

# Meals Subsidy Grants 2024/2025 Application Form

## Form Preview

### ORGANISATION DETAILS

\* indicates a required field

#### PRIVACY STATEMENT

City of Casey is committed to protecting your privacy. Your personal information will be handled in accordance with the Privacy and Data Protection Act 2014. All personal information collected by the City of Casey will only be used for the purposes outlined within our Privacy Policy. Council's Privacy Policy is available from our website [www.casey.vic.gov.au/policies-strategies/privacy-policy](http://www.casey.vic.gov.au/policies-strategies/privacy-policy) and all Council Customer Service Centres. For further Information about how Council manages and uses your personal information or how you can access and/or amend your personal information please contact Council's Privacy Officers via our website [www.casey.vic.gov.au/council/contact/feedback-form](http://www.casey.vic.gov.au/council/contact/feedback-form) or by calling on 9705 5200.

#### Guidelines

Before completing this application form, please make sure that you read the **Meal Subsidy Program Guidelines** on the City of Casey website here: <https://www.casey.vic.gov.au/meals-subsidy-program>

If you have any questions relating to the Meal Subsidy Program, including your organisations eligibility, please email **mealservices@casey.vic.gov.au** or phone **9705 5444**.

If you do contact us throughout the application process, please quote the application number below:

#### Application Number

This field is read only.  
It is the identification number or code for this submission.

#### Organisation/Group Details

##### Group name \*

##### Postal address \*

Address

  

Suburb   State   Postcode

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### Meeting location \*

Where do the majority of your group's activities occur? Please provide an address, or facility name and suburb.

### Website address

## Contact Person

Who are the main contact people nominated by your group for this application?

### Main contact person \*

Title

First Name

Last Name

### Position

### Daytime contact number \*

### Email address \*

### Secondary contact person \*

Title

First Name

Last Name

### Position

### Daytime contact number \*

### Email address \*

This email address will be used for posting correspondence relating to the grant application.

## Legal Status

### What is your organisation's legal status? \*

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- ☐ Incorporated association
- ☐ Company limited by guarantee
- ☐ Cooperative
- ☐ Charity
- ☐ Church Trust
- ☐ Unknown

**If incorporated, please provide incorporation number**

If you are unsure of your incorporation number, go to: <https://www.consumer.vic.gov.au/clubs-and-fundraising/incorporated-associations/search-for-an-incorporated-association>

**ABN**

**Does your organisation have an Australian Business Number (ABN)? \***

- ☐ Yes ☐ No

**ABN**

**If yes, what is your 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	

**No ABN**

**If you don't have an ABN, you are required to complete and upload a Statement by Supplier form**

Attach a file:

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A blank Statement by Supplier (SBS) form can be found on the [ATO website](#). Please complete and attach above. Tips for completing the form are on the [ATO website](#).

If you are having difficulty attaching or uploading this document, please refer to the [Help Guide for Applicants](#).

### Insurance

**What is the amount of your Public Liability Insurance coverage? \***

\$

Minimum amount required \$20,000,000

**Please attach a current copy of your Certificate of Currency**

Attach a file:

Please note, a tax invoice or expired public liability insurance certificate will not be accepted.

If you are having difficulty attaching or uploading this document, please refer to the [Help Guide for Applicants](#)

### GROUP DESCRIPTION

\* indicates a required field

The MSP program is funded by the Commonwealth Home Support Programme and the City of Casey. To ensure that groups are able to meet Service Agreements in compliance with CHSP guidelines, the following questions apply.

**Tell us about your group. For example, when the group was formed, its purpose, goals and values, types of programs and activities etc \***

Word count:

Must be no more than 100 words

**What is the structure of your group, including committee roles, volunteers and paid staff (if any)?**

Word count:

Must be no more than 100 words

**How many members are part of your group? \***

**How many members in your group reside within the City of Casey? \***

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**How many members of your group are UNDER 65 years of age (or under 50 for Aboriginal and Torres Strait Islander people)? \***

**How many members of your group are OVER 65 years of age (or over 50 for Aboriginal and Torres Strait Islander people)? \***

**How do you attract new members and what is the process of signing up new members? \***

**What is the cost of membership? (If applicable)**

**How often does the group meet? \***

- ☐ Weekly
- ☐ Fortnightly
- ☐ Monthly
- ☐ Quarterly

**Where does the group meet? \***

**How do you raise funds for the group? \***

## MEALS PROGRAM DELIVERY

**\* indicates a required field**

Alignment with Council's priorities

**Which of the Council meals program priorities does your organisation support (select all that apply)? \***

- ☐ Innovative and of a high quality
- ☐ Promotes a sense of community, resilience and social inclusion across Casey
- ☐ Celebrates diversity and cultural heritage
- ☐ Increases opportunities for community participation and education
- ☐ Helps residents to be healthy, active and engaged in community life
- ☐ Providing access to nutritious, safe and culturally appropriate food
- ☐ Locally led and has community support

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**How will your group meet these priorities? \***

Delivery of the meals

**Have you run a meals program before?**

- ☐ Yes  
☐ No

**How did you run the meal program and what were the outcomes?**

**What are your plans to run the meal program, and how will you measure its impacts and success?**

Delivery of meals

**What programs, activities and events do you plan to serve meals at in 2024/2025?**

**In total how many meals do you anticipate delivering at these activities or events?**

Must be a number.

**If you were to be unsuccessful in your application for the meals subsidy program, what would the implications would be? \***

Meal provision options

There are two main methods by which your organisation can provide the community meals:

1. **Contract catering** Under this arrangement you may contract a caterer to prepare and/or deliver meals to your venue. The contract caterer must be a registered food premise with their local council and must comply with the Food Safety Standards. Alternatively,

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you do have the option to nominate to eat out at a restaurant located within the City of Casey or outside of the LGA for groups with membership made up of at least 80% of City of Casey residents.

2. **Self-catering** Under this arrangement members of your group prepare the meals and do all the associated tasks of shopping, cooking, reheating, portioning, cleaning and serving. In this case, you are required to register your venue with Councils Environmental Health Team.

### Which method will you be using to provide community meals? \*

- ☐ Contract catering
- ☐ Self-catering
- ☐ A combination of both

Refer to the Grant Guidelines for details about these meal provision options. <https://www.casey.vic.gov.au/meals-subsidy-program>

### If using Contract Catering, how will you be sourcing your meals?

- ☐ Contract caterer
- ☐ Restaurant
- ☐ A combination of both

As you have indicated Contract Catering, if your application is successful, you will be required to provide the following:

- Food Safety Supervisors Certificate
- Provide details of a nominated registered caterer

### If using Self Catering, will the group be shopping, cooking, portioning, reheating or serving the meals?

- ☐ Yes
- ☐ No

### If No, please detail who will be doing these tasks.

As you have indicated Self Catering, if your application is successful, you will be required to provide the following:

- Food Premises Certificate of Registration
- Food Safety Supervisors Certificate
- Food Handlers Certificate

## Community need and involvement

### Who are the community members that will benefit from accessing meals through your group? \*

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**Will you be partnering with any other organisations? If so, how will they be involved?**

**How will you make the meals program accessible for people with DIVERSE BACKGROUNDS? \***

For example culturally and linguistically diverse (CALD), LGBTIQ+ communities

**How will you make the meals program accessible for people with ACCESSIBILITY NEEDS? \***

**How will you make the meals program accessible for people with special DIETARY REQUIREMENTS? \***

## ADDITIONAL INFORMATION

\* indicates a required field

### Future grant opportunities

The City of Casey provides information to community groups about upcoming grant opportunities.

- **GENERAL GRANTS UPDATE** - If you would like to sign up to the Grants Update email newsletter which contains information about a range of funding opportunities from all levels of Government, philanthropic trusts, corporate foundations and City of Casey, please sign up here. You can unsubscribe at any time: <https://www.casey.vic.gov.au/sign-up-grants-update-e-newsletter>

### Declaration

**I hereby make this application for a City of Casey Meals Subsidy Program on behalf of my organisation and am authorised to do so. \***

☐ Yes



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**I affirm that all of the details in this application and attachments are true and correct to the best of my knowledge. \***

☐ Yes

**Do you give permission for Council Grants Officers to share your contact details with other Council Officers (who may wish to contact you about other Council or community opportunities)?**

☐ Yes

☐ No

**Name of person completing declaration and giving permission. \***

**Email address of person completing declaration and giving permission. \***

Must be an email address.