

Quick Response Grant Application Form 2026/2027

Form Preview

Eligibility

* indicates a required field

Quick Response Grant Program 2025/2026

Hepburn Shire Council is committed to supporting community groups and organisations to remain agile and responsive to issues that arise in the local community. The Quick Response Grant has been designed to support community groups who may have experienced an unforeseen disruption or urgent issue, or to facilitate smaller projects that are significantly less costly than the amount available in other grants schemes.

Quick Response Grants have faster assessment outcomes to facilitate adequate and timely responses to community issues.

This program ensures that Council can continue to support community groups and respond to issues as they develop.

Important information for applicants

Please read the [Quick Response Grant Guidelines](#) before starting an application.

Incomplete applications will not be considered.

The first section of this application form is designed to help you, and us, understand if you're eligible for this grant. It's crucial 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 regarding the eligibility criteria, contact:

Grants Officer

Phone: (03) 5348 2306

Email: grants@hepburn.vic.gov.au

Confirmation of Eligibility

To be eligible for assessment for this grant, you must:

- Read and understand the program guidelines.
- Be an organisation that is a legal entity with an Australian Business Number (ABN) and hold not-for-profit status* (as a legally incorporated body, co-op, or trust) or be auspiced** by a suitable entity.
- Have all permits, permissions, and necessary approvals for the project***.
- Have, or demonstrate an ability to obtain, Public Liability insurance cover for a minimum of \$20 million AUD.
- Deliver the funded project within six months of signing the funding agreement.
- Deliver the funded project within the boundaries of Hepburn Shire to the benefit its residents.

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- Not have an outstanding debt to Council and have completed all previous Hepburn Shire grant/funding acquittals.

* Your organisation meets the requirements of being a not-for-profit by having specific statements in its governing rules (the not-for-profit and / or dissolution clause).

** An auspicing agent is a legally incorporated organisation with an ABN that manages the legal and financial responsibilities of your entity. A letter signed by two committee members from the auspice agent confirming they will auspice the application must be provided when the grant application is submitted. Auspicing agents retaining a fee for this service will not be considered.

*** If the project is to undertake works on Council owned / managed land or property, Department of Environment, Land, Water and Planning land or property, or Parks Victoria land or property, you must provide written approval from the relevant land manager.

We have read the program guidelines: *

☐ Yes ☐ No

We are a legal entity with an ABN or we are auspiced by a suitable group: *

☐ Yes ☐ No

We are a not-for-profit group: *

☐ Yes ☐ No

Our project will be delivered within Hepburn Shire to the benefit of its residents: *

☐ Yes ☐ No

We have acquired all quotes to support our proposed expenditure: *

☐ Yes ☐ No

We have acquired all permits, permissions and approvals for the project: *

☐ Yes ☐ No

We have or can obtain Public Liability insurance cover for a minimum of \$20 million: *

☐ Yes ☐ No

Our project will be completed within six months of signing the funding agreement: *

☐ Yes ☐ No

Project Name and Contact Details

* indicates a required field

Project Name

Project name: *

Please give your project a descriptive name.

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Project overview: *

Word count:

Must be no more than 100 words.

Please provide a brief summary of your project. You will be asked for more details later in this application. We may use the description you provide here to promote your grant award if you are successful with your application.

Contact Details

Organisation name: *

Organisation Name

Primary contact person: *

Title First Name Last Name

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This is the person we will correspond with about this grant

Position held in organisation: *

e.g. Manager, Board Member, Fundraising Coordinator

Primary contact phone number: *

Must be an Australian phone number.

Primary contact email address: *

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

Is your organisation auspiced by another organisation for the purposes of this grant? *

☐ Yes ☐ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

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	

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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 Information

* indicates a required field

Auspice Organisation Details

Name of auspicing organisation: *

Organisation Name

Primary contact person at auspicing organisation *

Title First Name Last Name

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Position held in organisation: *

e.g. Manager, CEO

Contact person's primary phone number: *

Contact person's email address: *

Must be an email address

ABN of auspicing organisation

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

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ABN Status
Entity Type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type
ACNC Registration
Tax Concessions
Main Business Location

[More information](#)

Must be an ABN

Project Details

* indicates a required field

Evidence of a community need or opportunity (criterion score 25%)

In applying for this grant, have you identified a specific community need or opportunity that will be met? Do you have community support for the project? Please provide details below and describe how you have consulted with the community about this project.

What are the aims and objectives of your project, and what need does it address in the community? *

Word count:

Must be no more than 300 words.

Project commencement date:

Must be a date.

Indicate the date you believe this project will commence once funding is granted.

Project completion date:

Must be a date.

Indicate the likely date for the completion of this project.

Provide a timeline for your project, including key milestones:

Word count:

Must be no more than 300 words.

List each stage of the project and when it will be completed.

Alignment with Council Plan (criterion score 25%)

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Hepburn Shire Council is guided by the strategies and goals outlined within the [Council Plan 2025-29](#) including the Municipal Public Health and Wellbeing Plan. How does your project align with the Hepburn Shire Council Plan?

Council Plan Domains:

Hepburn Life

- Connected communities that are resilient and adaptable, able to respond, and supported to recover from climate-related impacts, emergencies and other community challenges.
- A healthy and inclusive community, where all people regardless of background or life stage have the opportunity to participate and thrive.
- An informed and engaged community.

Future Hepburn

- Preserve the unique character of our towns and communities, plan for future growth and protect our productive rural landscape.
- Responsible management of infrastructure and environment to support wellbeing now and for future generations.
- A dynamic, vibrant and resilient economic environment.

Hepburn Working Together

- Future-focused services that are easy to use and inclusive.
- Maintain corporate governance to enable good Council decision making and to ensure long-term financial viability.
- An engaged, safe and skillful workforce.

Municipal Public Health and Wellbeing Plan focus areas:

- Increased active living
- Increased mental wellbeing

Key priority groups

Funding should ideally target one or more of the key priority groups identified in the Council Plan.

Select which Council plan focus areas best align with your project: *

- ☐ Hepburn Life
- ☐ Future Hepburn
- ☐ Hepburn Working Together
- ☐ Increased active living
- ☐ Increased mental wellbeing
- ☐ None

Explain how your project aligns with this/these Council Plan focus areas:

Word count:

Must be no more than 500 words.

Benefit to Hepburn Shire residents (criterion score 20%)

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Does your project deliver a clear benefit to the residents of Hepburn Shire? Do any of the key priority groups from the Council Plan feature as beneficiaries?

Select any of the key priority groups from the Council Plan that will benefit from your project: *

- ☐ First Nations peoples
- ☐ Older people
- ☐ Children, youth and families
- ☐ Women
- ☐ People from low socio-economic backgrounds
- ☐ Culturally and linguistically diverse population
- ☐ People living with a disability
- ☐ LGBTIQA+ people
- ☐ None

At least 1 choice must be selected.

How will your project benefit the residents of Hepburn Shire?

Word count:

Must be no more than 300 words.

Budget

* indicates a required field

Budget and feasibility (criterion score 15%)

Hepburn Shire Council's Quick Response Grants Program allows you to apply for up to \$1,000 in funding for a single project.

Please provide a full budget for your project so we can assess your financial requirements. For more information about how to complete a budget, please refer to these [Budget FAQs](#).

Grant amount requested: *

Must be a dollar amount and no more than 1000.

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

Total project cost: *

What is the total budgeted cost of your project?

Income and expenditure

Income:	\$	Expenditure:	\$

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	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
List all income your group will receive as part of this project. This could include Hepburn Shire Quick Response Grant, other grants, donations, cash contributions, income earned from tickets, sale of products etc, fundraising, in-kind support, and any other income you will received. Please be specific with your answers.		List all monies your group will spend as part of this project. This can include salaries and wages, equipment purchases, marketing and advertising, administration, in-kind expenses, and any other expenses you will incur. Please be specific with your answers.	

Which expenditure items will your grant funding from Council be spent on? *

Budget totals

Your budget totals are calculated using data from the tables above. As a not-for-profit organisation, the total income for your project should equal the total expenditure, resulting in a nil surplus. However, if your project is projected to generate a surplus, you should address this and explain why grant funding is still required. Please return to the paragraph above and address this issue.

Total income:

\$

This number/amount is calculated.

Total expenditure:

\$

This number/amount is calculated.

Income minus expenditure:

\$

This number/amount is calculated.
This figure should equal 0.

Risk Management

* indicates a required field

Risk management plan (criterion score 15%)

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We need to understand any potential risks associated with your project and how you plan to manage those risks. This is called a Risk Management Assessment.

For more information about how to complete a Risk Management Assessment for your project, please view the [Risk Management FAQs](#).

Identified risks

Please identify the risks associated with your project and how you plan to mitigate those risks. You must identify at least one risk and mitigation strategy.

Identified risk 1: *

Risk is the potential associated with your project for losing something of value. It could include losing something of physical value (such as equipment), or in more extreme cases, involve human injury, harm or even death. At least one potential risk factor should be identified for your project.

Identified mitigation for risk 1: *

What strategy you will use to avoid danger, harm or loss? How will you manage a situation involving loss should it occur?

Identified risk 2:

Identified mitigation for risk 2:

Identified risk 3:

Identified mitigation for risk 3:

Identified risk 4:

Identified mitigation for risk 4:

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Supporting Documents

* indicates a required field

Please upload:

Public Liability insurance Certificate of Currency *

Attach a file:

A maximum of 1 file may be attached.
This is evidence of your Public Liability insurance cover to a minimum value of \$20 million AUD.

Auspicing Agent letter

Attach a file:

A letter signed by two committee members from the Auspice Agent confirming they will auspice this proposal.

Expenditure quotes

Attach a file:

A maximum of 5 files may be attached.

Supporting information

Attach a file:

A maximum of 5 files may be attached.

Permissions from land owners/managers

Attach a file:

A maximum of 5 files may be attached.

Certification and Feedback

* indicates a required field

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 certify 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 letter of approval.

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I agree: *

☐ Yes

☐ No

Name of authorised person: *

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position: *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number: *

Must be an Australian phone number.

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

Contact email: *

Must be an email address.

Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the 'submit' button, please take a few moments to provide some feedback.

Please indicate how you would rate the online application process:

- ☐ Very easy
- ☐ Easy
- ☐ Neutral
- ☐ Difficult
- ☐ Very difficult

How many minutes in total did it take you to complete this application?

Please provide any suggestions for how we could improve the application process/form.