

Place-based Initiatives (Annual) Grants 2026/27

Form Preview

Place-based Initiatives (Annual) Grants

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Introduction

Maribyrnong City Council's Place-based Initiatives (Annual) Grants Program 2026/2027 provides financial and in-kind support via a competitive grant round. As an applicant you must meet the Eligibility Criteria and address the Funding Criteria. Proposed activities need to align with strategic objectives of the Festivals and Activation Framework 2022–2026 and Creative Maribyrnong 2030. These documents can be found on Council's [Festival City website](#)

PLACE-BASED INITIATIVES (Annual) STREAM

Grants are available for place-based activities that creatively activate City of Maribyrnong's public spaces, business precincts and local neighbourhoods. • Grants of up to \$20,000 are available • Applications are open to not-for-profit incorporated* organisations • Applications will be accepted until 4pm on Monday 8 June 2026 • Applications are assessed by Council's Independent Peer Panel with funding recommendations made to Council for endorsement • Funded activities must be delivered prior to 30 June 2027

* *Unincorporated not-for-profit organisations or groups can apply through an auspice agreement. Refer to page 5 of the Grant Guidelines.*

Before you start

Before you start your application, ensure that you have:

- Read the:
 - Place-based Initiatives (Annual) Grants Program Guidelines 2026/2027
 - Festivals and Visitation Framework 2022 - 2026 - Creative Maribyrnong 2030

These documents can be found here: [Grants - Maribyrnong City Council](#)

- If you are a first-time applicant (or if you are unsure of your proposed activity's suitability for this program) ensure you have spoken to contact Council's City Experience and Visitation Team about your intended application prior to applying. See contact details below.
- Ensure you have obtained relevant quotes and investigated venue availability. You must at least have a tentative booking. If you are planning to use a Council managed space or venue, please check availability and make a tentative reservation: For open spaces such as parks, reserves, Nicholson St Malls or town squares visit: [Reserves Manager Login](#) For indoor venues such as Bluestone Church Arts Space, Community Centres etc visit: [Maribyrnong City Council | Bookable](#)

For instructions on how to navigate and complete this application form in SmartyGrants, please access the [Applicant Guide](#).

For further information contact Council's City Experience and Visitation Unit:

Call: 03 9688 0200 or email: festival.city@maribyrnong.vic.gov.au

Applications must be submitted by 4pm, Monday 8 June 2026*

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All activities must be delivered prior to 30 June 2027.

**Late applications cannot be accepted*

Eligibility

Applicants must meet ALL of the following eligibility criteria:

- The applicant is a not-for-profit incorporated* organisation
- The proposed activity must occur within the boundaries of the City of Maribyrnong
- The proposed activity funding is scheduled to take place prior to 30 June 2027
- The proposed activity is free to attend or includes significant free programming
- The applicant must have acquitted ALL previous Council grants and have no outstanding debts to Maribyrnong City Council
- The applicant (or individuals, organisation or businesses involved in the activity) must NOT have any unresolved compliance matters with Maribyrnong City Council
- The applicant (or Auspice if applicable) must provide evidence of Public Liability Insurance (PLI) to the value of \$20 million

**Unincorporated not-for-profit organisations or groups can apply through an auspice agreement (refer to page 6 of the Grant Guidelines)*

Applications that are NOT eligible:

- Activities that do not align with Council policies and values
- Multiple applications for the same activity
- More than one application from the same applicant
- Activities that have already received funding from Council in the same financial year. For example, Council will not fund the same, or part of the same activity already funded through its Community Grants Program, Business Improvement District Grants or its Love Your West Grants Program in the same financial year.
- Activities with a primary purpose of promoting religion or politics or are for fundraising purposes
- Activities that have already received funding from Council in the same financial year. For example, Council will not fund the same, or part of the same activity, through its Community Grants Program, Business Improvement District Grants or Love Your West Grants Program in the same funding cycle.
- Activities already funded by Council through operational or Triennial Arts Grant funding.
- Activities which have already started or have been completed

My application meets all of the Eligibility Criteria *

- Yes
- No

If you are unsure, or do not meet all of these Eligibility Criteria, please speak to Council's City Experience and Visitation Unit on 03 9688 0200 before continuing with your application

Applicant Details

** indicates a required field*

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Applicant (organisation) Name *

Organisation Name

The 'Applicant' is the organisation or group who is applying for funding

Is your organisation a not-for-profit incorporated entity? *

No. Please refer to the Eligibility Criteria. You may still be eligible to apply via an incorporated not-for-profit auspice organisation

Yes. Please attach a copy of your organisation's Certificate of Incorporation or other evidence of the organisations entity status below

Attach a file:

Primary (Physical) Address of Applicant *

Address

Suburb State Postcode

Postal Address (if different from the above)

Address

Suburb State Postcode

Website *

Primary Contact Person *

Title

First Name

Last Name

Position held in Organisation *

Primary Person Phone Number *

Primary Person Email *

I confirm the Applicant has a valid ABN and Public Liability Insurance (PLI) to \$20mil *

Yes

No. I will be applying through an Auspice Organisation. Please complete details on following page

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Note: if you are applying through an Auspice all information related to your grant applicaiton with be forward to your Auspice Organisation

Applicant 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	

Please attach a copy of your PLI Certificate of Currency to \$20mil here
*

Attach a file:

Date of PLI Expiry *

Must be a date.

Governance

Please provide the names of your Organsation's Board or Management Committee members and their roles (eg. President, Secretary etc). You DO NOT need to complete this section if you are applying via an auspice organisation.

Name	Role on Committee

Core Team

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Please provide the names and roles of the key people involved in organising the activity you are seeking funding for (eg. Event Manager, Programmer, Operations Manager, Marketing and Publicity etc)

Name	Role

Auspice

* indicates a required field

Will your organisation be auspiced by another organisation? *

- Yes
 No

Auspice Details

ONLY COMPLETE THIS SECTION IF YOU ARE APPLYING VIA AN AUSPICE ORGANISATION

Please attach Auspice Letter of Agreement

Attach a file:

Please attach evidence that the Auspice has agreed to accept responsibility for the grant funding.

Auspice Name

Organisation Name

Auspice 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

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ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Auspice Website

Must be a URL.

Auspice Primary Address

Address

Auspice Postal Address

Address

Auspice Primary Email

Must be an email address.

Auspice Primary Contact

Title First Name Last Name

Auspice Primary Contact Position

Auspice Primary Contact Primary Phone Number

Must be an Australian phone number.

Auspice Primary Contact Primary Email

Must be an email address.

Please attach a copy of your Auspice's PLI Certificate of Currency to \$20mil here

Attach a file:

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Please attach a copy of your Auspice's current Board or Management Committee members and their roles

Attach a file:

Activity Details

* indicates a required field

Activity Name *

Short Description of Activity *

Word count:

Must be no more than 100 words.

This is the first thing that assessors read when assessing funding applications - be concise. This text may be used in Council publications to describe the activity.

Please provide some additional detail about the Activity. Consider the programming, target audience etc. *

Word count:

Must be no more than 200 words.

Describe what people will experience if they participate in or attend the Activity. What is the Activity seeking to achieve? Who is it for?

Attach a draft/example program or schedule for the Activity if available

Attach a file:

Proposed start date *

This is the start date of the actual event/activity (not the planning phase)

Proposed finished date *

Proposed time/s *

The start and finish times. Eg. Saturday & Sunday 10am-6pm.

How many people TOTAL do you estimate will attend/participate in the activity? *

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What percentage of attendees do you estimate will be from outside the City of Maribyrnong? *

Must be a % out of 100%

Briefly describe how you determined these figures *

How many Maribyrnong residents do you estimate will participate in the planning and delivery the activity? *

Include anyone part organising group, volunteers, event staff, performers, stallholders etc

Location/s

Location/s of activities *

ie. The specific park, street/s or proposed venues

Have you made a tentative booking or confirmed the use of venue/s? *

Yes
 No
You must at least have a tentative booking

Attach venue confirmation or venue reservation along with a quote for the use of the venue *

Attach a file:

Cost to participate

Is your activity free or ticketed *

- Free
 Ticketed
 A mixture of free and ticketed

If ticketed (or a mixture), please outline what activities will be provided to local residents at no cost

Partners

Will you be partnering with other organisations,

Yes
 No

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businesses or groups to plan and deliver the activity *

Please list organisations or groups and briefly describe their involvement

Timeline

List the major steps/stages in developing & delivering your activity. You may add additional rows as required. (Alternatively you can upload a Timeline in Section 6 below)

Activity / Milestone	Who will be responsible	Start date	Completed date
		Must be a date.	Must be a date.

If preferred, you can upload your own Timeline as a file here

Attach a file:

Assessment Criteria

* indicates a required field

Assessment Criteria

Please address the following assessment criteria

Outline the capacity of your organisation to deliver the activity in a safe and professional manner. If relevant, provide examples of previous place-based initiatives you have delivered. *

Word count:

Must be no more than 250 words.

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If applicable, attach relevant documents (eg. survey results, media articles etc) from previous place-based initiatives

Attach a file:

Attach a file:

Attach a file:

Please provide evidence of local need and community support for the activity *

Word count:

Must be no more than 250 words.

Outline how the activity will be relevant and engaging for the community, and help strengthen the local precinct and neighbourhood identity *

Word count:

Must be no more than 250 words.

Describe the benefits you think the activity will bring to local businesses, cultural and creative industries &/or artists *

Word count:

Must be no more than 250 words.

Will the activity provide opportunity for local participation and capacity building? Describe *

Word count:

Must be no more than 250 words.

What measures will be implemented to promote gender equity, inclusion and accessibility in the planning and delivery of your activity *

Word count:

Must be no more than 250 words.

Please identify what strategies you will implement to reduce the

Word count:

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environmental impact of the activity *

Must be no more than 250 words.

Finances

* indicates a required field

Income

How much funding (GST exclusive) are you are requesting from Maribyrnong City Council for the activity? *

\$

How much income (GST exclusive) TOTAL are you expecting to secure from other sources for the activity? This may be funds contributed by your own or partner organisations, stallholder fees, other grant funds, sponsorship etc. *

\$

NOTE: Panel Assessors will look favorably upon applications with a diversity of funding sources, rather than those entirely relying on Council funds.

If the level of expected income is not achieved, could the activity be re-scoped to still be delivered prior to 30 June 2027. What changes would be made? *

Other Income

If you have identified other sources of funding (such as other grant monies, sponsorship), please provide details below, including when you will know if funding is confirmed.

Funding source	Amount applied for (ex GST)	Is this funding confirmed?	Expected date of confirmation	Have you been successful with this funding in the past?	Any comments
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	Must be a dollar amount.				
	\$ <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applied previously	
	\$ <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applied previously	
	\$ <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	

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				<input type="radio"/> Not applied previously	
	\$	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applied previously	
	\$	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applied previously	

Budget

Please ensure your budget is **clear and realistic** and include **all in-kind and financial** contributions and expenses.

Do **NOT** include GST in your budget.

Clear item descriptions must be given (e.g. event staff, volunteer hours, artist fees, venue hire, sound and lights, security, advertising etc).

Volunteer hours are valued at \$30 per hour or at the standard hourly rate for the services of a certified professional.

If your application is successful, you may be asked to provide supporting documentation (such as quotes and calculations) for budget items.

Please note, you will also need to retain complete financial records for the activity (including quotes and proof of purchase for all your expenditure) and make these available upon request.

The budget should balance (ie. TOTAL INCOME = TOTAL EXPENDITURE).

Please attach a detailed budget for the activity *

Attach a file:

Preferred file format is excel

Please provide any assumptions or notes to your budget here

Previous Council Grants

Has your organisation received funding support from Maribyrnong City Council in the last three years? *

- Yes (please complete details below)
- No

Previous Council Grants Details

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Please list Maribyrnong City Council grants that you have received in the **last three years**. This includes Grants from the Signature Festivals or Place-based Initiatives Grants Programs, Love Your West Grants Program and any other Maribyrnong City Council Grants Programs you have applied to. You may add additional rows as required.

Year	Grants Program Name	Project/ Activity Name	Amount Received (ex GST)	Did you acquit these funds?	Any Comments
			\$	<input type="radio"/> Yes <input type="radio"/> No	
			\$	<input type="radio"/> Yes <input type="radio"/> No	
			\$	<input type="radio"/> Yes <input type="radio"/> No	
			\$	<input type="radio"/> Yes <input type="radio"/> No	
			\$	<input type="radio"/> Yes <input type="radio"/> No	
			Must be a dollar amount.		

Support Material (optional)

You can attach any additional material here in support of your application

Attach a file:

Attach a file:

Attach a file:

Attach a file:

Attach a file:

Declarations

* indicates a required field

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Privacy

Maribyrnong City Council (Council) is committed to protecting your privacy. The personal information requested on this form is being collected by Council for the purpose of Council's Signature Festivals and Activations Grants Program 2026/2027. The personal information collected will be used by Council for that primary purpose or directly related purposes.

Personal information collected will not be disclosed to any third party without your consent, unless permitted or required by law. If the personal information is not collected, Council may not be able to assess your funding application to Council's Signature Festivals and Activations Grants Program 2026/2027.

Requests for access to and/or amendment of your personal information should be made to Council's Privacy Officer. For more information, refer to Council's Privacy Policy on Council's website: [Privacy statement - Maribyrnong](#)

I understand that: • Maribyrnong City Council will use any information provided in this application for the purpose of assessing, administering and monitoring any applications submitted by the Applicant and for remaining in contact with the Applicant • Personal information is only accessed by persons authorised to do so • Maribyrnong City Council may publish the applicant or auspice's name and details about the project on its website or in promoting the grant program.

By selecting the YES box you are agreeing to this Privacy Statement * Yes

Declaration of Applicant's Authorised Representative

- I declare that I am the Authorised Representative for the applicant organisation in this funding application.
- I declare to the best of my knowledge that all the details supplied in this form and in the attached documents are true and correct.
- I understand that there is no guarantee that funding will be provided. The application will be assessed against the criteria by an assessment panel and the funding decision of Council is final.
- I understand that if this application is successful, the applicant or auspice organisation will be required to enter into a funding agreement with Council that will outline all of the grant requirements.
- I understand that if funding is awarded I will be responsible for ensuring that funds are appropriately distributed, that all financial records are kept and that all requirements of the grant are met.

By selecting the YES box you are agreeing to this Declaration Yes

Name *

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

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Position *

Organisation *

Organisation Name

Date *

Declaration of Auspice (if applicable)

- I declare that I am the Authorised Representative for the Auspice organisation in this funding application.
- I declare to the best of my knowledge that all the details supplied in this form and in the attached documents are true and correct.
- I understand that if this application is successful, the Auspice organisation will be required to enter into a funding agreement with Council that will outline all of the grant requirements.
- I understand that if funding is awarded I will be responsible for ensuring that funds are appropriately distributed, that all financial records are kept and that all requirements of the grant are met.

By selecting the YES box you are agreeing to this Auspice Declaration

Yes

Name

Title

First Name

Last Name

Position

Organisation

Organisation Name

Date

Must be a date.

Submitting your form

* indicates a required field

Checklist

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Before submitting your application, please check that you have done the following: *

- Satisfactorily completed an acquittal for any previous funding that your organisation has received from Maribyrnong City Council
- If applicable, attached a letter from your auspice organisation agreeing to auspice your organisation/group
- Attached a copy of your organisation's (or auspice's if applicable) Certificate of Incorporation
- Attached a copy of your organisation's (or auspice's if applicable) current PLI certificate to the value of \$20 million
- Attached a venue booking form or email confirming your venue booking and associated cost of the venue hire (this can be a tentative booking)

If this is the first time you have applied to Council for this activity, have you spoken to a City Experience and Visitation Officer about your application? *

- Yes
- No
- N/A

Name of Officer

All forms are due by 4pm on Monday 8 June 2026. Late applications cannot be accepted.

Once you have submitted your form you will receive an email with your form attached as a PDF document. Save a copy for your records.

Please note once it is submitted you cannot go back to make any more changes.

If you are unable to submit supporting materials online, please contact Council's City Experience and Visitation Unit on 9688 0200.