Quick Response Event Grants 2026/2027
Form Preview

Eligibility

* indicates a required field

Applicants: Please note

Applications for Quick Response Event Grants are open throughout the 2026/2027 financial year.

Events that fall between the 1st of July 2026 and 30th June 2027 are eligible to apply.

Before starting your application, please ensure you've read the **Events Grants Guidelines.**

The Eligibility section of this form is designed to help determine if this grant is right for you. Please complete it first to avoid spending time on an unsuitable application.

If you have any questions about eligibility criteria, feel free to contact us at **events@mountalexander.vic.gov.au** or call **03 5471 1700**.

Confirmation of Eligibility *
☐ I have read and understand the Event Grants Guidelines
☐ I have no outstanding Event Grant acquittals or debt with Mount Alexander Shire Council
☐ The proposed event will be held within Mount Alexander Shire and will benefits the local community
☐ I hold current Public Liability Insurance specific to this event, or am eligible for coverage under Council's Insurance policy

I understand that *
☐ There is only $500 plus GST available per event
☐ I can only apply once per event per financial year
☐ This round is open for the financial year for events held between 1st July 2026 - 30 June 2027 or until the total grants budget is fully allocated
☐ I need to complete a brief online application form to apply. Incomplete or late applications will not be assessed
☐ I need to demonstrate that this event has a time-sensitive need for funding, such as last-minute opportunities or unexpected costs
☐ I need to complete and submit an acquittal report, including summary of outcomes and photos or media links, after the event

Contact Details

* indicates a required field

Applicant Details

Organisation Name (if applicable)
Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Primary Contact Person *

Title | First Name | Last Name

This is the person we will correspond with about this grant

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Primary Contact Person's Email Address *

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

Primary Phone Number *

Must be an Australian phone number.

Back-up phone number

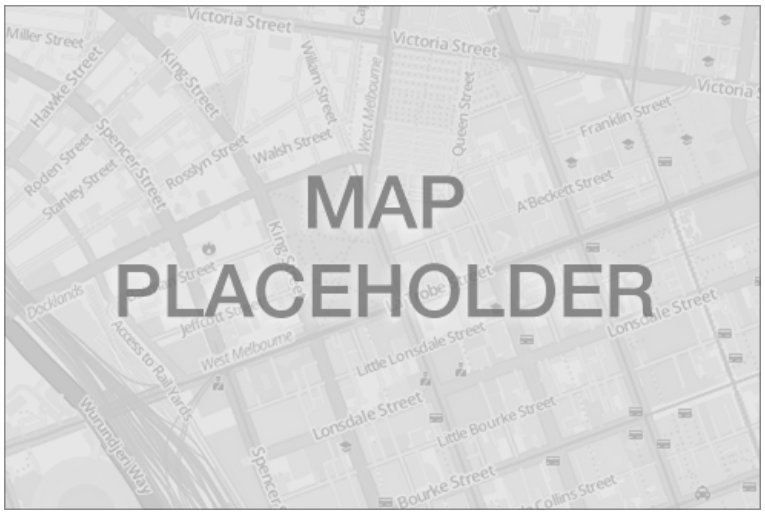
Must be an Australian phone number.

Website

Must be a URL

Primary Address *

Address



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

Postal Address *

Address

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

Organisation Details

* indicates a required field

What is your organisation's purpose or mission?

Tell us about what you do and why you exist.

Does your organisation have an ABN? *

○ Yes ○ No

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

ABN Requirement

All funding must be provided through a valid ABN. If your organisation does not hold an ABN please enter the details of your Auspicing body on the next page. We cannot provide funding to organisations with no ABN or Auspicing body.

If applicable, what type of not-for-profit organisation are you?

○ Educational institution (includes pre-schools, schools, universities & higher education providers)
○ Religious or faith-based institution
○ Philanthropic organisation
○ Peak body
○ Social enterprise
○ International NGO
○ Professional association
○ Healthcare not-for-profit
○ Community group
○ Political party / lobby group
○ Research body
○ General not-for-profit (i.e. none of the sub-types listed above)

Please choose the option that best applies to your organisation.

Auspice Information

* indicates a required field

Is your organisation auspiced by another registered 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.

Auspice Organisation Details

Name of auspicing organisation *

Organisation Name

Primary contact person at auspicing organisation *

Title | First Name | Last Name

Position held in organisation

e.g. Manager, CEO

Contact person's email address *

Must be an email address

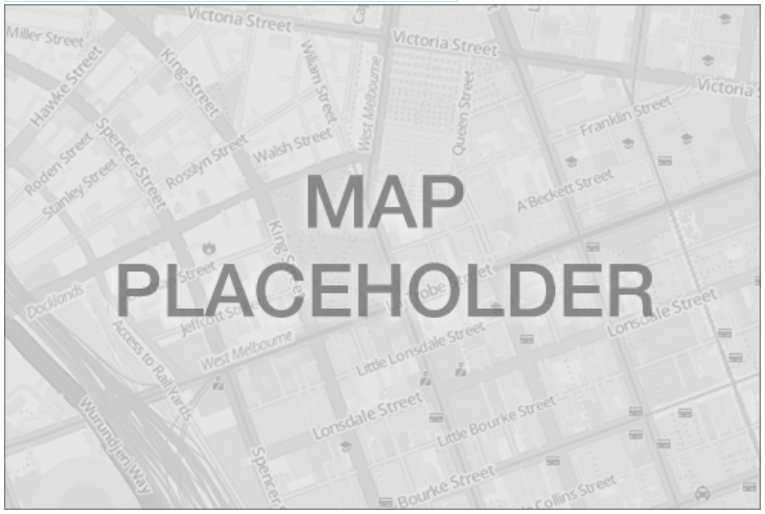
Auspicing organisation's website

Contact person's primary phone number *

Contact person's back-up phone number

Auspice Primary Address

Address



Auspice Postal Address

Address

Please attach an Auspice Agreement confirming this arrangement is valid and current *
Attach a file:

Auspice Agreement available HERE

Does the auspicing organisation have an Australian Business Number (ABN)? *
○ Yes ○ No

ABN Requirement

All funding must be provided through a valid ABN. If your organisation does not hold an ABN and your Auspicing body also does not hold an ABN We cannot provide funding to your project and your application will not be eligible.

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	
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

Event Details

* indicates a required field

Event Name: *

Will your event occur more than once a year? *
- ○ Yes
- ○ No

Please enter all event dates - *

Enter as DD/MM/YY; DD/MM/YY The event must be held between the 2026-2027 financial year

Anticipated start date *

Must be a date.
If unknown, provide your best guess

Anticipated end date *

If unknown, provide your best guess

Please provide a short summary of your event *

Be descriptive, but succinct. Include a brief summary of who this event is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your event (outcomes).

Please indicate how your requirement for funding is time dependant and why you require funding now. Note: We strongly recommend applying for funding within 8 weeks of your event date.

Funding Request

Please indicate how much funding you are seeking from Mount Alexander Shire Council. The Grant amount available is $500 per year, per event and includes in-kind support (such as fee waivers)

Amount Requested *

$

Must be a dollar amount and no more than 500.

Event Budget

* indicates a required field

Total Event Cost

$

What is the total budgeted cost (dollars) of your event?

Itemised Funding Requirements (GST exclusive)

Please outline in the table below what component(s) of your event you are seeking funding for with this grant. Include quotes from suppliers to support your request.

All amounts should be GST exclusive.

Please refer to the Events Grants Guidelines for details of what can and cannot be funded by the program.

Examples of authorised items;

Council permits, Venue Hire, Traffic Management, Rubbish bins, Waste Management, Advertising, Entertainment etc

Examples of unauthorised items;

Competitions, gifts and prizes, ongoing operational costs such as salaries etc

Use the 'Notes' column for any additional information you think we should be aware of.

Please **do not add commas** to figures – e.g. type $1000 not $1,000 – this will ensure your figures for each table total correctly.

Item Description	Quote Amount ($)	Supplier	Notes
	$		
	$		
	$		
	$		

Supplier Quotes

Please attach quotes for those expenditure (cost) items. *
Attach a file:

Max 25mb in .docx, .xls or .pdf format only

Supporting information and documentation

* indicates a required field

We welcome additional information that may support your application. This can include information demonstrating sound business and project planning and the capacity to deliver this event.

Event Feasibility *

Word count:

Must be no more than 250 words.

Supporting documentation

Have you developed a Risk Assessment Plan?
○ Yes - Please upload a copy of your Plan
○ No - Contact us if you need a template
Council may request a copy of your risk assessment. A template risk assessment can be found HERE

Have you developed an Emergency Management Plan
○ Yes - Please upload a copy of your Plan
○ No - Contact us if you need a template

Please attach additional documents that may support your application. These could be promotional material, previous event statistics, marketing plans, event management plans, letters of support & more
Attach a file:

Certification and Feedback

* indicates a required field

Privacy Statement

The Mount Alexander Shire Council respects all personal and confidential information received and will do everything possible to protect information from unauthorised access, loss or misuse. Information collected from you may be used to conduct research and customer satisfaction surveys so that we may better understand community needs and can improve service delivery. Should you need to change or access your personal details, please contact call 5471 1700 or email events@mountalexander.vic.gov.au.

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (this 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.

I agree that I will contact the Mount Alexander Shire Council immediately if any information provided in this application changes or is incorrect.

I agree that information provided in this application can be used by Council to promote my event and the Events Grants Program.

I have read and understood the Privacy Statement.

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

Application Outcome

Applicants should expect to be contacted about the outcome of their application within 14 business days.

Successful applicants will be notified in writing via email. Included will be a funding agreement outlining terms and Conditions.

Funding agreements must be signed and returned by the due date. An invoice for the grant amount must also be provided, clearly stating if you are claiming GST.

Unsuccessful applicants will be notified in writing via email. Feedback can be provided on request.

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 found the online application process:

○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

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

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.