

24-25 Quick Response Grant Application

Form Preview

2024-25 Quick Response Application

* indicates a required field

Welcome to Hume City Council's 2024-25 Quick Response Grant

Quick Response Grants are designed to support newly established community groups, and community groups with emerging or unexpected needs and opportunities.

Before completing this application you must read:

- [2025 Annual Community Grants Guidelines](#)
- SmartyGrants [Help Guide for Applicants](#)

Please have **all your supporting documents ready**; such as

- Bank Statement
- Certificate of Incorporation
- Current Certificate of Public Liability Insurance
- Income and Expenditure Statement
- Quotes for items you intend to purchase

Regularly save your application by clicking the '**Save Progress**' button which appears at the top of your screen.

File Upload allows applicants to upload one or more file attachments in their application. The recommended size of a file must be no bigger than 5mb.

Do you need help or assistance?

If you experience any difficulties with your online application please contact us on 9205 2749 or email **communitygrants@hume.vic.gov.au**

Eligibility Checklist

I am applying on behalf of a not-for-profit community group or organisation *

Our activity will take place in or substantially benefit residents of Hume City *

Our organisation has a genuine need for financial support from Hume City Council *

Not be applying to reimburse expenses paid before grant is approved *

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Our activity does not include alcohol licenses, tobacco, gambling related activities and activities at gambling venues *

Stop. You have answered NO to one of the above you are NOT ELIGIBLE for this grant.

If you would like further information please contact us on 03 9205 2749 or email communitygrants@hume.vic.gov.au

Applicant Details

* indicates a required field

Application Contact Details

Applicant Project Contact *

Title First Name Last Name

This is your name

Your Position *

Your Phone Number *

Must be an Australian phone number.

Your Email *

Must be an email address.

Group/Organisation Name *

Organisation Name

Please do not put in individual name it must be Group/Organisation's name

Organisation's Address *

Address

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Organisation's Phone Number *

Must be an Australian phone number.

Organisation's Email *

Must be an email address.

Organisation's Website

Must be a URL.

Are you, or a member of your immediate family, a staff member (or Councillor) at Hume City Council?

- ☐ Yes
☐ No

Please specify name of Hume City Council staff member *

First time applicant

Is your organisation a first time applicant? *

If you are a first-time applicant, you do not need to show proof of Public Liability Insurance when applying. If your grant is successful, you will need to supply a copy at time of contracting.

Does your organisation have Public Liability Insurance (PLI) ***Please attach Public Liability Insurance (PLI) Certificate of Currency ***

Attach a file:

Must be for a minimum of \$10 million. Read more about PLI here <https://www.nfplaw.org.au/insurance>

Taxation details etc

Council is required to withhold 46.5% of any grant funds issued if you do not provide one of the following:

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- A valid Australian Business Number (ABN) **Or**
- A completed Statement by a Supplier Form.

This form can be obtained from the Australian Taxation Office website:

[Statement by Supplier form](#)

The completed form is to be included in this application.

Does your organisation have an ABN? *

Applicant 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 | More information |
| ACNC Registration | |
| Tax Concessions | |
| Main business location | |

Must be an ABN.

You have answered No to the previous question

If your organisation does not have an ABN you will need to supply a Statement By Supplier. These are available to download [here](#)

If your organisation does not have an ABN, please attach a Statement By Supplier form *

Attach a file:

Statement By Supplier forms are available on the Australian Taxation Office website

Are you registered for GST? *

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Incorporation

If your organisation is unincorporated it must have an auspice agency. You will need their financial and taxation details.

If you want to know more about Auspicing please click here <https://www.nfplaw.org.au/auspicing>

Is your organisation incorporated? *

Incorporation number *

Please attach your Certificate of Incorporation *

Attach a file:

Auspice Details

You have answered No to the previous question. Applicants that are not incorporated must be auspiced by an incorporated not-for-profit organisation and provide evidence of this arrangement.

If this application is successful, funds will be paid to the Auspice organisation.

Auspice Agency Name *

Organisation Name

Auspice Address *

Address

Auspice Phone Number *

Must be an Australian phone number.

Auspice Email *

Must be an email address.

Auspice Website

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Must be a URL.

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 | More information |
| ACNC Registration | |
| Tax Concessions | |
| Main business location | |

Must be an ABN.

Auspice Contact Name *

Title First Name Last Name

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Auspice Contact Position *

Auspice Project Contact Primary Address *

Address

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

Auspice Contact Phone Number *

Must be an Australian phone number.

Auspice Contact Email *

Must be an email address.

Organisational finances

How does your organisation raise income? *

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☐ Membership fees ☐ Attendance fees ☐ Sponsorship ☐ General fundraising ☐
Hume Grants ☐ Other Grants
Other

Please tick any support you currently receive from Hume City Council

- | | |
|--|--|
| <input type="checkbox"/> Hume Community Annual Grant | <input type="checkbox"/> Hume Events grants |
| <input type="checkbox"/> Council room/facility hire in-kind or at community rate | <input type="checkbox"/> Other Hume grants program |
| <input type="checkbox"/> Other Hume in-kind support | <input type="checkbox"/> None |
| <input type="checkbox"/> Hume Community Year-Round Grant | <input type="checkbox"/> Other: <input type="text"/> |

Project Information

* indicates a required field

Project Overview

Why are you applying for a quick response grant? *

- ☐ Newly Established Group requiring support with start-up and establishment costs
☐ Community group that have an unforeseen funding need that does not fall within annual grants payment timeframes
☐ Community groups that need defibrillators at public venues that DO NOT already have a machine in place

At least 1 choice and no more than 1 choice may be selected.

Project/Activity Title *

Word count:

Must be no more than 15 words.

For example "Singing classes for Vietnamese women" or "Craigieburn multicultural art exhibition"

What is your project? What will you do and why do you need this grant? *

Word count:

Must be between 25 and 100 words.

Start Date- Start date must be 6 weeks from the date of application *

Must be a date and no earlier than 1/7/2024.

End Date *

Must be a date and no later than 30/6/2025.

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Briefly describe your organisation, what you do and why *

Word count:

Must be between 25 and 100 words.

What is your purpose? Do you have lots of members? How long have you been servicing Hume?

Where does your organisation meet? *

Must be no more than 25 words.

Please give address (and name) for where most of your activities take place

How often do you meet? *

Must be no more than 25 words.

Select the most relevant category that best describes your organisation *

- | | | |
|---|--|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Family violence | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Anti-racism | <input type="checkbox"/> First Nations People, Country and culture | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Arts and Culture | <input type="checkbox"/> Health and wellbeing | <input type="checkbox"/> Social inclusion |
| <input type="checkbox"/> Climate change action | <input type="checkbox"/> Learning and skill development | <input type="checkbox"/> Sport and exercise |
| <input type="checkbox"/> Community event | <input type="checkbox"/> Men | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Cultural groups | <input type="checkbox"/> Multicultural groups | <input type="checkbox"/> Women |
| <input type="checkbox"/> Environment and sustainability | <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Young people (0-24) |
| <input type="checkbox"/> Families and Children | <input type="checkbox"/> Refugees and newly arrived migrants | <input type="checkbox"/> Other: <input type="text"/> |

No more than 3 choices may be selected.

Where will your project take place? *

- | | | |
|---|--|--|
| <input type="checkbox"/> All of the Hume area | <input type="checkbox"/> Diggers Rest | <input type="checkbox"/> Roxburgh Park |
| <input type="checkbox"/> Attwood | <input type="checkbox"/> Gladstone Park | <input type="checkbox"/> Somerton |
| <input type="checkbox"/> Bulla | <input type="checkbox"/> Greenvale | <input type="checkbox"/> Sunbury |
| <input type="checkbox"/> Broadmeadows | <input type="checkbox"/> Jacana | <input type="checkbox"/> Tullamarine |
| <input type="checkbox"/> Campbellfield | <input type="checkbox"/> Kalkallo | <input type="checkbox"/> Westmeadows |
| <input type="checkbox"/> Clarkefield | <input type="checkbox"/> Meadow Heights | <input type="checkbox"/> Yuroke |
| <input type="checkbox"/> Coolaroo | <input type="checkbox"/> Melbourne Airport | <input type="checkbox"/> Fawkner |
| <input type="checkbox"/> Craigieburn | <input type="checkbox"/> Mickleham | <input type="checkbox"/> Keilor |
| <input type="checkbox"/> Dallas | <input type="checkbox"/> Oaklands Junction | <input type="checkbox"/> Wildwood |

How many estimated Hume City residents will participate or benefit? *

Must be a number.

How many people who do not live in Hume will participate in your group this year? *

Must be a number.

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Barriers to participation

We want to know how you are encouraging participation by all parts of the community.

By barrier we mean things that stop people joining in. For example, costs, social or cultural safety, physical access, location, lack of public transport, lack of facilities etc.

Does your project reduce barriers to participation. If yes, how, and for whom? *

We want to know how you are encouraging participation by all parts of the community. By barrier we mean things that stop people joining in, or create inequalities in how they can join. For example, costs, social or cultural safety, physical access, lack of facilities etc.

Unforeseen funding need

Why were you not able to plan for this expense? Why is it urgent or unexpected? *

Word count:

Must be between 25 and 100 words.

For example "Our organisation runs a foodbank and our fridge unexpectedly broke down" or "An unexpected event occurred in our community and people require counselling/support"

What is the impact of not receiving funding now? *

Newly established group

Please note that we do not allow activities to take place at gambling venues.

What is the main use of this funding? *

- ☐ Public Liability Insurance (PLI)
- ☐ Admin costs (ie phone, P.O. Box rental, photocopying etc)
- ☐ Registration fees and other Insurance
- ☐ Venue Hire/rental/storage etc
- ☐ Other Insurances
- ☐ Other:

Defibrillator

Why does your group require a defibrillator? *

Where will the defibrillator be located? You must provide the name and address of the venue where it will be housed. *

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Is there an existing defibrillator nearby? Is there a reason you can't use/access it?

*

Funding

* indicates a required field

Amount requested

Grant amount sought *

\$

Must be a dollar amount and no more than 1000.

Expenses

Please list the items and amounts for how you intend to spend **Hume Council grant funding only**.

IMPORTANT: None of your budget items can be paid for before your grant is approved, and a Letter of Agreement is signed.

Hume City Council expense items

Amount \$

| | |
|----------------------|--|
| <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | \$ <input type="text"/> |
| <input type="text"/> | Must be a dollar amount and no more than 1000. |

Budget Totals

The below totals are calculated from figures you have entered above. The balance calculation is to check that your budget balances EG:

Income - Expenditure = Balance

IMPORTANT: The balance must equal 0 or you will not be able to submit. If your balances are not Zero please check your figures above.

Income

Total Hume Grant Income

\$

This number/amount is calculated.

Expenses

Total Hume Expenses

\$

This number/amount is calculated.

Balance (Must be Zero)

Grant Balance

\$

This number/amount is calculated.

Other documentation

Bank Account *

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Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Please attach proof of your bank account number *

Attach a file:

Other documentation: Please supply any other relevant documentation i.e. quotes, project plans etc. It will help Assessors make their decision

Attach a file:

Privacy Statement and Declaration

* indicates a required field

Privacy Statement

Council is collecting this personal information for the purpose of assessing applications in the 2024 Community Operational grant category. Unless permission is given by the applicant, the information will be used for administrative purposes only and will not be disclosed to any other party except as required by law. If you fail to provide this information, Council may not be able to process your application. You may access this information by contacting Council on 9205 2200.

Declaration

In submitting this funding application I declare that I am aware of the following terms and conditions and certify that:

- 1.I am authorised by the Applicant/Auspice to act on behalf of the Applicant/Auspice to submit this application.
- 2.All information given to Council in relation to the grant and application is true and correct, whether that information is given through this application or in any other way.
- 3.The person/s named as the Contact Person in this application has consented to be named as the contact for the Applicant/Auspice and has the authority to provide any information that may be required by Council in relation to this application.
- 4.We acknowledge that our organisation's name will be listed publicly.
- 5.If a grant is awarded we (The Applicant/Auspice) will agree to the terms and conditions outlined in Hume City Council's Funding Agreement.
- 6.We (The Applicant/Auspice) understand that: If we do not act in accordance with this Agreement we may not be eligible for any further grants from Hume City Council.

I have read and agree to the above Terms and Conditions *

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☐ Yes

Authorised Person *

Name of person authorised to sign the Community Grant Funding Agreement

(Auspice Authoriser)

Submitting your application

To submit your application be sure to click on the '**Submit**' button which appears on the last page of the application.

You will not be able to submit your application unless you have completed all the compulsory questions.

After submitting your application you will receive a confirmation email. If you do not receive a confirmation email please us on 9205 2749 or email communitygrants@hume.vic.gov.au.

Mailing List

Would you like to be added to our mailing list to hear more from Council about programs, events and opportunities that relate to community groups? *

☐ Yes

☐ No

Feedback on the process

How easy was it to complete this application form?

☐ Very Easy ☐ Easy ☐ Ok ☐ Difficult ☐ Very Difficult

Comments

Did you have help completing this form?

☐ No ☐ Yes - a person helped me ☐ Yes - I used AI (for example ChatGPT)

Other