

# Social Meals Program for Older People 2026/2027

## Form Preview

### ORGANISATION DETAILS

\* indicates a required field

### COLLECTION STATEMENT

City of Casey (Council) is collecting your personal information through this Application Form to assess your application for the Social Meals Program for Older People subsidy. Personal information will only be collected if you give your consent at the time we collect the information from you unless an exception in the Privacy Act applies or is required by law. The personal information requested on this form is being collected by Council for the purposes of confirming applicant eligibility, for assessment panels and for financial allocation to successful applicants. The application including personal information collected may be disclosed to other Council departments for the purposes of assessment of this and other applications or requests for support to Council from this applicant as part of the applicant's funding record. General information (excluding personal information) may be used for publication such as the applicant name, project details and amount subsidised on the City of Casey website, Ageing Positively Festival Booklet and in Council publications and reports. If you wish to gain access to the information provided or amend any of the personal information you have supplied to Council, please contact Council via telephone on 9705 5200. Council will not be liable for copy or misuse of the information contained in this feedback form.

**I understand and agree to Council's collection statement: \***

Yes

### 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 Collection Statement. Council's Privacy Policy is available from our website [Privacy Policy | City of Casey](#) 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 [Leave your feedback form | City of Casey](#) or by calling on 9705 5200.

### Guidelines

If you have any questions relating to the Social Meals Program for Older People, including your organisation's eligibility, please email [mealservices@casey.vic.gov.au](mailto:mealservices@casey.vic.gov.au) or phone **9705 5444**.

**Before completing the application form, please read the [program guidelines](#)**

# Social Meals Program for Older People 2026/2027

## Form Preview

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

  

### Meeting location \*

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

### Does your group have an online website or Facebook page?

Yes

No

### Website address or Facebook page link

## 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 \*



# Social Meals Program for Older People 2026/2027

## Form Preview

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:

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

**To be considered for this program, your group must have Public Liability Insurance of \$20 million.**

- Yes - we have current insurance
- No - we don't currently have this insurance (we understand this means, if successful for the grant, our funds will not be paid until we submit a valid insurance certificate).

**Please attach a current copy of your Certificate of Currency for Public Liability Insurance**

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](#)

### Auspice Information

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Please only complete if you are being auspiced by another organisation for this application. An auspice is an organisation that helps you manage your grant funding and is usually needed if your group does not meet the eligibility criteria for the grant such as not being an incorporated association.

If your groups is unincorporated, you will need to negotiate an arrangement with an incorporated organisation to receive and hold any grant funding for you. You must obtain permission from an organisation to nominate them to act as an auspice for this application before providing their details below.

### Auspice

Organisation Name

### Auspice incorporation number

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

Must be an ABN.

### Auspice Contact

Individual  Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Position

# Social Meals Program for Older People 2026/2027

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### Auspice Contact Person Primary Email

Must be an email address.

### Auspice Contact Primary Phone Number

Must be an Australian phone number.

### Auspice Secondary Contact Person

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Auspice Secondary Contact Email

### Auspice Secondary Contact Phone

### Please attach a copy of the auspice organisations Certificate of Currency for public liability insurance (minimum \$20 million)

Attach a file:

### Please upload evidence of support from the auspicing organisation such as a letter or email.

Attach a file:

## GROUP DESCRIPTION

\* indicates a required field

*The SMPOP program is funded by the City of Casey. To ensure that groups are able to meet the requirements of the program guidelines, the following questions apply.*

**1. Tell us about your group. You can write a few sentences or use dot points for example: when did your group start? What activities or programs do you run? What is most important to your group (for example: friendship, culture, wellbeing, support?) Who is the group mainly for? \* \***

Word count:

Must be no more than 100 words

# Social Meals Program for Older People 2026/2027

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### 2. 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

### 3. How many members are part of your group? \*

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

### 5. How many members of your group are OVER 60 years of age (or OVER 50 for Aboriginal and Torres Strait Islander people)? \*

### Please attach a list of members - first name, initial of last name, suburb and age

Attach a file:

### 6. Who does your group mainly support \*

- Older People/Seniors  People from different cultural or language backgrounds  
 People experiencing disadvantage or financial hardship  Veterans or ex-service personnel  LGBTIQ+ communities

Other

Tick any groups that best describe your members. This helps Council understand community needs and does not affect eligibility.

### 7. How do people hear about your group and join? \* \*

### 8. What is the cost of membership? (If applicable)

### 9. How does the group raise funds? \*

- Membership fees  Donations  Raffles  Tickets for programs and events

Grants

Other

Tick all that apply

### 10. How often does the group meet? \*

Weekly

Fortnightly

Monthly

Quarterly

# Social Meals Program for Older People 2026/2027

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### 11. When does the group meet?

Mornings  Afternoons  Evenings

## MEALS PROGRAM DELIVERY

\* indicates a required field

### Delivery of the meals

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

Yes  No

#### If yes: How did you run it and what were the outcomes?

#### If no: What are your plans to run the meal program and how will you measure success?

#### What do you think will be the main outcomes for Casey residents by participating in the program? \*

Improving personal wellbeing  Improving sense of safety  Improving connection to others  Feeling empowered  Being active and engaged  Able to access nutritious, safe and culturally appropriate food  Reduction of isolation and loneliness

### Delivery of meals

#### What programs, activities and events do you plan to serve meals at in 2026/2027?

#### Upload or add calendar of events or activities program

Attach a file:

#### What type of meals do you provide? \*

#### Upload a sample of the menu if possible or type a description of the food you will serve (above).

Attach a file:

# Social Meals Program for Older People 2026/2027

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**How many meals do you expect to serve for the whole year to eligible Casey residents?**

Must be a number.

Tip: to calculate the number of meals: Use number of events per year x number of Casey residents per event

**How much grant funding is the group requesting? Council will fund up to \$5 per meal to eligible Casey residents. \***

Must be a whole number (no decimal place).

**The maximum any group can be funded will be \$7,000. This amount will be based on the panel assessment of your application.**

**If your group does not receive this funding, what would change for the group or your members? (For example: fewer meals, reduced activities, members unable to attend etc) \***

### Annual Meals Program Budget

Include below costs for delivering the meals program over one year (2025/2026)

**INCOME - what \$  
sources of income  
do you have to  
support your meals  
program? For  
example members  
fees, donations etc**

**EXPENDITURE - \$  
what expenses do  
you have to deliver  
the meals program?  
For example  
ingredients,  
catering invoices  
etc**

	Must be a dollar amount.		

### Budget Totals

**Total Income Amount**

This number/amount is calculated.

**Total Expenditure Amount**

This number/amount is calculated.

**Income - Expenditure**

This number/amount is calculated.

# Social Meals Program for Older People 2026/2027

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### Meal provision options

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

1. **Contract catering** – You may engage a caterer to prepare and/or deliver meals to your venue. The caterer must:

- Be a registered food premise with their local Council.
- Comply with all relevant Food Safety Standards.

Alternatively, groups 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 70% of City of Casey residents.

#### 1. **Self-catering**

Under this option members of the group, club or association are responsible for preparing the meals and managing all associated tasks, including shopping, cooking, reheating, portioning, cleaning, and serving.

If you choose this option, you will need to first contact the City of Casey's Environmental Health team and speak with an Environmental Health Officer (EHO) about the food handling activities your group wants to do. The EHO will be able to advise you as to the type of Food Act registration your community group will require as well as any other associated requirements e.g. if your community group will require a Food Safety Supervisor.

For more information regarding Meal Provision options, please refer to page 7 of the guidelines.

#### **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.

**As you have indicated Contract Catering, if your application is successful, you will be required to provide details of a nominated registered caterer**

#### **If your group chose the self-catering option, you will need to:**

1. Decide;
  - What type of food the group will make
  - How often will the group provide meals
  - How will the meals be prepared and where will the meal preparation take place?
2. Contact the Environmental Health team and speak with an EHO about your plan. The EHO will advise of the Food Premises Classification Level and any associated requirements.
3. Submit a Food Registration Application (The EHO can assist you with this)
4. Complete the application for the Social Meals Program for Older People

The Environmental Health team can be contacted via email: [enhealth@casey.vic.gov.au](mailto:enhealth@casey.vic.gov.au) or by phone on 9705 5200

# Social Meals Program for Older People 2026/2027

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### Food Premises Registration

#### Please upload evidence of Food Premises Certificate

Attach a file:

### 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 Social Meals Program for Older People grant on behalf of my organisation and am authorised to do so. \***

Yes

**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.