

# 2021 Community Meals 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.
- 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.

A meal subsidy of \$4.50 for up to 200 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 2021.

For further information refer to the [guidelines](#)

### Are you eligible?

To be eligible for a community meals subsidy an organisation must:

- be a not for profit community group, association or entity located in the city of Melbourne municipality, offer the community meal within the city of Melbourne municipality or have a minimum of eighty per cent of the participants residing in the city of Melbourne municipality if the applicant is located outside of the municipal boundaries (please see attached map)
- provide regular services, activities or programs for people in the municipality who are over the age of 55
- maintain public liability insurance of no less than \$20 million on terms accepted by Council and promptly provide a certificate of currency of insurance upon request by Council (or, with consent from Council, a satisfactory risk management plan)
- have an Australian Business Number (ABN) or an ABN Exemption Form
- have complied with previous funding and grants or subsidies including acquittal, have no outstanding acquittal reports or debts to the City of Melbourne and have a good reputation.

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

- Yes - please proceed
- No - do NOT continue

Only submit an application if eligible as your application will NOT be considered if the above criteria is not met.

### Applicant

\* indicates a required field

**Organisation Name \***

Organisation Name

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### 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.

### What is your registered entity type? \*

- Incorporated Body
- Charitable Foundation/ Institution
- Not registered
- Other:

### If incorporated, what is your incorporation number?

### Do you have an ABN or ACN? \*

- 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

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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.

### Project Contact

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

#### 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 contact person who we may contact as needed.

#### Alternative Contact \*

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

#### 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.

## 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

### What is your incorporation number?

### Address \*

Address

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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
<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? \*

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Word count:  
Must be no more than 100 words.

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

eg: 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 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. \***

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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.

Eg. Financial contribution, employ staff or volunteer labour, equipment, food etc.

## 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

**What is their average age? \***

Must be a number.

**How many are male? \***

Must be a number.

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If none, mark as '0'.

**How many are female? \***

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

**How many are non-binary gender (X indeterminate / intersex / unspecified)? \***

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

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

Must be a number.

**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.



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**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
- Other:

### 2020 Community Meals Subsidy

**Did you receive a community meals subsidy in 2020? \***

- Yes
- No

**How many community meal sessions did you provide in 2020? \***

Must be a number.

**How many individual meals did you subsidise in 2020? \***

Must be a number.

**How much did you spend in the provision of community meal sessions in 2020? \***

\$

Must be a dollar amount.

**Did you vary part of your 2020 Community meals subsidy? Did you use some of your funding to provide food vouchers or food parcels etc.**

- Yes
- No

### 2020 Community Meals Subsidy Variation Expenditure

If you varied part of the funding in 2020 and provided an alternative food / meals program please complete the following table:

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**Item. For example food parcels, vouchers, zoom meals etc.**

**Number**

**Amount**

		Must be a dollar amount.
		\$

**Total variation expenditure**

\$

This number/amount is calculated.

**Total expenditure for 2020 - meals expenditure + variation expenditure**

\$

This number/amount is calculated.

### Dates and Times of Meals

**COVID-19**

Due to this year’s COVID-19 restrictions many of the funded organisations and groups were not able to provide the community meals program in full and have unspent funds.

If you received the community meals subsidy in 2020 and are intending to apply for the subsidy in 2021 the unspent funds from 2020 will be allocated to the 2021 program. For example if you have provided 2 meal sessions in 2020 then you will only need to apply for these 2 sessions in 2021.

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 2021. Please advise if any of these details change during the year.

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 2021.

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

**Maximum 12 sessions only for new applicants.**

Date	Time	Address
Must be a date.		

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### 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 200 people attending each session. Whole numbers only.

**Total number of subsidised meals**

This number/amount is calculated.

**COVID-19. What changes or modifications would you be able to put in place to the 2021 community meals program if the DHHS restrictions were in place requiring social distancing? \***

Word count:

Must be no more than 100 words.

### Insurance and Risk

\* indicates a required field

#### Attachments

**Does your organisation have insurance? \***

- Yes - attach copy of insurance
- No - attach risk plan

#### Insurance Copy

**Please attach a copy of your insurance \***

Attach a file:

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### 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. 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](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.

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 above terms: \***

Yes

**Person making declaration \***

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Position \***

**Date \***

Must be a date.