2026 Community Grants Quick Response Program Application Form

Form Preview

Introduction

Maribyrnong Community Grants (Quick Response) Program

The Maribyrnong City Council Community Grants (Quick Response) Program provides funding for projects addressing one or more of the following:

- Support new and emerging groups
- Establish partnerships between local organisations/community groups
- Trial a new idea
- Respond to a time sensitive opportunity

Before beginning this application form read the **Guidelines** and **Frequently Asked Questions** carefully.

**Applicants are encouraged to discuss their eligibility and project idea with the Community Grants Officer prior to applying. Applicants can submit one application across the Annual and Quick Response Program within a 12-month period regardless of the outcome of an application.*

Applications will be assessed against the following criteria:

- How does the project address the nominated focus area?
- Does the target community align with one or more of Councils identified priority communities?
- Does the project incorporate a genuine partnership or collaboration?
- Is there evidence of community need and support for the project?
- What are the expected outcomes of the project and what benefit will the project provide to participants?
- Has the applicant demonstrated capacity to deliver the project?
- To what extent have any project risks been identified and addressed?
- Is the project plan and budget detailed and realistic providing value for money?

For instructions on how to navigate and complete the application form in SmartyGrants access the SmartyGrants Applicant Guide and SmartyGrants Applicant FAQs.

FUNDING OF UP TO $2000 IS AVAILABLE UNTIL EXHAUSTED

Incomplete applications and applications submitted with unsatisfactory supporting documentation will not be accepted. Applications for projects better suited to another Council funding program will not be accepted and will instead be directed to the appropriate program.

Queries: grants@maribyrnong.vic.gov.au or 9688 0223.

Privacy Statement: *Maribyrnong City Council (Council) is committed to protecting your privacy. The personal information requested on this form is being collected by Council for the purpose of assessing and managing your grant application. The personal information collected will be used by Council for that primary purpose or directly related purposes. The personal information will be disclosed to Independent Peer Panelists for the purpose of assessing your application. Personal information collected will not be disclosed to any third party without your consent, unless permitted or required by law. If the personal information is not collected, Council may not be able to assess your application. Requests for access to*

and/or amendment of your personal information should be made to Council's Freedom of Information Officer. For more information, refer to Council's Privacy Policy.

Eligibility

* indicates a required field

In order to be eligible applicants must meet **ALL** of the following criteria:

- Project addresses one or more of the following:
  - Support new and emerging community groups
  - Establish partnerships between local organisations/community groups
  - Trial a new idea
  - Respond to a time sensitive opportunity
- Project aligns with one of the broader identified focus areas of the Community Grants Program being:
  - Build social connection and belonging
  - Increase participation in community life
  - Support community resilience and wellbeing
  - Demonstrate environmental sustainability in action and strengthen climate resilience
- Be a Maribyrnong based not-for-profit community group, community organisation, agency or certified social enterprise
- Not have received Maribyrnong City Council funding in the previous round &/or 12 month period *Note: You can make one application to the Community Grants Program (Annual OR Quick Response) per 12 month period.*
- All funded activity takes place within the geographic boundaries of the City of Maribyrnong
- Have an Australian Business Number (ABN)
- Have Public Liability Insurance cover of $20 million
- Have no outstanding grant acquittals or debt owing to Council
- The majority of project participants live, work, study, or volunteer in the City of Maribyrnong.

NOT eligible for funding:

- Projects that do not align with Council policies and values
- Projects already funded or partly funded by any Council funding program
- Projects better suited to funding through another Council Grant Program
- Festivals
- Events and activations without community development outcome/s
- Projects that are the primary responsibility of other levels of Government
- Projects that duplicate existing projects/services
- Projects that replicate the core business of organisation applying
- Artists seeking funding for their own creative/professional practice
- Fundraisers, awards and prizes
- Material aid
- Sport equipment and uniforms
- Capital works and facilities maintenance

- Projects with a religious or political focus
- Educational institutions unless working in partnership with an eligible organisation
- Projects that have already started or have been completed

My application meets all the eligibility criteria: *
○ Yes ○ No

Applicant Details

* indicates a required field

The 'Applicant' is the organisation or group who is applying for funding.

Organisation Name *
Organisation Name

Tell us about your organisation: *
Word count:
Must be no more than 75 words.

When was your organisation/group formed? *
☐ Less than 2 years ago
☐ More than 2 years ago
Note: When applying to 'Support New & Emerging Groups', organisations/groups must be no older than 2 years. Successful applications to 'Support New & Emerging Grups' will be awarded once only per organisation/group.

Primary Contact Person *
Title First Name Last Name
All correspondence about the grant will be sent to the individual listed here

Position in Organisation *
Hint: Secretary, Committee Member, Grant Officer

Primary Contact Phone Number *
Hint: Please make sure you are available on this contact number during business hours

Organisation Primary Address *

Primary Contact Email *
Hint: Best contact email during or after business hours

Will your organisation be auspiced by another organisation? *

○ Yes ○ No

Organisation Details

The organisation listed in this section is the applicant organisation and must be a not-for-profit community group, community organisation, agency or certified social enterprise.

If your application is successful, this organisation will be responsible for ensuring all requirements of the grant are met.

If you have an auspice for your funded project, you will not be able to complete this section of the form. You will be required to complete the next section of the application form under the Auspice Details heading.

Incorporation Number (If applicable):

Incorporation Certificate or other evidence confirming your organisations not-for-profit entity status: *
Attach a file:

Upload your Incorporation Certificate or other evidence to confirm your not-for-profit entity status. If you are a social enterprise, please provide copy of Social Traders Certification.

ABN Number: *

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	

It's free to apply for an Australian Business Number (ABN) with the Australian Business Register (ABR). You can apply online or lodge a form by mail. Visit the Australian Business Register website for more information.

Organisation Primary Address *
Address

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

Organisation Postal Address *
Address

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

Organisation Primary Office Number *

Organisation Office Email *

Organisation website

Must be a URL

Auspice Details

* indicates a required field

The organisation listed in this section is the auspice organisation and must be a not-for-profit community group, community organisation, agency or certified social enterprise. If your application is successful, the auspice will be responsible for ensuring all requirements of the grant are met. Providing evidence of an appropriate auspice agreement between the applicant and the auspice organisation is a requirement of funding.

If you do not have an auspice for your funding application, you will not be able to complete this section of the form.

Auspice Organisation Name *
Organisation Name

Auspice Primary Address *
Address

Auspice Contact Person *
Title First Name Last Name

Position in Auspice Organisation *

Auspice Primary Phone Number *

Must be an Australian phone number

Auspice Primary Email *

Must be an active email address

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.

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

ACNC Registration

Tax Concessions

Main Business Location

Must be an ABN

Auspice Incorporation Number (If applicable):

Auspice Incorporation Certificate or other evidence confirming auspice organisations not-for-profit entity status: *

Attach a file:

Upload auspice Incorporation Certificate or other evidence to confirm your not-for-profit entity status. If auspice is a social enterprise, please provide copy of Social Traders Certification.

Auspice Agreement: *

Attach a file:

Project Details

* indicates a required field

Summary

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Form Preview

Project Title *

Describe the project: *

Word count:
Must be no more than 150 words.
What will happen? Who will it involve? Where will it take place?
Text may be used in Council communications and publications.
Small Grant applicants

Total Amount Requested *

$

Must be a whole dollar amount (no cents) and between 1 and 2000.

Which focus area does the project address? *

- ○ Support new and emerging community groups
- ○ Establish partnerships between local organisations/ community groups
- ○ Trial a new idea
- ○ Respond to a time sensitive opportunity

If your project addresses more than one focus area, select the focus area that best aligns with your project.

Which of the Programs broader focus areas is the project aligned with? *

- ☐ Build social connection and belonging
- ☐ Increase participation in community life
- ☐ Support community resilience and wellbeing
- ☐ Demonstrate environmental sustainability in action and/or strengthen climate resilience

If your project aligns with more than one focus area, select the focus area that best aligns with your project.

Explain how the project will address the nominated focus area: *

Word count:
Must be no more than 150 words.
Hint: Describe how the project will support this new and emerging group. What are the next steps for the group and how will this support help you get there.

Explain how the project will address the nominated focus area: *

Word count:
Must be no more than 150 words.
Hint: Describe how the project will establish partnership/s between local organisations/community groups. Why do you want to partner with this/these organisation/s/community group/s? What are your plans for the partnership in the future?

Explain how the project will address the nominated focus area: *

Word count:
Must be no more than 150 words.
Hint: Explain how and why you want to trial this idea and what your plans for the project are after the trial.

Explain how the project will address the nominated focus area: *

Word count:
Must be no more than 150 words.
Hint: Explain how your project responds to a time sensitive opportunity and why it is important this project be undertaken now. Include an explanation as to how the opportunity was unforseen, unexpected &/or urgent. Note: Funds will be awarded only in the most compelling cases.

Target Community

Who is the main target community for the project? *
☐ Everyone/Universal/No particular community
☐ Aboriginal &/or Torres Strait Islander people/First Nations led *Note: First Nations focused projects should be First Nations led*
☐ People living with disability
☐ Older People (65+)
☐ LGBTIQA+ people
☐ CALD community/ies
☐ Children and young people (up to 25)
☐ Newly arrived, migrant and refugee communities
☐ People experiencing poverty and homelessness
☐ Other
No more than 3 choices may be selected.
Select the main target community at the centre of your project.

If 'other', who is the target community for the project? *

Tell us about your target community: *

Word count:
Must be no more than 150 words.

Has/will the target community be involved in the design and delivery of the project? If yes, describe how: *

Word count:
Must be no more than 150 words.

Participation

How many people are expected to participate in your project? *

Must be a whole number (no decimal place).

What percentage (%) of people participating in your project will live, work, study or volunteer in Maribyrnong? *

Must be a whole number (no decimal place) and between 51 and 100.
51% or more of project participants must live, work, study or volunteer in Maribyrnong.

Do you expect to have volunteers engaged in the delivery of this project? *

- ○ Yes
- ○ No

Project Partners

Will you be partnering with one or more local organisations/community groups to plan and deliver this project? *

- ○ Yes
- ○ No

Please list organisations/groups you are partnering with and briefly describe their involvement: *

Upload Partnership Agreement/s: *
Attach a file:

Project Details

* indicates a required field

Describe the community need for the project and outline evidence of community need and support for this project. *

Word count:
Must be no more than 150 words.
Hint: Outline why there is a need in the community for your project and provide evidence that proves this need. Evidence could include support letters, research, demographic data, community feedback, reports, surveys, newspaper articles etc.

Upload evidence of community need and support:
Attach a file:

What are the expected outcomes of this project and what community benefit will it provide? *

Word count:
Must be no more than 150 words.
Outline the outcome/s of your project and describe the benefit to the community. What do you hope participants will experience as a result of taking part in the project? What do you hope the next steps for the project will be?

Provide detail that demonstrates your organisation/groups capacity to successfully deliver this project: *

Word count:
Must be no more than 150 words.
Provide confidence that your organisation/group has the skills to successfully deliver this project. Outline your organisation/groups previous experience securing grant funds, delivering similar projects, history of delivery in Maribyrnong and any project management (or other relevant) skills within your organisation/group.

Upload any other support material:
Attach a file:

Project Plan

* indicates a required field

Project Start Date *

Must be a date and between 31/10/2026 and 31/12/2027.

Project End Date *

Must be a date and between 31/10/2026 and 31/12/2027.
Projects must be completed 6 months from funding being awarded.

Submit a Project Plan. Use the table below **OR** upload a Project Plan in your preferred format.

Activity	Who	Start Date	Date Completed
Hint: Booking venue, building partnerships, recruiting volunteers, planning program, promotion, research, delivery, debrief, reporting etc.	Who is responsible for making it happen?		

Upload Project Plan:
Attach a file:

Project Budget

Provide clear and detailed item descriptions. Be realistic in estimating costs and include all your income. The budget MUST balance (**TOTAL INCOME = TOTAL EXPENDITURE**).

You are required to retain complete financial records for the project (including quotes, invoices, receipts for all expenditure) and make these available upon request.

Budget - Income

Income Description	Income Type	Income Amount	Confirmed Funding
		Must be a dollar amount.	
		$	
		$	

		$	
		$	

Budget - Expenditure

Expenditure Description	Expenditure Type	Expenditure Amount	Notes
		Must be a dollar amount.	
		$	
		$	
		$	
		$	

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.
This amount must equal $0.

Upload budget support material:
Attach a file:

Such as quotes.

Project Risk Management

* indicates a required field

Identify any project risks and indicate how you plan to address them **OR** upload a Risk Managment Plan in your preferred format.

Hint: List the main things you think could potentially go wrong with your project (Risk Identification) and note what you plan to do (Mitigation Strategy) to ensure the risk is minimised.

Risk Identification	Mitigation Strategy
Examples: Inaccurate budget forecasts, missed deadlines, inclement weather, low ticket sales, unable to recruit volunteers, participant injury, permit not approved	Examples: Have contingency budget, project team meet weekly, identify venue options in planning, design and implement promotion plan, design recruitment plan for volunteers,

	participants undertake safety induction, research and apply for permit early

Upload Risk Managment Plan:
Attach a file:

Certificate of Currency/Public Liability Insurance. **If you are applying via an auspice, provide your auspice organisations Certificate of Currency: *
Attach a file:

Upload your Certificate of Currency showing $20 million worth of Public Liability Insurance cover. If you are applying via an auspice, you must provide your auspice organisations Certificate of Currency. Please note that a quote, invoice or receipt are not accepted.

Certificate of Currency/Public Liability Insurance expiry date: *

Must be a date.
You are required to hold suitable Public Liability Insurance for the life of the project.

Declaration & Privacy Statement

* indicates a required field

Applicant Declaration

This declaration must be made by the authorised representative of the applicant or auspice organisation/group.

General

- I understand that there is no guarantee that funding will be provided. The application will be assessed against the criteria by an assessment panel and the funding decision of council is final.
- I understand that any unspent funds must be returned to Maribyrnong City Council.
- I declare that I am the Authorised Representative for the applicant or auspice organisation in this funding application.
- I understand that if funding is awarded I will be responsible for ensuring that funds are appropriately distributed, that all financial records are kept and that all requirements of the grant are met.

- I declare that all information provided in this application is true and correct to the best of my knowledge at the time of completing the application.
- I have read and understood all the requirements outlined in the Community Grants Program Guidelines.
- I understand that I will not be eligible for a Community Grant until all conditions are met for any pre-existing council grant.
- I understand that Maribyrnong City Council employees shall not be responsible at any time for any liability incurred or entered into by the applicant or auspice as a result of or arising out of this application process or any subsequent grants or projects.
- I understand that if this application is successfully awarded funding, it will be subject to conditions which include:
    - Signing and returning funding agreement between the applicant or auspice organisation and Maribyrnong City Council.
    - An appropriate level of public liability insurance coverage for the project activities.
    - The provision of reporting on the outcomes of the project.

Privacy

I understand that:

- Maribyrnong City Council will use any information provided in this application for the purpose of assessing, administering and monitoring any applications submitted by the Applicant and for remaining in contact with the Applicant
- Personal information is only accessed by persons authorised to do so
- Maribyrnong City Council may publish the applicant or auspice's name and details about the project on its website or in promoting the grant program.

By selecting the YES box you are agreeing to this declaration *

○ Yes

Authorised Representative of Applicant

Applicant Authorised Representative *

Title | First Name | Last Name

Applicant Authorised Representative Position *

Applicant Authorised Representative Office Address *

Address

Applicant Authorised Representative Postal Address *

Address

Applicant Authorised Representative Primary Phone Number *

Applicant Authorised Representative Primary Email *

Auspice Organisation Declaration (if applicable)

I declare to the best of my knowledge that all the details supplied in this application form and in the attached documents are true and correct.

I consent to the information contained within this Community Grants Program Application Form and that it may be collected, used and disclosed by the Maribyrnong City Council for the purpose of registering, administering and promoting any current and future grant programs with Maribyrnong City Council.

Auspice Authorised Representative agreeing to this declaration *

Title | First Name | Last Name

Auspice Authorised Contact Position *

Auspice Authorised Contact Office Address

Address

Auspice Authorised Contact Postal Address

Address

Auspice Authorised Contact Phone Number *

Auspice Authorised Contact Email *

Submitting your application

Once you have submitted your application online you will receive an email with your application attached as a PDF document. Save a copy for your records.

Please note that once your application is submitted you cannot go back to make any more changes.

YOU WILL BE NOTIFIED OF THE OUTCOME WITHIN 28 DAYS OF APPLICATION BEING RECIEVED

Thank you!

How did you hear about the Maribyrnong Community Grants Program?
☐ Council eNewsletter
☐ Social Media
☐ Council website
☐ Poster
☐ Funding Centre Website/EasyGrants Newsletter
☐ Other

If 'other', how:

Sign up to our quarterly e-newsletter to stay informed about the Maribyrnong Community Grants Program here.