2023 Community Meals Subsidy Application

Form Preview

Introduction

* indicates a required field

The Community Meals Subsidy Program aims to:

- Strengthen the community's capacity to address loneliness and social isolation and support access to affordable meals, recreation, activities and other community services for older people.
- Encourage older people to participate in activities that improve their health, wellbeing, social connections and celebrate cultural diversity.
- Encourage opportunities for community volunteers to develop skills, self-confidence, and sense of community.
- Partner with community organisations and groups offering a range of services and activities for older people.
- Encourage community organisations to welcome new participants by encouraging inclusive practices and policies that foster a safe and welcoming environment.
- Contribute to food security for everyone, especially the most vulnerable and enable older people to enjoy a community meal in the company of friends.

A meal subsidy of **$5.00 per person for up to 175** people over the age of 55 is available to eligible not-for-profit community organisations and groups meeting in the City of Melbourne. The subsidy is for a maximum number of 12 meal sessions to be held between January and December 2023.

For further information refer to the guidelines

Are you eligible?

Is your organisation registered as one of the following *

○ an incorporated association
○ an Australian public company limited by guarantee
○ a charitable foundation
○ other

If other please describe

If incorporated what is your incorporation number

Does your organisation provide regular services, activities or programs for people in the municipality who are over the age of 55? *

○ Yes
○ No

I can confirm that I am eligible based upon the above criteria * *

○ Yes - please proceed

○ No - do NOT continue

Applicant

* indicates a required field

Organisation Name *
Organisation Name

Meal Group Name (if applicable)

This can be left blank. For applicants doing multiple separate applications for a number of groups in their program and where the applicant is not an auspice.

Address *
Address

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

Website

Must be a URL.

Email address *

Do you have an ABN? *
○ ABN
○ None - need auspice

Do you require an auspice? *
○ Yes
○ No

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.

Community Meals Subsidy Program Contact

The person nominated here is the primary contact for the subsidy.

Contact Name *

Title | First Name | Last Name

Position *

Phone Number *

Must be an Australian phone number.

Alternative Phone Number

Must be an Australian phone number.

Email *

Must be an email address.

Alternative contact

This is the alternative contact person who we may contact as needed.

Alternative Contact *

Title | First Name | Last Name

Position *

Phone Number *

Must be an Australian phone number.

Alternative Phone Number

Must be an Australian phone number.

Email

Must be an email address.

Auspice

* indicates a required field

Auspice Organisation Name *
Organisation Name

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.

Address *
Address

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

Website

Must be a URL.

Auspice contact

This is the name of the person who will be responsible for the grant if successful in an auspicing capacity.

Project Contact *

Title	First Name	Last Name

Position *

Phone Number *

Must be an Australian phone number.

Alternative Phone Number

Must be an Australian phone number.

Email *

Must be an email address.

Organisation Background

* indicates a required field

What is the purpose of your organisation? *

Word count:
Must be no more than 100 words.

What type of services, activities or programs do you provide for older people? *

Word count:
Must be no more than 100 words.

On what day/s, frequency and hours are activities usually provided? *

For example every Monday between 10am and 2pm and once a month on Saturday between 10am and 5pm

What is the address where your usual and regular activities for older people take place? *

Please list if multiple locations.

What is the main language/s spoken by the members of your organisation? *

Rationale for Meal Provision

* indicates a required field

Why do you want to provide community meals? *

Word count:
Must be no more than 100 words.

Describe how your program creates opportunities for older people to participate in activities that improve their health and connection to the community. *

Must be no more than 100 words.

Describe how your program creates opportunities for older people to volunteer and the types of volunteering activities that your program offers *

Word count:
Must be no more than 100 words.

Describe how your program addresses loneliness and creates opportunities for social interaction and friendships to develop. *

Word count:
Must be no more than 100 words.

Describe how the community meal will benefit your organisation and the local community. *

Word count:
Must be no more than 100 words.

Describe how your organisation welcomes and encourages new participants. *

Word count:
Must be no more than 100 words.

Describe your organisation's contribution to the community meal. *

Word count:
Must be no more than 100 words.
For example financial contribution, employ staff or volunteer labour, equipment, food etc.

If you have relevant newsletters or other promotional materials for your program please attach here
Attach a file:

Fees, Catering and Staffing

Do you charge a fee for the meal? *
- ○ Yes
- ○ No
- ○ Sometimes

Do you plan to self-cater or contract the provision of meals? *
- ○ Self-cater (meals are prepared and cooked by members of the organisation)
- ○ Contract (purchased from an external catering company/restaurant)
- ○ Combination of both of the above

Does your organisation employ staff? *
- ○ Yes
- ○ No

Participants

* indicates a required field

How many members does your organisation have? *

Must be a number.

How many of your members or program participants are over the age of 55? *

Must be a number.

What is their average age? *

How many are men? *

Must be a number.
If none, mark as "0".

How many are women? *

Must be a number.
If none, mark as "0".

How many are gender diverse / trans / non-binary ? *

Must be a number.
If none, mark as "0".

How many live within the City of Melbourne municipality? (Please see map in guidelines) *

Must be a number.

List of Participants

Attach a copy of a list of names and addresses of members indicating those who are over the age of 55 and will be participating in the community meals program or a list of the suburbs or postcodes of members over the age of 55 that will be participating in the meals program.

*
Attach a file:

Meals

* indicates a required field

Meal Staffing

Please indicate how many members of your organisation including members, volunteers or paid staff will be participating and involved in coordinating the subsidised meals session/s, including ordering, shopping, book-keeping, cooking , booking restaurants, cleaning etc.

How many volunteers will coordinate the community meal sessions? *

Must be a number.
Whole numbers only

How many (paid) staff will coordinate the community meals? *

Must be a number.
Whole numbers only

Frequency

How often does your organisation currently provide food or a meal at your usual meetings? *

- ○ Daily
- ○ Weekly
- ○ Fortnightly
- ○ Monthly

Previous meal funding

Did you receive a community meals subsidy in 2022? *

- ☐ Yes
- ☐ No

Dates and Times of Meals

Complete the following table including dates, time of the sessions, and the venue for each of the meal sessions that you are requesting subsidy for in 2023.

Please advise if any of these details change during the year.

Maximum 12 sessions

Date	Time	Address
Must be a date.		

Meal & People Totals

What is the total number of community meal sessions based on the above table that you are requesting the subsidy for? *

No more than 12 sessions. Whole numbers only.

Approximately how many people do you anticipate will attend each of the above subsidised community meal sessions? *

Maximum total of 175 people attending each session. Whole numbers only.

Total number of subsidised meals

This number/amount is calculated.

Please let us know what alternative arrangements will be made for the community meals if COVID-19 impacts on the usual program and participants: (Please tick)

☐ • More frequent meal sessions with fewer participants.
☐ • Additional meal sessions to make up for any sessions missed.
☐ • Additional meal sessions during the warmer months.
☐ • Meal deliveries for people unable to safely access group meal sessions.
☐ • Virtual meal sessions on-line together with other social online activities.
☐ • Food relief such as food package delivery or meal vouchers for more vulnerable individual participants who may not be able to always access a community meal safely or are experiencing food insecurity.

Tick any that apply.

Other - please describe

Word count:

Must be no more than 100 words.

Insurance and Risk

* indicates a required field

Attachments

Does your organisation have public liability insurance? *
- ○ Yes - attach copy of insurance
- ○ No - attach risk plan

Certificate of Public Liability Insurance Copy

Please attach a copy of your insurance *
Attach a file:

Risk Plan

Please attach your risk plan *
Attach a file:

Privacy Statement & Declaration

* indicates a required field

The Council is committed to protecting your privacy in accordance with the Privacy and Data Protection Act 2014. The information collected is securely stored in smartygants and City of Melbourne computers. Any personal information collected by Council will be used for the purpose of assessing applications and requests for meals under the Community Meals Subsidy Program, to confirm the suburb where your members reside and any other directly related purpose. Organisations not wishing to provide the names and addresses of members may still participate in the program provided they submit a list of members' residential postcodes. This information will not be disclosed to any other external party without your consent, unless required or authorised by law. If you choose to provide the names and addresses of members to Council, please ensure that your members are aware that you are doing so.

The applicant contact information you have provided for the organisation in your application will be used by us to assess your application to provide information relevant to your membership in the Program, to promote a range of activities and to make referrals for new participants to your program. If you do not want us to use the contact information you provide in this way, please let us know and we will not provide these details to any external party (unless required or authorised by law). By submitting an application you consent to Council publishing the successful applicant's organisation name, and amount funded on our website. You can view the City of Melbourne Information Privacy Policy on our website.

To ensure our records are accurate and up-to-date, please let us know if you wish to access or alter any of the personal information you have supplied to City of Melbourne by phone 9658 9507 or email healthyageing@melbourne.vic.gov.au.

I hereby apply for funding for a Community Meals Subsidy and acknowledge that if successful in this application we agree to comply with the guidelines set by the City of Melbourne and to submit necessary acquittal documentation when the program has been completed.

I also acknowledge that all details supplied in this application form and in the attached documents are true and correct and that the application has been submitted with the full knowledge and support of the Committee of Management of the applicant organisation and / or auspice organisation.

I agree to the terms and conditions of the funding: *

○ Yes

Person making declaration *

Title	First Name	Last Name

Position *

Date *

Must be a date.