Quick Response Project Grant - Application
Form Preview

Eligibility

* indicates a required field

Program

This field is read only.

Applicants: please note

Before completing this application form, you should have read the program 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 is important that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions, please contact the **Community Development Team on 03 5036 2333** or **communitydevelopment@swanhill.vic.gov.au**.

Application Number

This field is read only.

Confirmation of Eligibility

Before proceeding, please confirm the following:

- you have read and understood the program guidelines.
- you are able to demonstrate alignment between your project and the aims of this program.
- your organisation is a not-for-profit organisation.
- your organisation has a formal legal structure or can be auspiced by a community group/organisation that fulfils this requirement (i.e. incorporated or auspiced by an incorporated body) for the purposes of this application.
- your organisation is located within (and/or supplies services to) the municipality**.**
- your organisation provides access to Council residents either as members, participants or supporters.
- your organisation is able to demonstrate financial viability.
- your organisation, if previously funded by Council, has satisfactorily fulfilled previous requirements regarding financial acquittal and reporting.
- your organisation has the appropriate type and level of insurance for the activities that are the subject of this grant.
- your organisation is not a government agency (including schools), or an organisation that supports political, religious objectives or promotes gambling, alcohol or drugs (including tobacco).

- your organisation has not already received funds through other Council programs/ sponsorship for this project.

You must confirm that all statements above are true and correct. *
☐ Yes

Please note that if you are unable to answer 'yes ' to the above statements, you are ineligible to apply for this grant.

What happens with your information?

Information requested on this form is required by Swan Hill Rural City Council in order to process your application. We will handle any personal information you provide on this form in accordance with the Privacy and Data Protection Act 2014. We record this information on our customer databases and make it available to relevant Council staff in line with our Privacy Statement.

You can access your personal information by contacting our Privacy Officer.

Applicant Details

* indicates a required field

Applicant Organisation *
Organisation Name

Make sure you provide the same name that is listed in official documentation.

Address *
Address

Contact Details

Primary contact *
First Name Last Name

Position held in organisation *

e.g. President, Secretary, etc

Phone number *

Email address *

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

Organisation Details

* indicates a required field

What is your organisation's legal structure? *

- ○ Unincorporated association
- ○ Incorporated association
- ○ Co-operative
- ○ Committee of Management
- ○ Other:

If your organisation is unincorporated you must have an auspice organisation to be eligible for this grant.

Please provide your ABN and / or Incorporation Number *

Is your organisation registered for GST? *

○ Yes ○ No ○ Unsure

What are the objectives of your organisation within the community? *

Word count:

Include a brief summary of who the organisation is and what they do within the community. No more than 300 words.

How many members do you have? *

This number could include Board Members, social members, user groups etc

Auspice Information

* indicates a required field

Auspice Organisation Details

Organisation name *

Organisation Name

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

Address
Address

Primary contact person *
First Name Last Name

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

Position held in organisation *

e.g., President, Secretary, etc

Contact number *

Email address *

Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. *
Attach a file:

The letter must be signed by an authorised person (e.g., President, Secretary or Board Chair) and must include: name, position, signature and date.

Please provide the ABN and / or Incorporation Number *

Is the auspice organisation registered for GST? *
○ Yes ○ No ○ Unsure

Project

* indicates a required field

Project Name *

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

Project Location *

Name of land owner/manager where project will be completed (if applicable)

Have you received approval from the land owner/manager for your project *
☐ Yes ☐ No ☐ N/A

Please provide a copy of approval letter (if applicable)
Attach a file:

If successful, grant will not be funded until land owner consent confirmed.

Please provide a short description of the project, what it will achieve and who will benefit *

Word count:
Be descriptive, but succinct. Include a brief summary of what the project is, who will benefit and what effects you expect to result from your activities. Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response. No more than 300 words.

Project start date *

Project completion date *

Project must be completed by 31st May 2027

Does the project involve building works and/or structural upgrades *
○ Yes ○ No

Building works / upgrades

Will your project require a permit? *
○ Yes ○ No ○ Unsure
If successful, funding won't be provided until required permits are approved.

Please provide any documentation applicable to your project *
Attach a file:

eg: Shed plans, site plans, planning permit, building permit, etc

Please attach a current copy of your Insurance Certificate of Currency *
Attach a file:

Supporting documents

Please provide images/photos to support your application
Attach a file:

eg: photos of current equipment/facilities in need of upgrade

If funding request is successful, outline the ways in which your ogranisation will recognise Councils contribution to the project *

☐ Media articles in newspapers ☐ Social Media ☐ Organisation Website ☐ Signange ☐ Newsletter

Other

Project Budget

* indicates a required field

Cash Support Requested *

$

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

Total Project Cost *

$

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

Quotes

Please attach quotes for your project *
Attach a file:

Declaration

* indicates a required field

Declaration

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 declare 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 grant agreement.

I agree * ○ Yes

Name of authorised person * First Name Last Name

Quick Response Project Grant - Application
Form Preview

Position *

Position held in applicant organisation (e.g. President, Secretary)

Phone number *

We may contact you to verify that this application is authorised by the applicant organisation

Email *

Was this application completed by a consultant or third party on behalf of the applicant organisation? *

○ Yes ○ No