Quick Response Grants
Form Preview

Eligibility

* indicates a required field

Before completing this application form, you should have read the Quick Response Grant Guidelines.

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

Applicants who have auspiced a separate community groups application are still eligible to apply themselves.

If you have any questions in regards to these eligibility criteria, please contact the Community Development team on 5760 2600 or email grants@benalla.vic.gov.au.

Eligible Applications

Community development projects and activities including:

- Local community initiated activities and projects, e.g. local community barbeque or celebration
- Fundraising (conditions apply - refer to Terms and Conditions within the guideline document)
- Venue or equipment hire - assistance covering hire of external facilities and equipment
- Subsidised use of Council facilities and resources, e.g. use of Town Hall, bin hire or movie tickets

What type of not-for-profit organisation are you? *
○ Community group
○ Community Hall or Reserve Committee of Management
○ Community Sports Club
○ Educational institution (includes pre-schools, schools, universities & higher education providers)
○ Healthcare not-for-profit
○ Philanthropic organisation
○ Social enterprise
○ Peak body
○ Professional association
○ General not-for-profit (i.e. none of the sub-types listed above)
○
Please choose the option that best applies to your organisation.

Ineligible Organisation

You have a selected an organisation type that is not eligible to receive Quick Response Grant Funding.

If you believe that your application should be considered, please contact Council to discuss your application.

grants@benalla.vic.gov.au

03 5760 2600

I confirm that the applicant ...

- has read and understands the program guidelines
- is an incorporated community based and not-for-profit group or organisation
- an unincorporated group sponsored by an incorporated organisation
- is located in (and/or supplies services to) **Benalla Rural City**
- does not owe any reports or money to **Benalla Rural City Council** as a result of previous funding or grants
- has the appropriate type and level of insurance for the activities that are the subject of this grant
- is not an individual, individual business, government agency, political or religious group

Please select below: *
○ Yes   ○ No
You must confirm that all statements above are true and correct.

Organisation Details

* indicates a required field

Is your organisation incorporated? *
☐ Yes ☐ No
Note that you are ineligible to apply if your organisation is not incorporated unless sponsored by an incorporated organisation (see Section 5)

What is your incorporation number? *

Incorporated Association or Australian Corporation Number.

Upload copy of Certificate of Incorporation *
Attach a file:

What are the primary services/activities provided by your organisation? *

How long has your organisation been established?

How many members does your organisation have?

Banking Details

To ensure prompt payment for successful applications, please provide bank details for your group or organisation.

Bank Account *
Account Name

BSB Number   Account Number

Must be a valid Australian bank account format.

Please attach recent copy of a Bank Statement to verify account details provided above. *
Attach a file:

A minimum of 1 file must be attached.
Must be within last 12 months

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012.* To view our privacy statement, go to **Benalla Rural City Council Privacy Statement**

Applicant

Organisation name *
Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Organisation Postal Address
Address

Organisation Email

Must be an email address.

Primary contact person *

Title   First Name   Last Name

This is the person we will correspond with about this grant

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Phone number *

Must be an Australian phone number.

Contact person's email address *

This is the address we will use to correspond with you about this grant.

Auspice Information

* indicates a required field

Is your organisation auspiced by another organisation for the purposes of this grant?

○ Yes   ○ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation.

Auspice Organisation Details

Name of auspicing organisation *

Organisation Name

Australian Corporation Number of auspicing organisation

Primary contact person at auspicing organisation *

Title   First Name   Last Name

We may contact this person to verify that this auspicing arrangement is valid and current.

Auspice Postal Address *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Position held in organisation

e.g. Manager, CEO

Contact person's primary phone number *

Contact person's email address *

Must be an email address

Please attach a letter from the auspicing organisation confirming this arrangement is valid and current *
Attach a file:

Letter must be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and must include, name, position, signature and date.

Bank Account *
Account Name

BSB Number   Account Number

Must be a valid Australian bank account format.

Project Details

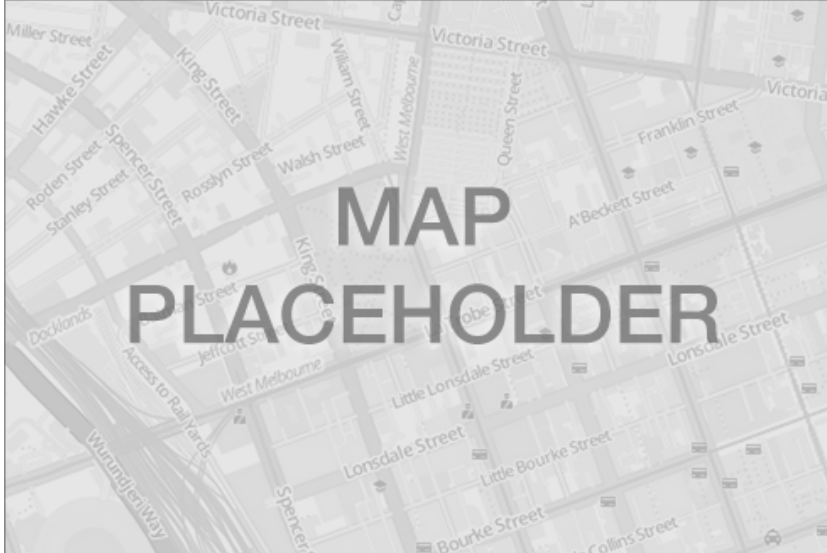* indicates a required field

Project title:

Provide a name for your project/program/initiative. Your title should be short but descriptive

Project location
Address

Please provide the address where the project is to be carried out or position a pin on the map below.

Anticipated start date

If unknown, provide your best guess or leave blank

Anticipated end date

If unknown, provide your best guess or leave blank

Describe the project/event/item for which you are seeking funding. *

Word count:
Must be no more than 200 words.
Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes). Go to the Funding Centre's Answers Bank at https://www.fundingcentre.com.au/answersbank#Qu1 if you need some ideas about how to frame your response.

Describe how you determined the need for the project/event/item and how the grant funding will be used. *

Word count:
Must be no more than 150 words.

Describe the provisions made for including people of all abilities in your project, activity or event. *

Must be no more than 100 words.
We want you to show us how you have considered gender differences in designing your project/ program so that you are reaching people equitably. If you are running a gender-specific initiative, please tell us why only one gender is being targeted. For more information on applying a gender lens to your work, visit http://www.fundingcentre.com.au/help/gender-lens.

Who are the expected primary beneficiaries of this project/program? *

Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, 'Universal – no particularly targeted beneficiaries'

What are the primary areas of focus for this project/program? *

No more than 5 choices may be selected.
You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)

Budget

Total Amount Requested $

Must be a dollar amount.
What is the total financial support you are requesting in this application? (max. $500)

Total Project/Program Cost $

What is the total budgeted cost (dollars) of your project?

Budget (GST exclusive)

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.

'Volunteer labour' is labour provided at no fee for the applicant group. 'Unskilled labour' $25 per hour. 'In-kind donation' - services or goods donated at no cost to the applicant group.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures – e.g. type $1000 not $1,000 – this will ensure your figures for each table total correctly.

Please refer to our Preparing Your Budget document for an example of how to calculate your budget.

Income Description	Income Amount ($)
	$
	$

	$
	$

Expenditure Description	Expenditure 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.

Previous funding

Please list grants, sponsorship or donations from the Council to your organisations during the last 3 years.

Year Awarded	$ Amount	Purpose of Grant	Date Acquitted
			Must be a date.

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree *   ○ Yes   ○ No

Name of authorised person *

Title	First Name	Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Reporting On Your Project

Successful applicants who receive Quick Response Grant funding are now required to complete a basic acquittal form following the completion of their grant funded activity.

Applicants will be asked to provide evidence that the funds they received went toward the activity described in their application. This evidence can be in the form of a receipt or even photo's of the funded purchase / activity.

Please email grants@benalla.vic.gov.au to request an acquittal form. The form must be completed through SmartyGrants.

Applicants must complete an acquittal form to be eligible for future grant funding provided by Benalla Rural City Council.

I understand I will need to report on my Quick Response Grant *
○ Yes
○ No

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process: *
○ Very easy   ○ Easy   ○ Neutral   ○ Difficult   ○ Very difficult

How many minutes in total did it take you to complete this application?

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.