone

Timing

Winter Shelter Program Expression of Interest

Form Preview

EOI opens

13 October 2026

EOI closes

10 November 2026

Assessment

November 2026

Recommendations to Council Meeting

14 December 2026

Successful organisation appointed

21–24 December 2026

Program establishment and venue preparation

December 2026 – 25 May 2027

Program readiness review, including venue compliance and approvals

26 May 2027

First Winter Shelter season

1 June – 31 August 2027

Second Winter Shelter season

1 June – 31 August 2028

Service Agreement ends

December 2028

Applicant Details

* indicates a required field

Name of organisation *

Organisation Name

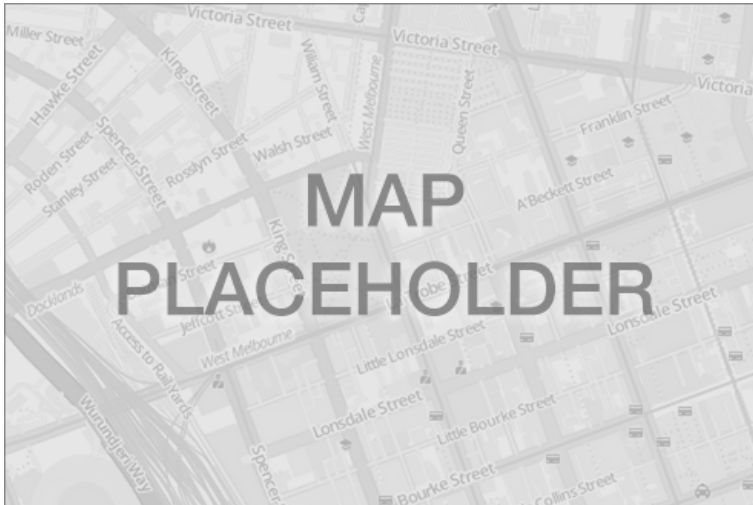
Make sure you provide the same name that is listed in official documentation.

Organisation address

Address

Winter Shelter Program Expression of Interest

Form Preview



Organisation phone number *

Must be an Australian phone number.

Organisation email address *

Must be an email address.

Organisation website

Must be a URL.

Must be a URL.

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:

If your organisation is unincorporated, it must have an auspice organisation.

Does your organisation have an ABN? *

- ☐ Yes
- ☐ No

If no, you will need to complete a Statement by a Supplier form at a later time.

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.

Winter Shelter Program Expression of Interest

Form Preview

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	

Please upload a copy of your most recent Annual Report. *

Attach a file:

Please upload a copy of your most recent Financial Statement *

Attach a file:

Governance Information

Complete the details of your full committee below:

Committee/board member full name	Position	Email address	Phone number

What is your incorporation number? *

Primary Contact Details

Primary contact *

First Name

Last Name

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

Winter Shelter Program Expression of Interest

Form Preview

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 *

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

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.

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 program? *

☐ Yes

☐ No

Unincorporated organisations submitting an EOI for this program must be auspiced by an incorporated organisation. If you are unincorporated and do not have an auspice, you should not apply for this program.

Auspice Organisation Details

Winter Shelter Program Expression of Interest

Form Preview

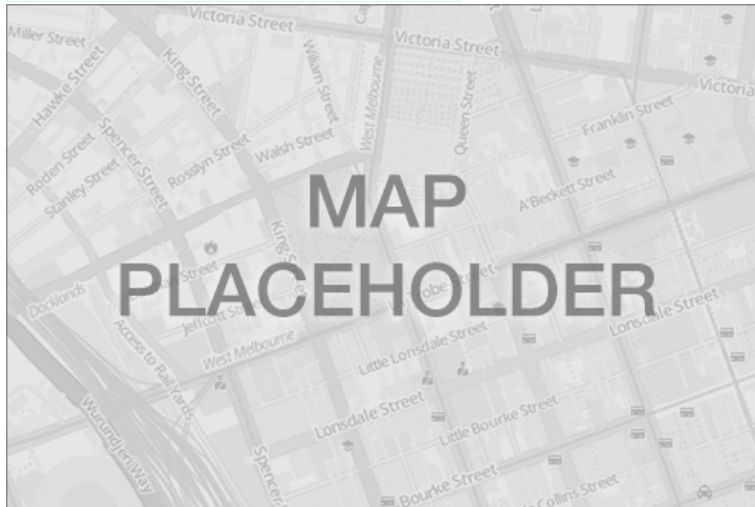
Auspice organisation name *

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.

Auspice address

Address



Auspice phone number *

Must be an Australian phone number.

Auspice email address *

Must be an email address.

Auspice website

Must be a URL.

Contact person at auspice organisation *

First Name

Last Name

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

Position held in organisation *

e.g., Manager, Board Member or Fundraising Coordinator.

Winter Shelter Program Expression of Interest

Form Preview

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:

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

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.

As the auspice organisation does not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO website](#).

Please upload completed Statement of Supplier Form: *

Attach a file:

Max 25mb per file uploaded

Winter Shelter Program Expression of Interest

Form Preview

Winter Shelter Program Assessment Criteria

* indicates a required field

1. Understanding of the program objectives and local need (15%)

Describe your understanding of homelessness in Knox and the needs of people experiencing homelessness or without access to safe overnight accommodation during winter. Explain how your proposed Winter Shelter model will respond to these needs and the objectives of the program (Max 300 words) *

Word count:
Must be no more than 300 words.
Be descriptive, but succinct.

2. Proposed delivery approach (30%)

Proposed Venue/s

Venue name	Venue address	Venue owner/operator or proposed?	Confirmed or proposed?	Number of operating nights per week	Maximum overnight accommodation capacity	Approval / compliance status
				Must be a number.	Must be a number.	

Start operating period

Must be a date.

End operating period

Must be a date.

Operating hours

Eg 6pm to 9am

Please attach evidence of support from the venue owner/operator for each confirmed venue, where available.

Winter Shelter Program Expression of Interest

Form Preview

Attach a file:

If any venue arrangements, regulatory approvals or compliance requirements are not yet confirmed, please identify: what remains outstanding; who is responsible for completing each requirement; any professional or regulatory advice required; expected costs; and the timeframe for completion before overnight accommodation commences.

Connecting guests to services: please explain how guests will be linked to housing, health and support services, including referrals and follow-up (max 150 words) *

Word count:

Must be no more than 150 words.

Volunteers and community participation: please explain how you'll recruit, train, supervise and support volunteers, and involve local businesses and residents (max 150 words) *

Word count:

Must be no more than 150 words.

Evidence: please explain what data you'll collect to measure impact and inform future homelessness responses in Knox, and how you'll report it to Council (max 150 words) *

Word count:

Must be no more than 150 words.

3. Organisational experience and capability (20%)

Describe your organisation's relevant experience and capacity to establish and deliver the Winter Shelter Program (Max 400 words)

Include:

- experience working with people experiencing homelessness and/or delivering comparable programs;
- relevant examples of previous service delivery;
- proposed program lead and key staff;
- relevant skills and qualifications;
- experience managing volunteers; and

Winter Shelter Program Expression of Interest

Form Preview

- capacity to deliver this program alongside your organisation's existing activities.

*

Word count:
Must be no more than 400 words.

Estimated number of paid staff required

Must be a number.

Estimated number of volunteers required

Must be a number.

Project Plan - Upload your project plan to demonstrate you have considered and planned each stage of your project, including key activities, timelines, responsibilities and expected outcomes *

Attach a file:

Outline the key activities required to establish and deliver the Winter Shelter service before commencement, including governance, venue preparation, workforce readiness, partnerships, safety planning, resources, community engagement, and implementation timelines.

4. Partnerships and collaboration (15%)

Identify the key organisations that will support the establishment and/or delivery of the Winter Shelter Program.

Partner organisation	Role / contribution	Confirmed or proposed	Letter of support (if confirmed)

5. Governance, risk management and compliance (10%)

Describe how the Winter Shelter Program will be governed and how your organisation will manage the key risks associated with its establishment and operation (Max 300 words).

Include:

- responsibility for program oversight and operational decision-making;
- financial accountability;
- safety of people accessing the program, staff and volunteers;

Winter Shelter Program Expression of Interest

Form Preview

- safeguarding;
- incident and emergency management;
- privacy and confidentiality;
- relevant screening requirements; and
- venue and operational risks.

*

Word count:

Must be no more than 300 words.

Risk Management Plan *

Attach a file:

Public Liability Insurance (PLI) Certificate of Currency *

Attach a file:

Date of Expiry of PLI *

Must be a date.

6. Detailed budget, project costs and value for money (10%)

Up to \$54,000 is available for the successfully appointed organisation in the first year. Funding in the second year will be the balance of Council's annual program allocation after staffing costs, and will be confirmed through Council's annual budget process.

Total Amount Requested *

Must be a dollar amount.

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

Total Project Cost *

Must be a dollar amount.

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

Explain how your proposed budget represents value for money, including what Council funding will enable the program to deliver and how other funding, in-kind contributions or community resources will contribute to the overall delivery of the program (max 100 words) *

Winter Shelter Program Expression of Interest

Form Preview

Word count:
Must be no more than 100 words.

6.1 Project Income

Please outline your project income in the budget table below. Include Council funding and any other grants, donations, sponsorship, fundraising or other income that will contribute to the program.

Income source	Income amount	Is this funding confirmed?	Notes
Other:			
Other:			
Other:			
Other:			
Other:			
Please select the type of income	Enter the total amount expected to be received. Must be a dollar amount.		

6.2 Project Expenditure

Please outline your project expenses in the table below. You must provide two (2) quotes to support each expenditure item, and workings to support any salaries / wages including the hourly rate, how this has been determined, and the number of hours per week.

Expenditure may include staffing/program coordination, venue costs, venue preparation and compliance, volunteer training, support for people accessing the program, equipment, transport, insurance, monitoring and other reasonable program delivery costs.

Where Council funding will be distributed to participating venues or delivery partners, clearly identify the organisation and proposed amount.

Winter Shelter Program Expression of Interest

Form Preview

Expenditure description	Amount requested from Council	Quotes / workings to support expenditure item
Provide clear descriptions for each budget item. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.	Enter the total amount to be expended on this budget item. Must be a dollar amount.	{{ Grantmakers: Add your own hint to reflect your policy on obtaining quotes }}

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

Budget Totals

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

Total Income Amount

This number/amount is calculated.

Total Expenditure Amount

This number/amount is calculated.

Income Minus Expenditure

This number/amount is calculated.
Should equal zero.

Declaration

*** indicates a required field**

Declaration

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 EOI are true and correct, and I understand that if the applicant organisation is approved for this program, we will be required to accept the terms and conditions as outlined in the final service agreement.

I agree *

Winter Shelter Program Expression of Interest

Form Preview

☐ Yes

Name of authorised person *

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.

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 Grants Team on 9298 8000 to discuss.

Please provide further information

Privacy Statement

The personal information requested in this EOI is for the purposes of administering the Winter Shelter Program 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.