

2027 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 and activities for older people.
- Enable older people to enjoy a community meal in the company of friends.
- 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 and a sense of community.
- Partner with community groups and organisations offering a range of activities for older people.
- Encourage community groups and organisations to welcome new participants through inclusive practices and policies that foster a safe and welcoming environment.

Funding level

A subsidy of \$6.00 per meal is available for up to 12 meal sessions.

The total eligible funding amount is calculated based on the average number of people attending a single community meals session (capped at 140 participants).

Maximum funding calculation:

140 participants per session X 12 sessions = 1,680 eligible meals

1,680 X \$6.00 per meal provided = \$10,080 maximum grant request

Sessions must be held between January and December 2027.

Funding can be used across more or less sessions as required, provided the total number of funded meals are delivered.

Eligibility

- 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.

Acquittal

- **Successful applicants need to complete acquittal reporting by the end of February 2027 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](#).

2027 Community Meals Subsidy Application

Form Preview

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

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. If you would like to discuss your circumstances, please email healthyageing@melbourne.vic.gov.au

Applicant

* indicates a required field

Organisation Name *

2027 Community Meals Subsidy Application

Form Preview

Organisation Name

Meal Group Name (if applicable)

This can be left blank.

Address *

Address

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

Website

Must be a URL.

Email address *

Must be an 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 | More information |
| ACNC Registration | |

2027 Community Meals Subsidy Application Form Preview

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"/> |
|----------------------|----------------------|----------------------|

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.

2027 Community Meals Subsidy Application

Form Preview

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

2027 Community Meals Subsidy Application

Form Preview

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 |
|----------------------|----------------------|----------------------|
| <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.

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? *

2027 Community Meals Subsidy Application

Form Preview

Rationale for Meal Provision

* indicates a required field

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

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, address loneliness and encourage social connection. *

Must be no more than 300 words.

Describe how your program creates opportunities for older people to volunteer *

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 newsletters or promotional materials for your program please attach here.

Attach a file:

Fees and Catering

Do you charge a fee for the meal? *

Yes

2027 Community Meals Subsidy Application

Form Preview

- 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

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.

Do any of your members report going without enough food or struggle to afford food sometimes? *

2027 Community Meals Subsidy Application

Form Preview

- Yes
- No
- Don't know

Tick a box. This question is for understanding community needs — it won't impact your application priority.

List of Participants

Attach a copy of your program membership list including **first names, suburb and ages** of those participating in the community meals program, **confirming a majority will be aged 55 and older.**

*

Attach a file:

Program Details, Proposed Funding and Insurance

* indicates a required field

Program staffing

Please indicate how many people in your organisation 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 meetings? *

- Daily
- Weekly
- Fortnightly
- Monthly
- Other:

Dates and times of meals

2027 Community Meals Subsidy Application

Form Preview

Your acquittal report needs to show at least this number of meals have been provided. If this target is not reached refunds to City of Melbourne will be required.

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

- Additional meal sessions to make up for any missed sessions.
- Meal deliveries for people unable to safely access group sessions.
- Refunds to City of Melbourne for the unspent portion.
- Other:

Tick any that apply.

Certificate of Public Liability Insurance

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

Attach a file:

Newsletters and communications

Would you like to receive occasional communications from the Healthy Ageing team about grants, community education opportunities and support resources?

- Yes, I would like to receive these communications.
- No, I would not like to receive these communications.

Do you agree to City of Melbourne promoting your organisation/program details in the annual Out and About guide for older people? *

- Yes
- No
- Other:

Visit melbourne.vic.gov.au/outandabout to see the latest copy

Would you like to subscribe to the monthly Healthy Ageing eNewsletter?

- Yes, I would like to subscribe.
- No, I would not like to subscribe.

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

2027 Community Meals Subsidy Application

Form Preview

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.

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 acknowledge and understand the nature of the funding as a fixed \$6 subsidy per meal provided.**
- **I 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 acknowledge the requirement to support Council officer site visits to the funded program, when requested.**

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

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Position *

Date *

Must be a date.

2027 Community Meals Subsidy Application

Form Preview