

Quick Response Grant 2024/25 Application

Form Preview

Quick Response Grant

* indicates a required field

Your project suitability

Applicants can receive up to \$1,000 in Quick Response funding each financial year for one or more projects

To discuss your project idea and ensure it is eligible please contact our Community Development Team via community@nillumbik.vic.gov.au or 9433 3111

You can save this application and return at any time, just select **Save** and log out.

Before applying it is essential to have read the current Quick Response Grant Guidelines *

- Yes, I have read the grant guidelines

[Quick Response Grant Guidelines](#)

Which emerging or unexpected need, or one-off activity best describes your project? *

- Expenses associated with establishing a new community group or supporting existing groups to be sustainable (E.g. incorporation, insurance and promotion costs)
- Communications, media and marketing (E.g. design and printing of promotional flyers, or website design)
- Purchase of materials, equipment or tools for an identified need
- Capacity building opportunities including skills development and training (E.g. governance training for committee or management)
- Activities to support a culture of equity, diversity and inclusion (E.g. cultural awareness training for volunteers)
- Volunteer recruitment and support costs (E.g. recruitment and training expenses)
- Consultant, speaker, or contractor fees
- Venue or meeting room hire
- None of the above

Unfortunately, based on the selection above, the project would be ineligible for this grant funding and the application cannot proceed.

For further advice please refer to the [guidelines](#) for more information about the Quick Response Grant or contact Council's Community Development team via community@nillumbik.vic.gov.au or 9433 3111

Contact Details

* indicates a required field

Quick Response Grant 2024/25 Application Form Preview

Your name *

First Name

Last Name

Your email *

Must be an email address.

Your phone number *

How do you describe your gender? *

- Female
- Male
- Non-binary
- Prefer not to say
- Prefer to self describe

Please specify *

Your connection to Nillumbik? *

- Live
- Work
- Volunteer
- Study
- Play
- Other:

Organisation/Group name *

Organisation Name

Organisation/Group type: *

- Not-for-profit incorporated organisation
- School (kindergarten to year 12)
- Unincorporated (auspiced)

Unincorporated organisations, individuals and local businesses must partner with an eligible not-for-profit incorporated organisation

Your position *

If applying with an auspice type your role in the community

Organisation/Group address *

Quick Response Grant 2024/25 Application Form Preview

Address

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

Organisation/Group email

Partnered not-for-profit incorporated organisation (Auspice) details

Partner (Auspice) name *

Organisation Name

Partner (Auspice) address *

Address

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

Partner (Auspice) email *

Financial Details

Does your incorporated association or auspice have an ABN? *

Yes No

If your organisation does not have an ABN, you are required to attach a Statement by a Supplier available from the ATO before submitting this application.

ABN of the incorporated association or auspice *

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	More information

Quick Response Grant 2024/25 Application Form Preview

ACNC Registration
Tax Concessions
Main business location

Must be an ABN.

[Download form](#)

Statement by a Supplier *

Attach a file:

Only required if your organisation or auspice do not have an ABN

Primary bank account of the incorporated association or auspice *

Account Name

BSB Number

Account Number

Project Details

* indicates a required field

Project name *

This name will be used to identify and promote the project if successful

Provide a brief description of the project for use in promotional materials, if successful *

Word count:

Must be no more than 50 words.

Summarise the project and what will be achieved

Project start date *

Project end date *

Why is this project needed? *

Quick Response Grant 2024/25 Application Form Preview

Word count:

Must be no more than 250 words.

Describe how this project will respond to a one-off emerging, or unexpected need/opportunity, or identify a clear need

What do you plan to do? *

Provide a detailed description of the project and the planned activities

Where will your activity, project or event take place? *

Include relevant venue information or township

If your group or organisation is not based in Nillumbik, state how the activity will benefit the Nillumbik community

Does the project or activity consider environment, climate action or sustainability?

Yes No

Note this indicator is only for our future reporting purposes

Project Budget

* indicates a required field

Total amount requested *

\$

What is the total financial support you are requesting in this application?

Total project cost *

\$

Quick Response Grant 2024/25 Application Form Preview

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

Is there a cost to participants to undertake this activity? *

- Yes No Gold coin donation
 Activities that are fully ticketed with no free or heavily subsidised component will not be considered

How much will participants be charged? *

\$

Must be a dollar amount.

Which components will be free, or which components will be heavily subsidised? *

Income

Provide a breakdown of all income related to the project. Examples of income should include: amount requested under this grant, other grant funding, organisation funds, expected participation/entry fees to cover expenditure, etc.

- Mark income as **C** (confirmed) or **NC** (not confirmed)

Income	\$	Status
Quick Response Grant	\$	Confirmed Not Confirmed
<input style="width: 100%;" type="text"/>	\$	

Expenditure

Identify how you will spend all of the income listed above towards your project.

- Include any costs for equipment, services, venue hire or permits based on quotes
- Your budget needs to reflect all the costs associated with the project **excluding GST**

Expenditure	\$
<input style="width: 100%;" type="text"/>	\$
<input style="width: 100%;" type="text"/>	\$
<input style="width: 100%;" type="text"/>	\$
<input style="width: 100%;" type="text"/>	\$

Budget total

The total income must equal the total expenditure of the project

Total Income Amount
\$
This number/amount is calculated.

Total Expenditure Amount
\$
This number/amount is calculated.

Income - Expenditure
\$
This number/amount is calculated.
Must be \$0

Quick Response Grant 2024/25 Application

Form Preview

In-Kind contributions

List any support being provided by your organisation or other organisations in-kind here, and give an estimated value for this support. Estimate how much you would have to pay for these goods or services if they were not being provided free of charge. For example, volunteer time could be calculated at a rate of \$25 per hour, or at \$35 per hour for skilled tasks.

Examples of in-kind contributions might include: free use of a venue, administrative support, volunteer time, donated refreshments, or any other donated goods or services.

In-kind contribution	\$ Value
	\$
	\$
	\$

Total in-kind contribution

\$

This number/amount is calculated.

Attachments

* indicates a required field

Required supporting material

Public Liability Insurance Certificate

Attach a file:

You must have public liability insurance to a minimum value of \$20 million on commencement of the project

If you do not hold current Public Liability Insurance:

- Applications may be submitted without current Public Liability Insurance on the condition that if the grant is successful insurance is purchased and a Certificate of Currency is provided
- You should apply through an auspice organisation if your group does not wish to purchase insurance
- Or you may be eligible for coverage under [Council's Community Liability insurance](#) if your activity is entirely held in a Council venue.

Auspicing organisation letter of support *

Attach a file:

Additional supporting material (if available)

Quick Response Grant 2024/25 Application

Form Preview

Quotes

Attach a file:

Multiple files can be attached

Other supporting materials

Attach a file:

Multiple files can be attached

Privacy Statement, Declaration and Your Feedback

* indicates a required field

Privacy statement

Nillumbik Shire Council is collecting your personal information for the purpose of registering and assessing your Grant application.

The information you provide will be used for this purpose or a directly related secondary purpose. This information will only be disclosed to third parties if we are permitted to, required to by law, or if Council uses an external panel to assess the Grant applications.

If you do not provide the requested information or it is only provided in part, we may be unable to accept or consider your application.

You may access the personal information that Council holds about you by contacting Council's Privacy Officer on 9433 3271 or privacy@nillumbik.vic.gov.au

Declaration

I certify that: *

- I have read and understand the terms and conditions in the Grant Guidelines;
- All details supplied in this application form and in any attached documents are true and correct to the best of my knowledge;
- This application has been submitted with the full knowledge and agreement of the management of the community group, organisation or auspice partner;
- I agree to ensure all necessary approvals and permits are obtained prior to my project or event taking place;
- I understand that if Nillumbik Shire Council approves a grant, I will be required to accept the conditions of the grant in accordance with Nillumbik Shire Council requirements;
- I understand that Nillumbik Shire Council does not accept any liability or responsibility for the proposal in this application and that it is the responsibility of the applicant or their auspicing sponsor to provide appropriate insurance cover; and,
- I consent to the release of project information in this application for promotional and evaluation purposes relevant to Nillumbik Shire Council.

At least 7 choices must be selected.

All of the above must be checked

Authorised Person's Name *

Quick Response Grant 2024/25 Application Form Preview

First Name

Last Name

Date of Declaration *

Must be a date.

Feedback

This is the end of the application. We would value your feedback regarding our online grants application process. This information will not in any way be used to assess your application.

Is this the first time you have applied for a grant with Nillumbik Shire Council?

- Yes No

How satisfied are you with our application process?

- Very satisfied
 Satisfied
 Neither satisfied or dissatisfied
 Dissatisfied
 Very dissatisfied

Do you have any comments about this application process?

E.g. What worked well, or could be improved?

How did you hear about Council's grant program?

- Nillumbik Council website
 Council Officer
 Social media
 Network/Newsletter
 Nillumbik News
 Local media
 Word of mouth
 Other: