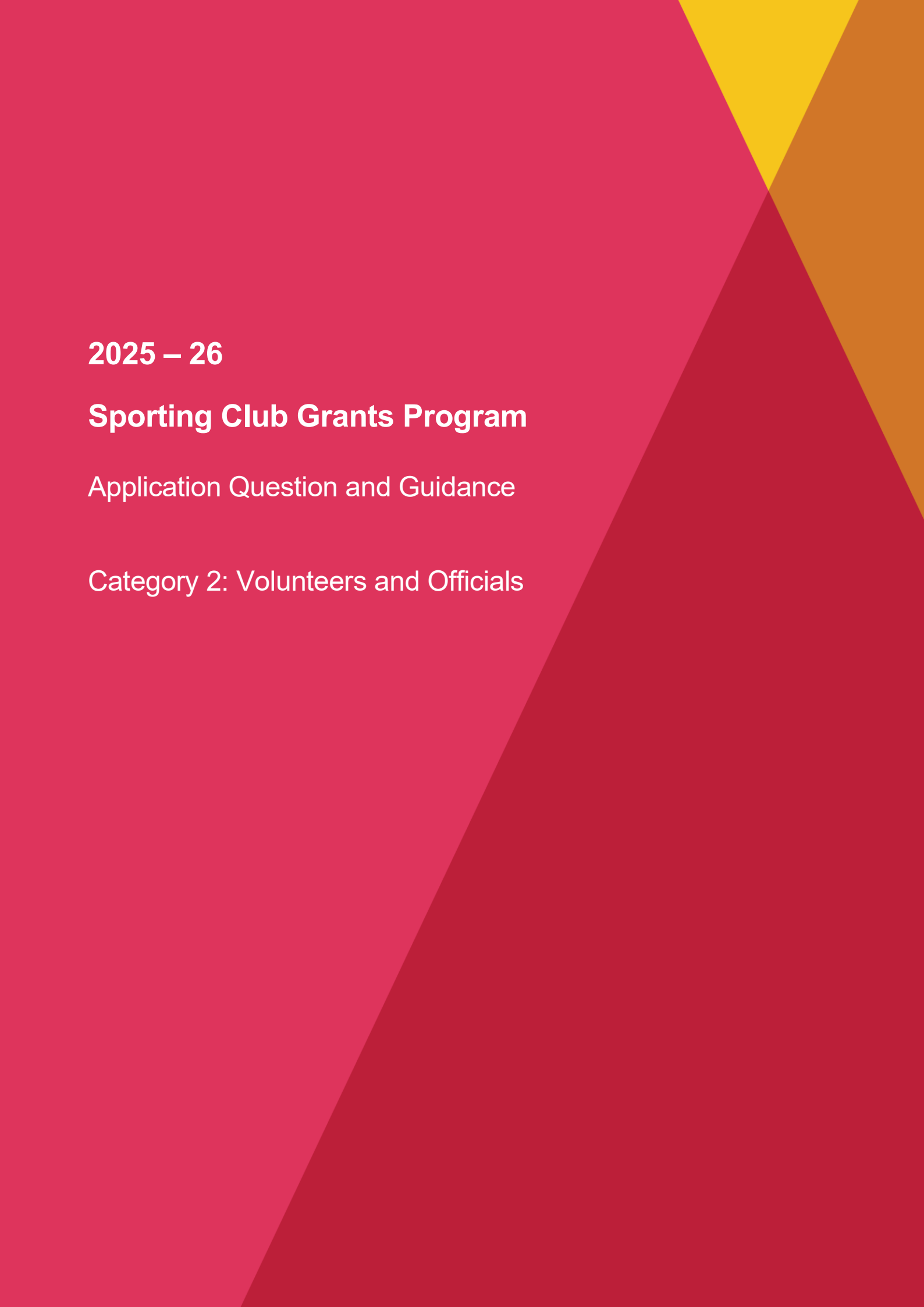




2025 – 26

Sporting Club Grants Program

Application Question and Guidance

Category 2: Volunteers and Officials

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About this document

This document intends to assist you with preparing the information required to apply for funding through **Category 2: Volunteers and Officials** of the [Sporting Club Grants Program](#).

Outlined in this document are:

- the questions you will be asked on the application form
- the details you will need to provide in the application form; and
- tips to submit your application online through the [DJSIR Grants Portal](#)

Applicants must submit a completed online application via the DJSIR Grants Portal before 4pm on Wednesday 26 November 2025.

You cannot submit this document as your application.

Starting an application

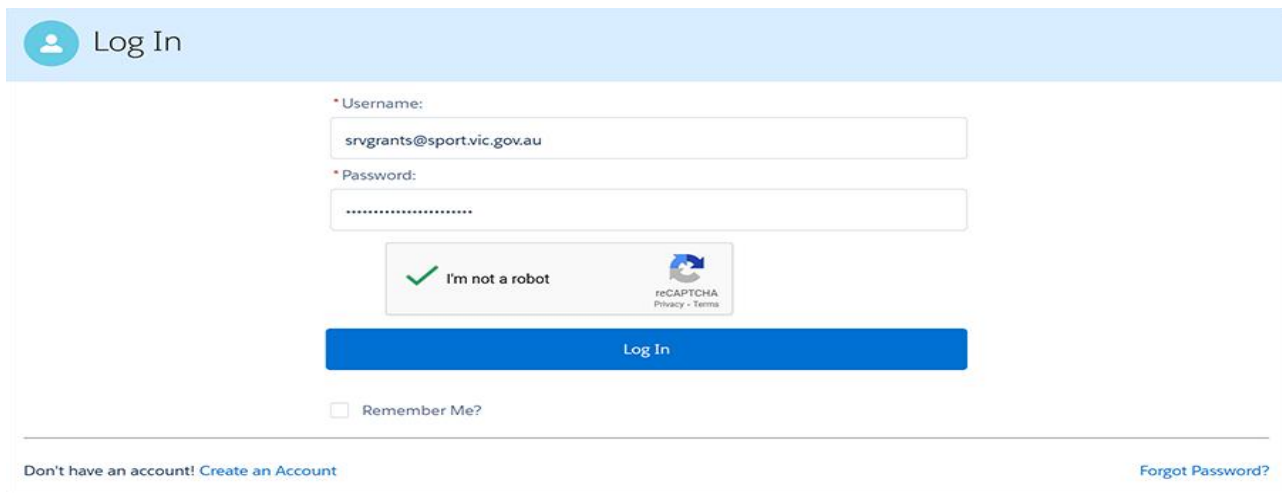
- To start an application, visit the [Sporting Club Grants Program page](#).
- Find the Apply Now section, then select the link relating to the category you wish to apply for.



User registration and log in

You will need to log in to the [DJSIR Grants Portal](#):

- if you're already a registered user, you'll be directed to enter your username and password
- if you've forgotten your password, you can click on the **Forgot Password** link on the Log In page.
- If you're not a registered user, you'll need to select the **Create an Account** link.



Log In

* Username:
srvgrants@sport.vic.gov.au

* Password:
.....

✓ I'm not a robot

reCAPTCHA
Privacy · Terms

Log In

☐ Remember Me?

Don't have an account! [Create an Account](#)

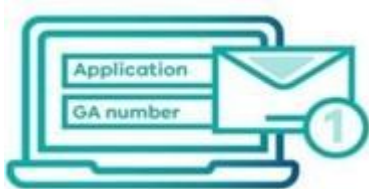
[Forgot Password?](#)

Save as Draft

- Click **Save as Draft** before closing your web browser.
- Once you've saved your draft application, you will receive a confirmation email with a link to your draft application and a unique Grant Application (GA) number.

Save as Draft

- To return to your draft application, click on the link in the email, or log back in to your account on the [DJSIR Grants Portal](#).



Submit your application

- Make sure you have provided all information and attachments required.
- To finish your application, click **Save and Submit** before 4pm, on 26 November 2025.

Save and Submit

- Once you've saved and submitted your application, you will receive a confirmation email. For your reference, keep the email, GA-number and save a PDF copy of your application.



Section 1: Application eligibility and attestation

- In this section, applicants will answer questions about their eligibility to apply for funding through this program.
- Only applicants who meet eligibility requirements will be able to progress and submit their application.
- To check your organisation's eligibility, please read the [2025-26 Sporting Club Grants Program Guidelines](#).

Question: Does your organisation adhere to and enforce the Fair Play Code, or your State Sporting Association's code of conduct and/or member protection policy, which incorporates the Fair Play Code?

Your answer: Yes or No or N/A.

Applicants must meet this requirement to receive a grant through this program.

Further information can be found on our [Fair Play Code page](#).

Question: Has your organisation implemented, and is it maintaining, policies relating to Child Safe Standards?

Your answer: Yes or No.

Applicants must meet this requirement to receive a grant through this program.

Further information about Child Safe Standards can be found on the [Commission for Children and Young People website](#).

Question: Does your organisation comply with the requirements and expectations of the *Australian National Anti-Doping Scheme* and *Australian National Anti-Doping Policy* (where required)?

Your answer: Yes or No or N/A.

Applicants must meet this requirement (if applicable) to receive a grant through this program.

Question: Is your organisation affiliated with a recognised State Sporting Association (SSA) or State Sport and Active Recreation Body (SSARB)?

Your answer: Yes or No.

It is not mandatory for applicants to be affiliated with an SSA or SSARB.

If 'Yes', enter the name of the SSA or SSARB.

Question: Have you read and understood the Conditions of Grant applicable to this program, and does your organisation acknowledge and agree to be bound by the Conditions of Grant?

Answer: Yes or No.

To be funded through this program, applicants must accept and agree to be bound by the Conditions of Grant.

Question: Have you obtained a quote(s) that corresponds to all eligible items and are equal to, or greater than the total amount requested for funding.

Your answer: Yes or No.

All applications must include a quote(s) that corresponds to all items to be funded.

Funding is only available for items purchased from 27 November 2025 onwards.

This program does not reimburse for items already purchased. Review the [Program Guidelines](#), for the eligible costs, and costs we will not fund in Category 2, to ensure the requested items are funded through this program.

Section 2: Applicant organisation

- In this section, applicants will include details that provide an overall profile about their organisation.

Question: Type of Organisation.

Your answer:

Select **one**:

- ☐ Incorporated Association
- ☐ Company limited by guarantee
- ☐ Aboriginal and Torres Strait Islander corporation
- ☐ None of the above.

Question: If you selected Incorporated Association – Incorporated Association Register Number.

Your answer: Provide your 9-digit Incorporated Association Register Number

The format is the letter "A" followed by 7 digits and then an uppercase letter, for example A1234567W.

Check your organisation's registration number on the [Consumer Affairs Victoria website](#).

Your status must be **Registered** to apply and receive funding.

Question: If you selected Company limited by guarantee:

Australian Company Number (ACN)

Your answer: Provide your 9-digit ACN number.

Check your organisation's ACN on the [ASIC Register](#).

Question: If you selected Aboriginal & Torres Strait Islander Corporation:

Aboriginal and Torres Strait Islander Corporation Number (ICN)

Your answer: Provide your 4-5 digit ICN number

Check your organisation's ICN on the [Office of the Registrar of Indigenous Corporations website](#).

Question: If you selected None of the above:

By selecting 'None of the above' you must nominate an eligible auspice organisation in Section 4 of this application form. Your auspice organisation will receive, and auspice, all grant funds paid in the event of a successful application

Your answer: Agree or Do Not Agree.

The applicant may proceed with the application but must provide details of an auspice organisation in Section 4 of the application form. In addition, a letter of support must be attached to Section 9 of the application form, confirm that the auspice organisation agrees to act as such.

Question: Does your Organisation have an Australian Business Number (ABN)?

Your answer: Yes – Provide your 11-digit ABN.

Check your organisation's ABN on the [ABN Lookup website](#).

No – you must complete, sign and attach an [Australian Taxation Office Statement by a Supplier form](#) to this section.

How to fill in ATO Statement by Supplier form:

- Section A: Supplier details – provide your organisation's name and address.
- Section B: Declaration – provide an authorised person's name, signature and date.

Question: Organisation's physical location address.

Your answer: This address is where your organisation conducts its main sport or activity – e.g. sports ground, recreation reserve, clubroom, local facility.

Enter the street address in the lookup box provide, then scroll down to select the pre-existing address that matches your organisation's address.

If the address can't be found, select the 'click here to enter an address manually' link (see below) and manually enter the address:

The entered address could not be found or of an invalid address format. Please review the input and try again.

[Alternatively, click here to enter an address manually.](#)

Question: Is the organisation's postal address the same as the physical location address?

Your answer:

Yes – proceed to next section

No – repeat the address lookup function detailed in the previous question, this time searching for the postal address.

Section 3: Authorised representative

- In this section, applicants must include the details of the person at your organisation selected as the Authorised Representative for the application.
- An Authorised Representative means an officer of the organisation that has authority and capacity to enter the grant agreement on behalf of the applying organisation. This person must be selected by the applying organisation to submit this application and receive an Email of Acceptance (if the application is successful).

Question:

- Title
- First Name
- Last Name
- Role within the organisation
- Telephone
- Mobile
- Email.

Your answer:

Enter the details in the relevant response boxes provided.

Telephone number must have prefix +61 followed by the area code (without the leading zero) then the 8-digit number with no spaces or special characters.

Mobile numbers must have prefix +61 followed by the remainder of the mobile number (without the leading zero) with no spaces or special characters.

Email must be accurate and active. Sport and Recreation Victoria will communicate outcomes to this email.

Question: I would like to subscribe this email to the Sport and Recreation Victoria newsletter.

Your answer: **Optional** – tick box.

Section 4: Auspice organisation

- In this section, applicants can provide details of an auspice organisation. If the applicant organisation is **NOT** an incorporated association **OR** a company limited by guarantee **OR** an Aboriginal and Torres Strait Islander corporation, you must nominate an auspice organisation to receive and manage grant funds if the application is successful.

Question: If this application is successful, will you require an auspice organisation to manage the grant funds?

Your answer:

Yes – applicant is prompted to provide full details of the auspice organisation including:

- Legal entity registration number
- ABN
- Physical and postal addresses, and
- Authorised representative's contact information.

If nominating an auspice organisation, applicants **must** upload a letter of support from the auspice organisation to confirm they agree to act as such. This letter must be uploaded to the form at Section 9.

No – applicant may proceed to the next section.

Section 5: Project details

- In this section, applicants will provide details about the uniforms and/or equipment your organisation intends to purchase with this grant.

Question: Project Name.

Your answer: In 10 words or less, name your project, for example 'Volunteer recognition event', 'Training to up-skill coaches', 'First-aid training for volunteers'.

Question: Amount requested from this program.

Your answer: Applicant is to provide an amount up to \$5,000 in the space provided.

The amount requested should include all GST that will be payable, regardless of your organisations GST status.

Question: What is your project?

Provide a brief and clear description of your project

Your answer: In 100 words or less, answers must include:

- who at your organisation (volunteers, umpires, coaches, committee members) and how many people will participate
- the proposed start and completion date, or a proposed timeline
- if the project is to support training, development or knowledge building, who is facilitating or delivering the course
- any relevant specifics relating to what you want to do with funding

Question: In 100 words or less, tell us about your organisation. Please include: which sport or active recreation you deliver; where your organisation is located and what are your aims?

Your answer: Answer in 100 words or less in the space provided.

Section 6: Child Abuse Insurance

Question Will any aspect of this project involve activities with children under 18 years?

Your Answer

Yes – provide details to the next questions.

No – applicant may proceed to the next section.

Question

How will these activities be delivered to children?

Your Answer

Answer the question as it relates to your project

Question

Who will have supervision responsibility of the children during these activities?

Your Answer

Answer the question as it relates to your project

Question

If insurance is deemed necessary for this project, does your organisation hold the appropriate level of insurance against child abuse? Please see section 11 of the Program Guidelines.

Your Answer – Yes or No

Please upload a copy of the full insurance policy max size 5 MB

Section 7: Assessment criteria

- In this section, applicants must respond to the assessment questions as noted below and in the [Program Guidelines](#).
- The Sporting Club Grants Program includes a competitive application process. Eligibility does not guarantee success and it is expected that more applications will be received than the amount of funding available.
- Make sure you include all the information required, as applications are assessed on the details submitted and you will not be contacted during the assessment phase to clarify or request further details.

Question 1: How will your project support your members and wider community to access sport and active recreation?

Your answer: Answer in 200 words or less in the space provided.

Question 2: What benefits will this project bring, and how will it create more ways for people to take part—whether playing, volunteering, or supporting your organisation?

Your answer: Answer in 200 words or less in the space provided.

Question 1: What long-term difference will this project make at your organisation, and how will you keep building on it?

Your answer: Answer in 200 words or less in the space provided.

Section 8.1: Equity and inclusion

Question: Will your project support any other communities or population groups with existing low levels of participation?

Your answer: If yes, please select the supported groups from the list below (select all that apply):

- ☐ First Nations Victorians
- ☐ Gender Diverse People, Lesbian, Gay, Bisexual, Transgender, Intersex, Queer / Questioning, Intersex, Asexual (LGBTQIA+) People
- ☐ Culturally & Linguistically Diverse People (CALD) Multifaith Communities
- ☐ Low-income earners
- ☐ Women and Girls
- ☐ Young people not engaged in education or employment
- ☐ Older Adults
- ☐ People with disability

Question: If you selected any groups from the list above, describe how your project will support inclusion within each group, tailored to their needs.

Your answer: Answer in 250 words or less.

Section 8.2: Beneficiaries – communities and groups

- In this section organisations can indicate who are the groups that will directly benefit from receiving the requested grant.
- People can belong to more than one of the listed groups, or none at all.
- Questions with an asterisk (*) indicate a mandatory response.
- Enter 0 (zero) if none, or not applicable to this grant or your application.

Question: Within your organisation, will any of the following groups directly benefit from receiving this grant?

If yes, please indicate how many people will benefit.

Your answer: Answer by putting a **number** in the applicable boxes.

- Women and girls*
- People with disability*
- People who are Aboriginal and/or Torres Strait Islander*.

Question: What is the **primary** sport or active recreation activity that relates to this application?

Your answer: Select **up to three** sports/activities only and click on the right-pointing arrow to add to the Selected Items list.

Unselected Items		Selected Items
Table Sports	Add ▶	
Table Tennis		
Taekwondo	Remove ◀	
Tennis		
Tenpin Bowling		
Touch Football		
Tracks/Trails		
Transplant Sports		
Triathlon		
Underwater Hockey		

Section 9: Project budget

- In this section you will provide a financial overview that relates to the project.
- \$5,000 is the maximum amount you can request.
- This section must reflect the entire scope of your project. It should include all eligible costs that relate specifically to this application and the amount requested.
- In the budget below, enter the full amount requested. Please enter the amount including cents, for example, 988.50. Do not round-up figures, do not use the \$ (dollar) symbol and do not use commas.
- In the budget below, enter a description of your costs and the value (\$). This should add up to the grant amount requested.
- Grant payments made under this program will be provided exclusive of GST. If funding will be used to pay expenses attracting GST, the amount requested should include all GST that will be payable for that supply.

Grant amount requested

- Amount Requested from the program \$.
- **TOTAL GRANT AMOUNT \$ (This amount is auto populated).**

Project costs (up to the total grants amount)

- Cost 1 \$ – Cost 1 Description e.g. CPR training
- Cost 2 \$ – Cost 2 Description
- Cost 3 \$ – Cost 3 Description
- Cost 4 \$ – Cost 4 Description
- Cost 5 \$ – Cost 5 Description
- Cost 6 \$ – Cost 6 Description
- **TOTAL COSTS REQUESTED \$ (This amount is auto populated).**

Section 10: Attachments

- In this section, you will upload all mandatory support documentation to accompany your application.
- Your application must include one or more quotes which correspond to all items to be funded.

Quotes must:

- be dated from 1 June 2025
- be equal to, or greater than the total amount requested from this program
- include details: item name, description, quantity, unit and total costs
- include the supplier's business/company details (business name, ABN and/or website).

Provided they contain all of the above information, acceptable quotes can include website shopping carts or screen shots and unpaid invoices.

If the applicant is nominating an auspice organisation, a letter of support from that auspice organisation, confirming they agree to act as such, must be attached in this section.

The acceptable file types for all attachments are: Word, Excel, PDF or JPEG only. Please ensure attachments are under 5MB.

You must upload at least one attachment to proceed with your application.

Section 11: Bank account details

- In this section you will provide **your organisation's bank account details** and declare the details provided to be true, complete and accurate. You will be required to confirm your answers twice to ensure accuracy.
- **Personal bank account details must not be provided.** We will only pay grant funds into the account of the organisation.

Question: Account Name.

Your answer: Enter the name of an account **belonging to the applicant organisation**.

Question: BSB Code.

Your answer: Enter the 6-digit BSB code without dashes, spaces or commas.

Question: Account Number.

Your answer: Enter the bank account number (maximum of 9 digits) without dashes, spaces or commas.

Question: Email (to be used for remittance advice).

Your answer: Provide an email address where remittance advice will be sent (note this does not need to be the same email address as the one belonging to the authorised representative for this application).

Declaration: I declare that the details provided in this application are true, complete and accurate, including the Australian bank account details (BSB and Account Number). I acknowledge and accept that the provision of incorrect details will delay the processing of my application and/or not receiving payment as a result of the provision of incorrect bank account details.

Your answer: You must check the box to accept the declaration and be able to proceed with the application.

Section 12: Declaration

In this section you will be presented with information relating to:

1. PRIVACY AND USE OF INFORMATION CONSENT
2. [CONDITIONS OF GRANT](#); and
3. DECLARATION AND ACKNOWLEDGEMENT.

Applicants must read, agree to and accept the declarations, prior to submitting their application.

Declaration 1: By checking this box, I/We as the authorised representative of the Applicant confirm the accuracy of all details in this Application, and make each of the declarations set out above on behalf of the Applicant in the knowledge the Department is receiving this information and will rely on it when making decisions about this application and any payment of the grant to the Applicant.

Answer: You must check the box to accept the declaration and be able to proceed with the application.

Declaration 2: By checking this box, I/We as the authorised representative(s) of the Applicant confirm the Conditions of Grant have been accessed, read and are understood by the Applicant (through each of its officers and representatives) and if an Agreement (as defined in the Conditions of Grant is formed), the Applicant agrees to be bound by the Agreement.

Answer: You must check the box to accept the declaration and be able to proceed with the application.

Question: Name

Your answer: Enter your full legal name.

Question: Position

Your answer: Enter your position within the applicant organisation

Question: Date

Your answer: Select today's date from the calendar.

Save and preview: Click Save and Preview

Please review the information to ensure completeness and accuracy before submitting.

Save and Submit: Click Save and Submit

A confirmation message will be displayed and emailed.

If you do not receive this message, contact us at srvgrants@sport.vic.gov.au.