

# 2025 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 subsidy of **\$6.00 per meal provided** is available for not-for-profit community organisations, with the funding level based on the average number of participants at a usual group meeting, **up to a maximum of 140 participants per session**.

**The total subsidy is calculated using average attendance across a maximum of 12 meal sessions, however if successful the funding can be used across more or less sessions as required**, provided the total number of funded meals are delivered. Sessions will need to be held between January and December 2025.

A majority of participants in the proposed program need to be aged 55 and over.

The community meals program needs to be held within the City of Melbourne municipality. If the program is taking place outside of the municipal boundaries, a minimum of eighty per cent of participants must reside in the City of Melbourne.

**Successful subsidy recipients will need to complete acquittal reporting by the end of February 2026 to show evidence that they have delivered the funded number of meals. If the total number of meals are not provided, a portion of the subsidy remains unspent and refunds will be required.**

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**

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**If incorporated what is your incorporation number**

**A majority of participants in the proposed community meals program are aged 55 and over \***

- ☐ Yes  
☐ No

**Will you offer the community meal program within the City of Melbourne municipality? \***

- ☐ Yes  
☐ No

**If you are offering the meal program outside of the municipality will a minimum of 80% of participants be City of Melbourne residents?**

- ☐ Yes  
☐ No

**Confirm Eligibility**

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

- ☐ Yes - Please proceed  
☐ No - Do not continue

**Ineligible**

Based on your response, you are ineligible for this grant and cannot proceed with an application. If you would like to discuss your circumstances please email [healthyageing@melbourne.vic.gov.au](mailto:healthyageing@melbourne.vic.gov.au)

## Applicant

**\* indicates a required field**

**Organisation Name \***

Organisation Name

**Meal Group Name (if applicable)**

This can be left blank.

**Address \***

Address

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

### Website

Must be a URL.

### Email address \*

### Do you have an ABN? \*

- ☐ Yes  
☐ No - 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	<a href="#">More information</a>
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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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**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 person who we are able to contact if needed.

**Alternative Contact \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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

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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	<a href="#">More information</a>
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 would be responsible for the grant in an auspicing capacity.

### Project Contact \*

Title

First Name

Last Name

### Position \*

### Phone Number \*

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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.

### Does your organisation support a specific cultural community? If yes, please specify the cultural group/s below. \*

### What are the main languages spoken by group members? \*

## Rationale for Meal Provision

\* indicates a required field

### Why do you want to provide a community meals program? \*

Word count:

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Must be no more than 100 words.

**Describe how your program creates opportunities for older people to participate in activities that improve their health, address loneliness and encourage social interaction and friendship. \***

Must be no more than 300 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 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 and Catering

**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

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### 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 trans, gender diverse and 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 your program membership list including the **names, suburb and ages** of those participating in the community meals program, **confirming a majority will be aged 55 and older.**

\*

Attach a file:



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### Program Details, Proposed Funding and Insurance

\* indicates a required field

#### Program Staffing

Please indicate how many people in your organisation (including members, volunteers or paid staff) will be involved in coordinating the subsidised meals session/s, including ordering, shopping, admin, 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 meal sessions? \***

Must be a number.  
Whole numbers only

#### Frequency

**How often will your organisation provide food or a meal at your usual meetings? \***

- ☐ Daily
- ☐ Weekly
- ☐ Fortnightly
- ☐ Monthly

#### Dates and Times of Meals

Complete the following table including dates, times, and the venue for your proposed meal sessions in 2024.

The amount of sessions delivered is flexible, however funding is capped at average attendance across 12 sessions for the purpose of calculating the total grant amount. Once approved the priority is on delivering the number of meals you have been funded to deliver, with flexibility in the number of sessions offered to meet this target.

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

Date	Time	Address
Must be a date.		Location of community meal

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### Funded Meals and Subsidy Calculation

**On average, how many people attend one of your community meal sessions? A maximum limit of 140 people per session applies. \***

Whole numbers only. Funding is capped up to a maximum of 140 participants per session.

**How many community meal sessions do you plan to deliver? For the purpose of calculating your total grant this field is capped at a maximum of 12 sessions, however flexibility around program delivery permits more or less as desired, provided the total number of subsidised meals are provided. \***

Whole numbers only. Funding is calculated by multiplying average session attendance by up to a maximum of 12 sessions.

### Total number of subsidised meals

This number/amount is calculated.

If successful, you are required to provide this many meals to your participants between January-December 2025

### Total Subsidy Requested (\$6.00 per meal provided)

This number/amount is calculated.

This figure excludes any GST which may be required

**You will be required to deliver the total number of subsidised meals listed above to your program participants between January and December 2025, if your application is successful.**

**During the acquittal stage for this funding you will be required to demonstrate providing at least this number of meals. If you do not reach this target you will hold unspent subsidy which will need to be refunded to the City of Melbourne.**

**Please indicate what alternative arrangements will be made if you are unable to meet your minimum meals allocation target through your usual programming. \***

- ☐ Additional meal sessions to make up for any sessions missed.
- ☐ Meal deliveries for people unable to safely access group meal sessions.
- ☐ Food relief such as food package delivery or meal vouchers
- ☐ Refunds to City of Melbourne for the unspent portion
- ☐ Other:

Tick any that apply.

### Certificate of Public Liability Insurance

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**Please attach a valid copy of your public liability insurance \***

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. 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 9190 or email [healthyageing@melbourne.vic.gov.au](mailto: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.

**We recognise and understand the nature of the funding as a fixed \$6 subsidy per meal provided. We acknowledge the need to provide the number of meals funded through this application, or refund unspent subsidy to the City of Melbourne at the acquittal stage.**

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 \***

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Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Position \***

**Date \***

Must be a date.