

\$750 Quick Response Grant Application (2026)

Form Preview

Eligibility

* indicates a required field

The \$750 Quick Response Grant program has been designed to support community groups to facilitate smaller projects that are significantly less costly than the amount available from the annual Community Grant stream.

The Quick Response Grants are available year-round. These grants have a quicker assessment timeframe to facilitate adequately timed responses for the community. Quick Responses Grants will close when the funding allocation is exhausted. Applicants are not guaranteed funding, nor can applicants be guaranteed to be granted the total amount of funding they have requested.

Applications are assessed by an internal panel consisting of two Council staff members. Recommendations are tabled for approval at the next Council Meeting.

Before proceeding with this application, please ensure you have thoroughly read the [Grant Guidelines](#) to determine if you are eligible to apply for this grant and to understand the grant requirements.

Please note that incomplete applications or those submitted after the closing date will not be considered.

The initial section of this form is designed to assess your application eligibility. It's crucial that you complete these questions first to ensure your organisation qualifies for the grant before proceeding further.

Applicants who have auspiced a separate community group's application are still eligible to apply for their own grant.

If you have any questions in regards to the 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, catering costs essential to the provision of the activity
- Upgrade or maintenance to community facilities
- 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
- Printing materials for advertising, translations and/or promotions.

I confirm that the applicant ...

- has read and understands the program guidelines

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- is an incorporated community based and not-for-profit group or organisation OR an unincorporated group auspiced by an incorporated organisation
- is located in (and/or supplies services to) Benalla Rural City
- does not owe any reports, acquittals 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.

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 *

First Name

Last Name

This is the person we will correspond with about this grant

Position *

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e.g. Manager, Board Member, Fundraising Coordinator

Phone Number *

Must be an Australian phone number.

Contact's Email Address *

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

Organisation Details

* indicates a required field

Is your organisation incorporated? *

☐ Yes ☐ No

If you are not incorporated you need to find an incorporated organisation to auspice you. The form will direct you to input auspice organisations details.

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

How long has your organisation been established?

How many members does your organisation have?

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
- ☐ General not-for-profit (i.e. none of the sub-types listed above)

Please choose the option that best applies to your organisation.

Incorporation Details

What is your incorporation number? *

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Incorporated Association or Australian Corporation Number.

Upload copy of Certificate of Incorporation *

Attach a file:

Banking Details

To ensure prompt payment for successful applications, please provide bank details.

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

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

Auspicing Organisation Name *

Organisation Name

Auspice Incorporation Number *

Incorporated Association or Australian Corporation Number.

Auspice Primary Contact *

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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 in Auspice Organisation *

e.g. Manager, CEO

Auspice Phone Number *

Auspice 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.

Auspice Bank Account Details *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Project Details

* indicates a required field

Project Title: *

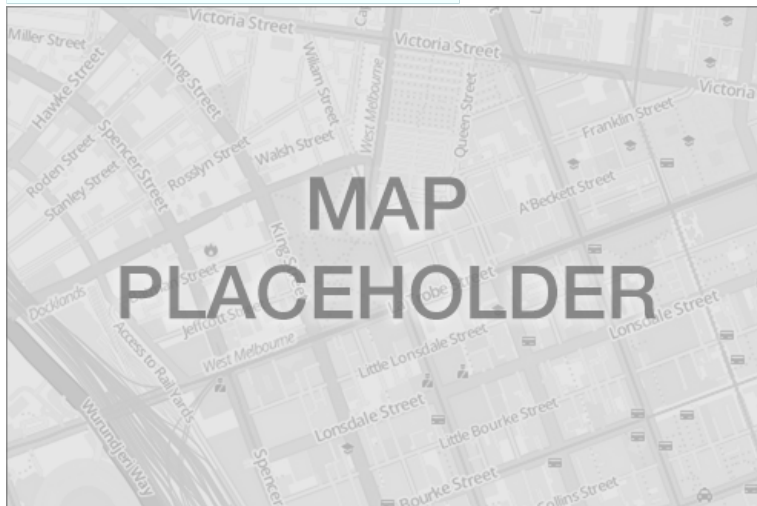
Provide a name for your project/program/initiative.

Project Location

Address

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

Anticipated start date

Anticipated end date

If unknown, provide your best guess or leave blank If unknown, provide your best guess or leave blank

Have you discussed your application with a Council staff member? *

☐ Yes

☐ No

Who did you discuss the application with? *

Describe the project for which you are seeking funding. *

Word count:

Must be no more than 200 words.

Be descriptive, 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).

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

Word count:

Must be no more than 150 words.

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How will you ensure the project is inclusive and accessible? *

Word count:

Must be no more than 150 words.

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

* indicates a required field

Total Amount Requested

*

\$

Must be a whole dollar amount (no cents) and no more than 750. What is the total financial support you are requesting in this application? (max. \$750)

Total Project 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 Quick Response Grant', 'company X sponsorship', 'cash contribution'. Examples of expenses could include 'item cost', 'office supplies', 'printing material'.

'Volunteer labour' is labour provided at no fee for the applicant group. 'In-kind donation' are 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.

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Income Description	Income Amount (\$)
Quick Response Grant	\$
e.g Cash Contribution	\$
e.g Volunteer Labour	\$
	\$
You can change the description wording to suit your application	

Expenditure Description	Expenditure Amount (\$)
e.g Printing	\$
e.g Catering	\$
e.g. Purchase of item	\$
	\$
You can change the description wording to suit your application.	

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.
MUST equal 0

Previous funding

Please list previous grants, sponsorship or donations from Benalla Rural City Council to your organisation during the last 3 years.

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

Certification and Feedback

* indicates a required field

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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 (Acquittal)

If your application is successful you will need to complete an acquittal form within 3 months of project completion.

Keep track of the following items to assist with completing the acquittal:

- **Keep your receipts:** These are essential evidence of your expenditure. Note that **invoices are not valid evidence unless they show a zero balance:** (i.e. paid in full).
- **Take photos or videos of your purchases or events** - we love to see the outcomes of your project!
- Keep evidence of places you **acknowledged Benalla Rural City Council** as contributing funds to your project.

Please email grants@benalla.vic.gov.au to request an acquittal form. A link will be sent to the applicant and the form must be completed through SmartyGrants.

I understand I will need to report on my Quick Response Grant *

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- ☐ 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.