Application for 2025 Booking - Discount Support Hall Hire

Discount Support Hall Hire - 2025

Application Term

This form is for bookings that are held in 2025.

Bookings for 2026 will be on a different form that will be available in September 2025.

Please ensure that you have read the Community Grants Guidelines, paying particular attention to the Eligibility Criteria and the information about what can be funded and what will not be funded.

https://www.whitehorse.vic.gov.au/about-council/what-we-do/awards-grants-and-funding/grants-community

Essential Criteria

Please note the following essential criteria is required in order for your application to be considered:

- Proof of Not-for-Profit status (via ABN) **or** Proof of Incorporation (a valid incorporation number and/or certificate of incorporation provided)
- Public Liability Insurance (\$20 million)
- Financial Statement (We require an Annual Financial Report that includes a balance sheet and profit and loss statements).

Your Organisation

* indicates a required field

Your Organisation

Organisation/ Group Name *		
(Organisation Name	

You **must** have either an ABN **or** Incorporation Number to be eligible:

Organisation 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 Busin	ness Register		
ABN			
Entity name			
ABN status			
Entity type			
Goods & Services Tax (GST)			
DGR Endorsed			
ATO Charity Type			
ACNC Registration			
Tax Concessions			
Main business location			
Must be an ABN.			
Is your group incorporated? ☐ Yes			
□ No			
If your group is incorporated	please provide an accurate Inc	cornoration Number	
in your group is incorporated,	picase provide an accurate me	or poracion realiser	
Please upload your certificate Attach a file:	of incorporation		
If you don't have a copy to upload, plo	ease ensure the number you provide is	s correct.	
Is your organisation Not for P	rofit? *		
○ Yes			
NoYou must be a non for profit to be elig	rible		
Do you operate under the aus Yes	pice of another organisaton? * O No		
Contact Details for corresp	pondence		
Postal Address - If you have a Address	standard street address, pleas	se enter it here	
Postal Address - if you have a	PO BOX, please enter it here		

If your group or organisation has a head office, what suburb is this located in?

Address			
Please			
Admin Contact * First Name	Last Name		
Contact Number (in	case we need to co	ontact you about this	application) *
Must be an Australian ph	one number.		
Contact Email (the kapplication) *	oest email address	for us to reach you o	n regarding your
Must be an email address	S.		
Website (if aplicable	=)		
Must be a URL.			
Insurance			
If you do not have insu	ırance you may be ine	eligible to apply for this	grant.
		6333 and ask to speak rants@whitehorse.vic.g	to the Venue Manager of ov.au.
Does your organisat ○ Yes ○ No (you need to con		bility Insurance (min O Auspicing organiser)	
Provision of Publi	c Liability Insura	nce Documentatio	n
When does your Pub	olic Liability Insura	nce expire? *	
Must be a date. Can be left blank if unkno	own.		
Upload a copy of yo Attach a file:	ur certificate of cur	rency for public liabi	lity insurance *

Finances

Does your organisation have a bank account or manage finances of the group. *

○ Yes	○ No
Current Financial Status	
What is a financial report?	
We require an Annual Financial R statement.	eport that includes a balance sheet and profit and loss
A financial report is NOT a bank s	tatement.
Please note: applications that d this grant.	o not provide a financial report will be ineligible to receive
Pleased upload a copy of your statement) * Attach a file:	r Financial Report (a financial report is NOT a bank
Is your organisation registere O Yes No	d for GST? *
Auspice Organisation	
* indicates a required field	
Auspice Name * Organisation Name	
Auspice ABN	
The ABN provided will be used to check that you have entered the	look up the following information. Click Lookup above to ABN correctly.
Information from the Australian Busi	ness 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.
Auspice Primary Address Address
Auspice Incorporation Number
Auspice Certificate of Incorporation Attach a file:
Auspice Public Liability Insurance - please provide certificate of currency for \$20million * Attach a file:
Account a file.
Auspice Primary Phone Number *
Must be an Australian phone number.
Auspice Primary Email *
Must be an email address.
Auspice Primary Website *
Must be a URL.
Information about your activities
* indicates a required field
How many years has your organisation been operating? *
How many members in your organisation? *
How many of your members reside in Whitehorse? *

In which municipality do you hold most of your meetings? *
How many whitehorse residence will participate in the activities associated with this application ?
ie. How many Whitehorse residents attend the regular meetings associated with this booking/ or How many whitehorse residents are expected to attend the event associated with this booking, etc.
Is your organisation a regional service? * O Yes No
Regions covered
Which regions do you cover? *
What does your organisation do?
Please contact Council if you need clarification if your activity is eligible. (Save this form, you can come back to it when you have the information you need to complete it.)
Call 0403 662 370 or 9262 6443 and ask to speak with the Community Grants Officer.
Briefly explain the objectives and activities of your organisation. *
Must be no more than 300 words. Briefly list (bullet points) the specific activities that will take place and where they will take place (200 words recommended)
Which category best describes your organisation? * Older Persons Sporting Club Service Club Hobby / Enthusiasts Club Music Club Theatre group Other:
Are your organisation's activities religious, spiritual or political in nature? * ☐ Yes ☐ No Religious Spiritual or Political activities will not be eligible

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Older Persons/ Seniors Groups

Does your organisation, club or group operate with the sole focus of offering social engagement activities to older members of the Whitehorse Community? * ☐ Yes ☐ No ☐ Other:
No more than 1 choice may be selected.
Your Booking
* indicates a required field
Hall Hire - Booking Details
This section will require the booking reference (booking code) that is provided by the venue manager. If you don't have the booking code, please save this form and contact the venue to obtain it before you proceed.
Please select the Venue that you have booked * Blackburn South Hall Box Hill Community Arts Centre Box Hill Town Hall East Burwood Hall Eley Park Community Centre Forest Hill Hall Horticultural Centre North Blackburn Community Hall Rentoul Hall Strabane Avenue Hall The Round - Theatre The Round - Function Space Willis Room
Please select the Venue Manager you have placed your booking with * Alex Lyons Alison Brash Helen Ellis Siobhan Steel Timothy Greaves Robyn McNicol Sarah Bradwell Other:
What type of booking are you seeking discount support for? * Regular/ Recurring Meeting Once off meeting Function or Event Fundraiser Other:

You can select more than one option
Recurring Bookings/Performances
You have indicated that you are applying for a regular/ recurring booking or performance Please address all fields below.
Booking Frequency * Weekly Monthly Quarterly Other:
Regular/Recurring Booking - reference/booking code *
Please enter the date of your FIRST booking *
Must be a date.
Please enter the date for your LAST booking for the calendar year *
Must be a date.
How many bookings do you have between 1 Jan - 30 June (inclusive) *
Must be a number.
How many bookings do you have between 1 July - 31 December (inclusive) *
Must be a number.
One-off Function/Event
You have indicated that you are applying for a single function/ event - please advise the following details
Booking Title (the name of your function or event) *
Booking Reference/ Booking Code for one-off Function/Event *
Must be a number.
This is provided to you by the venue manager

Event/ Function Date *
Must be a date.
Once-Off Meeting
Please provide the details of your single booking
Booking Title (name/purpose of meeting) *
Booking Reference/ Booking Code for Once-off meeting *
This is provided to you by the venue manager
Meeting Date *
meeting bate
Must be a date.
Fundraiser information
Approval of free use for all fundraising events is at the discretion of Council. Fundraising events receiving Discount Support should be for the benefit of the Whitehorse Community.
Booking title for Fundraiser (event title) *
Fundraiser Booking Reference Booking Code *
This is provided to you by the venue manager
Date of Fundraising Event *
Must be a date.
List the organisations in the City of Whitehorse that will benefit from your fundraising event? *
What will the fundraising be spent on? * ☐ Uniforms, Equipment or Supplies ☐ Tuition or Instruction ☐ Subsidising low income members ☐ Rooms or Facilities ☐ Charitable donation ☐ Other:

Will the funds raised be spent in Whitehorse? * ○ Yes ○ No		
Expenditure of funds		
Which organisation outside of Whitehorse will the funds be dispersed to? *		
Outcomes of Discount Support - Hall Hire		
* indicates a required field		
Whitehorse City Council is committed to becoming a leader in sustainable practices. Has your organisation undertaken any environmentally sustainable initiatives? * Members car pool to the venue Newsletters/communications are electronic Active in reducing energy consumption Actively reducing water consumption Separate and recycle waste Members catch public transport to events Members walk or cycle to events Serve vegetarian or vegan food options Our Group's activities improve the local natural environment Other:		
How does/will the Whitehorse Community benefit from your activities or event receiving discount support? * Social opportunities for members Improved skills of members Opportunity for community to join our activity/event Our members share their skills in the community Our members provide support to non-member community members Our members provide support to other members We improve the natural or built environment Other:		
At least 1 choice and no more than 3 choices may be selected.		

Explain why you need financial assistance from Council in the form of Discount Support (Hall hire)? *

Are any other comm which you are apply Yes		involved in the active port? * O No	vities or event for
Which Community G	roups are involved?	*	
Declaration			
* indicates a required f	ïeld		
 I certify that to the best of my knowledge the statements made in this application are true. I understand that if the Council approves a grant, I will be required to accept the conditions of grant in accordance with the Council audit requirements. I consent to the information contained within this application being disclosed to or by the Council for the purpose of assessing, administering and monitoring my current and any future the Council grant applications. I understand that if the Council approves a grant, I will be bound by the contents of my application to carry out my project as I have described and my application will form part of my contractual agreement with the Council. Please fill in details of the Authorised Representative of your organisation below as a sign they endorse this application 			
Authorised Represe First Name	ntative * Last Name		
Position			
Address Address			
Phone Number *			

Must be an Australian phone number.

Email *

Must be an email address.

*

I certify the above is correct

PRIVACY NOTIFICATION - The personal information requested on this form is being collected for the purpose of assessing, processing and allocating Community Grants. The information will be used solely by Council for that primary purpose or directly related purpose and will not be disclosed to any other party except as required by law. Your personal information held may be accessed by you by contacting Council's Community Grants Officer, via the Customer Service desk 9262 6333.