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**

ligibility Checklist
am applying on behalf of a not-for-profit community group or organisation *
ur activity will take place in or substantially benefit residents of Hume City *
ur organisation has a genuine need for financial support from Hume City Council

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

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

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? O 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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Form Preview

- 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	organ	isation	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 $\underline{\text{here}}$

If your organisation does not have an Al	BN, 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? *

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

Auspice ABN	*
	ded will be used to look up the following information. Click Lookup above to have entered the ABN correctly.
Information from	m the Australian Business Register
ABN	
Entity name	
ABN status	
Entity type	
Goods & Service	es Tax (GST)
DGR Endorsed	
ATO Charity Typ	pe <u>More information</u>
ACNC Registrat	ion
Tax Concession	s
Main business lo	ocation
Auspice Cont	act Position *
Auspice Proje Address	ect Contact Primary Address *
_	cact Phone Number * cralian phone number.
Auspice Cont	
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Organisational finances

How does your organisation raise income? *

☐ Membership fees ☐ Attendance fees ☐ Hume Grants ☐ Other Grants Other	Sponsorship \square	General fundraising □
Please tick any support you currently re ☐ Hume Community Annual Grant ☐ Council room/facility hire in-kind or at community rate ☐ Other Hume in-kind support ☐ Hume Community Year-Round Grant	ceive from Hume Hume Events Other Hume g None Other:	grants
Project Information		
* indicates a required field		
Project Overview		
□ Newly Established Group requiring support □ Community group that have an unforeset grants payment timeframes □ Community groups that need defibrillator machine in place At least 1 choice and no more than 1 choice may be Project/Activity Title * Word count: Must be no more than 15 words. For example "Singing classes for Vietnamese words."	en funding need the	at does not fall within annua
What is your project? What will you do a	nd why do you n	eed 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.		

Briefly describe your	organisation, what you do and	why *
Word count: Must be between 25 and 1 What is your purpose? Do	00 words. you have lots of members? How long ha	ave you been servicing Hume?
Where does your orga	anisation meet? *	
Must be no more than 25 v	vords. ame) for where most of your activities	take place
How often do you me		take place
Must be no more than 25 v	vords.	
Select the most relev	ant category that best describe	s your organisation *
☐ Advocacy	☐ Family violence	☐ Safety
☐ Anti-racism	First Nations People,Country and culture	☐ Seniors
☐ Arts and Culture	☐ Health and wellbeing	□ Social inclusion
☐ Climate change action	n Learning and skill development	☐ Sport and exercise
☐ Community event	□ Men	☐ Volunteering
☐ Cultural groups☐ Environment and sustainability	Multicultural groupsPeople with disabilities	☐ Women☐ Young people (0-24)
☐ Families and Children	n Refugees and newly arriv migrants	red□ Other:
No more than 3 choices ma	ay be selected.	
Where will your proje	ct take place? *	
☐ All of the Hume area	☐ Diggers Rest	☐ Roxburgh Park
☐ Attwood	☐ Gladstone Park	☐ Somerton
□ Bulla□ Broadmeadows	☐ Greenvale☐ Jacana	☐ Sunbury☐ Tullamarine
☐ Campbellfield	☐ Kalkallo	☐ Westmeadows
□ Clarkefield	☐ Meadow Heights	☐ Yuroke
☐ Coolaroo	☐ Melbourne Airport	□ Fawkner
☐ Craigieburn	☐ Mickleham	☐ Keilor
□ Dallas	☐ Oaklands Junction	☐ Wildwood
How many estimated	Hume City residents will partic	ipate or benefit? *
Must be a number.		
Must be a Hullibel.		
How many people wh year? *	o do not live in Hume will partic	cipate in your group this
Must be a number.		

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

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

Why does your group require a defibrillator? *

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Is there an existing defibrillator nearby? Is there a ${\color{red} *}$	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 \$
	\$
	\$
	\$
	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	Expenses Total Hume Expenses	Balance (Must be Zero) Grant Balance
\$	\$	\$
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.

Other documentation

Bank Account *

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Form Preview

Account Name		
BSB Number	Account Number	
Must be a valid Aus	tralian bank account format.	
Please attach po Attach a file:	roof of your bank accoun	t number *
		other relevant documentation i.e. sessors make their decision

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 *

○ Yes
Authorised Person *
News of a second by its the County is a few times and the county i
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