

2026-27 MRC Community Grants Program Round 1

Form Preview

Applicant Details

* indicates a required field

Organisation Name *

Organisation's ABN (IF APPLICABLE)

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

Organisation Address *

Address

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

Organisation Website

Must be a URL

Head of Organisation *

Title

First Name

Last Name

Head of Organisation telephone contact *

2026-27 MRC Community Grants Program Round 1

Form Preview

Head of Organisation email address: *

Contact for Application

Contact Name *

Title

First Name

Last Name

Position held *

Contact number: *

Contact Email *

Must be an email address

Second Email, if relevant

Must be an email address.

About your organisation

Tell us about your organisation *

Word count:

Must be no more than 200 words.

Please provide a brief overview of your organisation, including its purpose, activities and the community it serves. This information helps us understand your organisation's role in the community and its capacity to deliver the proposed project. Consider including: Your organisation's mission or purpose. Key activities, programs or services provided. How long your organisation has been operating. The geographic area and community groups you serve. The number of members, participants, volunteers or beneficiaries involved in your organisation. Any relevant experience in delivering similar projects or activities.

Please list your key partnerships (if applicable):

Please identify any organisations, groups, businesses, government agencies or community stakeholders that will contribute to or support the delivery of your project. For each partnership, please describe: The name of the partner organisation. The nature of the partnership. The role or contribution they will provide (e.g. funding, in-kind support, venue hire, expertise, volunteer support, promotion, referrals or project delivery). Whether the partnership is confirmed or proposed.

Has your organisation previously received funding from us? *

☐ Yes ☐ No

2026-27 MRC Community Grants Program Round 1

Form Preview

Has previous funding been acquitted?

If yes, was the project or service delivered, and funding acquitted on time? *

Do you need an auspice organisation?

If your organisation does not have its own bank account, you will need to use an auspice organisation to accept the grant on your behalf (should you be successful). Does your organisation need to use an auspice organisation to receive this grant? *

☐ Yes

☐ No

At least 1 choice must be selected.

Supporting Documentation *

Attach a file:

Please attach: A letter of support from the auspice organisation. Evidence of the auspice organisation's incorporation status (if required). Any relevant agreement outlining the auspice arrangement.

Auspice Organisation

If you need to use an auspice organisation to receive the grant on your behalf (should you be successful), please provide their details here.

Auspice Organisation Name *

Auspice Contact *

Title First Name Last Name

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Auspice Organisation Postal Address *

Address

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

Auspice Organisation ABN (if applicable):

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

2026-27 MRC Community Grants Program Round 1

Form Preview

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

[More information](#)

Project Details

* indicates a required field

Project Name *

Project start date: *

Must be a date and between 1/11/2026 and 31/12/2027.

PLEASE NOTE: projects that have already started are not eligible for funding.

Project end date: *

Must be a date and no later than 31/12/2027.

Must be a date.

Amount requested: *

\$

Must be a whole dollar amount (no cents) and no more than 3000.

Please note the Community Grants Program provides funding up to a maximum amount of \$3,000 (excluding GST)

Total project cost: *

\$

Must be a dollar amount

Minimum Funding Required *

\$

Must be a dollar amount.

Minimum amount of funding required for the project to be completed

Brief project description: *

2026-27 MRC Community Grants Program Round 1

Form Preview

Word count:
between 50 and 200 words
Must be no more than 200 words

Project Location(s) *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.
Please indicate where the project will take place. If multiple locations are involved, please 'Add More' lines

Project Description

*** indicates a required field**

Why is this project needed? *

Word count:
Must be no more than 200 words.
Please explain the need for the project and the issue, gap or opportunity it will address within the community. Provide evidence where possible to demonstrate why the project is important. Consider: What community need, challenge or opportunity has been identified. Who is affected and how. Any evidence of demand, such as community feedback, consultation, participation data or research. Why the project is needed now. What may happen if the project does not proceed.

How will the project benefit the community? *

Word count:
Must be no more than 200 words.
Please describe the expected community outcomes and benefits of the project. Consider how the project will: Improve community wellbeing, participation or connectedness. Meet an identified community need. Increase access to opportunities, services or facilities. Support inclusion, diversity and accessibility. Build community capacity, skills or resilience. Deliver long-term benefits beyond the funding period..

Who are the expected primary beneficiaries of this project/program? *

2026-27 MRC Community Grants Program Round 1

Form Preview

Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, 'Universal – no particularly targeted beneficiaries'

How have you considered access, inclusion and participation when planning your project? *

Word count:

Must be no more than 200 words.

In your response, consider: How the project will be accessible to people with disability. How barriers to participation (e.g. cost, transport, language or cultural factors) will be reduced. How the project will support participation from diverse groups, including Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities, young people, older people, and people experiencing disadvantage. Any specific measures that will help create a welcoming, safe and inclusive environment.

Are there any potential risks to your project and if so, how will you mitigate these? *

Word count:

Must be no more than 500 words.

Please identify any potential risks that may affect the successful delivery of your project and describe the strategies you will use to manage or reduce these risks. Consider: Financial risks (e.g. cost increases, funding shortfalls). Delivery risks (e.g. delays, contractor availability, weather impacts). Participation risks (e.g. low attendance or engagement). Health and safety risks. Volunteer or staffing shortages. Risks associated with approvals, permits or compliance requirements. For each risk, please outline: The potential impact on the project. The likelihood of the risk occurring. The actions you will take to mitigate or manage the risk.

Project Sustainability & Evaluation

*** indicates a required field**

How will the project be sustained beyond the grant funding period? *

Word count:

Must be no more than 200 words.

Please describe how the benefits of the project will continue after the grant funds have been spent. Consider any ongoing funding, maintenance, partnerships, volunteer support, or future plans that will help ensure the project's long-term success.

How will you measure and evaluate the success of your project? *

2026-27 MRC Community Grants Program Round 1

Form Preview

Word count:

Must be no more than 200 words.

Please explain how you will determine whether your project has achieved its intended outcomes and objectives. Consider: Participant numbers and attendance. Community feedback and satisfaction. Achievement of project objectives. Improvements in community participation, access, inclusion, or wellbeing. Evidence collected through surveys, reports, testimonials, or other evaluation methods. Any measurable outcomes or performance indicators.

Project Budget

* indicates a required field

Outline your project budget, including details of all income and expenditure associated with the project. Please clearly identify any funding that has been secured, is pending, or has not yet been confirmed.

The budget should provide a complete and accurate picture of how the project will be funded and delivered. Include all cash contributions, grants, sponsorships, fundraising income, donations and in-kind support where applicable.

Please note: Funding from other sources is not required but should be disclosed if applicable.

Event Costs

Please outline any costs associated with delivering your event, including venue hire, insurance, permits, traffic management, waste management and other operational requirements.

[Venue and Event Application Murray River Council](#)

Have you reviewed and determined whether your project requires a separate Murray River Council Venue and Event Application? *

- ☐ Yes – a Venue and Event Application is required
- ☐ No – a Venue and Event Application is not required
- ☐ Unsure

Activities such as public events, festivals, markets, fundraisers, sporting events, road closures, food vendors, temporary structures or activities on Council land may require a separate Venue and Event Application. Grant approval does not constitute event approval.

Have you considered whether your project requires Public Liability Insurance (minimum \$20 million coverage)? *

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Depending on the nature of your project, you may be required to hold Public Liability Insurance with a minimum cover of \$20 million and obtain any relevant approvals, permits or licences. Grant funding approval does not constitute approval for the activity or event to proceed.

2026-27 MRC Community Grants Program Round 1

Form Preview

Project Income

PLEASE INCLUDE THE GRANT AMOUNT YOU ARE REQUESTING AS AN INCOME LINE ITEM.

Income source- Grant fund Cash or in-kind Amount (\$)
ing requested, Organisatio
n contribution, Other grant
s, Sponsorship, Fundraisin
g, Donations, Other income
(please specify)

		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Expenditure- Total Expenditure must equAmount (\$) - INCLUDING GST
al the Total Income outlined in your bud
get. Applications with unbalanced budge
ts may be deemed ineligible or require f
urther clarification.

Include all anticipated project costs and ensure they directly relate to the delivery of the project.	Must be a dollar amount.
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Budget Information

2026-27 MRC Community Grants Program Round 1

Form Preview

Please provide details of how the grant funding will be spent.

Include a breakdown of expenditure items and explain how costs have been determined. Where applicable, attach quotes, estimates, or other supporting documentation.

Is your organisation contributing financially or in-kind to this project? ☐ Yes ☐ No

If yes, please provide details of the contribution, including the estimated value.

Word count:

Must be no more than 200 words.

Have you secured or applied for funding from any other sources for this project? ☐ Yes ☐ No

If yes, please provide details.

Word count:

Must be no more than 200 words.

Budget and Funding Documentation

Attach budget and funding documents if required

Attach a file:

Please provide any documents that support your project budget, funding and delivery. Examples include quotes, estimates, supplier pricing, funding confirmations, sponsorship agreements, letters of support, evidence of organisation contributions, Public Liability Insurance documentation (if applicable), or any other documents that support the viability of the project.

Supporting Documentation

Please upload, or add weblinks to any relevant documentation or information that supports your project and/or your organisation's capacity to deliver the project for which you are seeking funding (e.g. examples of previous projects, letters of support, financial reports etc).

Attach any relevant documents to support your organisation's capacity to deliver the project.

Attach a file:

A maximum of 10 files may be attached.

Please provide documentation that demonstrates your organisation's ability, experience and resources to successfully deliver the proposed project. Examples may include: Strategic plans or business plans. Annual reports. Evidence of previous project delivery. Letters of support or partnership agreements. Governance documents. Staff and volunteer qualifications or experience. Project management plans. Relevant policies and procedures. Financial statements. Insurance certificates.

2026-27 MRC Community Grants Program Round 1

Form Preview

Insert website link to relevant documents, or information supporting your project.

Declaration and Privacy Statement

* indicates a required field

Declaration and Privacy Statement

By signing this application, I declare that:

- The information provided in this application and any supporting documentation is true and correct to the best of my knowledge.
- This application has been submitted with the full knowledge and authorisation of my organisation/group.
- I have read and understood the Community Grants Program Guidelines.
- I will notify Murray River Council immediately if any information provided in this application changes or is found to be incorrect.
- If successful, grant funds will be used solely for the purpose outlined in this application and in accordance with the funding agreement and program guidelines.

Privacy Statement

Murray River Council respects all personal and confidential information received and is committed to protecting information from unauthorised access, loss, misuse or disclosure.

The information collected in this application is required for the administration, assessment and management of the Community Grants Program and other Council functions authorised under relevant legislation. Information may also be used by Council and its representatives to undertake research, reporting and customer satisfaction activities to better understand community needs and improve service delivery.

You may request access to, or correction of, your personal information by contacting Murray River Council on **1300 087 004**.

I understand that the information provided in this application will be used in accordance with applicable legislation and Council policies, and I declare that the information provided is true and correct to the best of my knowledge.

I am authorised to complete this application and have read and understood the declaration and privacy statement *

☐ Yes

Authorised Person's Name *

Title

First Name

Last Name

Position held *

Date of declaration *

