2026-27 Quick Response Grants Program
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 *

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.

Organisation Eligibility

Before completing this application, please ensure that:

- You are an eligible not-for-profit organisation or community group.
- The proposed project has not commenced.
- The project will be delivered within the Murray River Council local government area.
- You have read and understood the Quick Response Grant Guidelines.

About your organisation

What does your organisation do? *

Word count:
Must be no more than 200 words.
Tell us briefly about your organisation, including its purpose and the activities it delivers in the community.

Please list your key partnerships (if applicable):

Focusing on the partnerships that are relevant to this project

Has your organisation previously received funding from us? *
☐ Yes ☐ No

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.

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

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
Entity Name
ABN Status
Entity Type
Goods & Services Tax (GST)
DGR Endorsed

ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Insurance and Health and Safety Policies

Does your organisation have adequate insurance and appropriate health and safety policies relevant to the proposed activity?

☐ YES
☐ NO

Please consider any insurance, approvals and risk management requirements relevant to your project. This may include public liability insurance, Working With Children Checks, risk assessments, accessibility considerations and any other requirements necessary to deliver the project safely.

Project Details

* indicates a required field

Project Name *

Project start date: *

Must be a date and between 22/7/2025 and 31/12/2026.
PLEASE NOTE: projects that have already started are not eligible for funding.

Project end date: *

Must be a date and between 22/7/2025 and 31/12/2026.
Must be a date.

Amount requested: *

$

Must be a dollar amount and no more than 2500.
Please note the Quick Response Grants Program provides funding up to a maximum amount of $2,500 (excluding GST)

Total project cost: *

$

Must be a dollar amount

Brief project description: *

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 funding needed urgently? Please explain why this project requires a quick response grant and why it cannot wait for the next funding round. *

Word count:
Must be between 25 and 200 words.

Tell us about your project, including the activities you plan to deliver. *

Word count:
Must be between 25 and 200 words.
Please list the specific activities that will take place to achieve your stated objectives.

What need, issue, or opportunity will this project address in the community? *

Word count:
Must be between 25 and 200 words.
Describe the specific issue or need you want to address.

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

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'

Have you considered access, equality and social inclusion when planning your project? Please explain.

Please describe any measures you will take to ensure your project is accessible, inclusive and welcoming to all members of the community.

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

Word count:
Maximum 150 words. Please list any risks associated with your project and how you will mitigate these.

Project Sustainability & Evaluation

* indicates a required field

How will you know your project has been successful? *

Word count:
Must be no more than 200 words.
Please describe how you will measure the success of your project. This may include attendance numbers, participant feedback, project completion, increased community participation, or other outcomes relevant to your project.

Are there long term benefits or flow on effects of your project and will these be sustained beyond the life of the project?

Word count:
Must be no more than 200 words.
Will this work continue at the conclusion of the grant? How? Please provide information on its financial sustainability, future funding opportunities, or ongoing partnerships.

Project Budget

Outline your project budget including details of other funding sources (please clearly indicate if funding has not yet been confirmed).

THE BUDGET MUST BALANCE, i.e. TOTAL INCOME = TOTAL EXPENDITURE.

Project Budget:

Please don't add commas to figures, eg. write $1000 not $1,000.

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

Income source (e.g. your organisation's contribution, ticket sales, donation from local business etc. PLEASE INCLUDE THIS GRANT REQUEST AS AN INCOME LINE ITEM).	**Cash or in-kind**	**Amount ($)**
		$
		$
		$
		$
		$
		$
		$
		$

Expenditure (PLEASE NOTE that total expenditure must equal total income).	**Amount ($) - INCLUDING GST**
	Must be a dollar amount.
	$
	$
	$
	$
	$
	$
	$
	$

Budget Totals

TOTAL INCOME MUST EQUAL TOTAL EXPENDITURE.

Total Income Amount
$
This number/amount is calculated.

Total Expenditure Amount
$
This number/amount is calculated.

Income - Expenditure
$
This number/amount is calculated.

Attach budget and funding documents if required
Attach a file:

Supporting Documentation

Attach any relevant documents to support your project.
Attach a file:
A maximum of 6 files may be attached.

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

Attach any relevant documents to support your organisation's capacity to deliver the project.
Attach a file:
A maximum of 6 files may be attached.

Applying with an Auspice organisation

Attach an electronic copy of a letter from your auspice organisation stating their willingness to accept and administer this grant on your behalf.
Attach a file:

If you have been unable to provide one of the required documents, please state why:
Please Note: If any of the above documents are missing without being detailed here, your application will not be considered

Declaration and Privacy Statement

* indicates a required field

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Declaration and Privacy Statement
I declare that:

The information provided in this application, including any supporting documentation, is true and correct to the best of my knowledge.

I have read and understood the Quick Response Grant Guidelines.

I am authorised to submit this application on behalf of the organisation/group (where applicable).

I will notify Murray River Council as soon as possible if any information provided in this application changes.

Privacy Statement
Murray River Council is committed to protecting your privacy. Personal information collected through this application will be used to assess, administer and evaluate grant funding programs and related Council services. Information will be managed in accordance with applicable privacy legislation and Council's Privacy Management Plan. You may request access to or correction of your personal information by contacting Murray River Council on **1300 087 004**.

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 *