

2026/27 Quick Response Grant - Application Form - Round 1

Form Preview

Important Information

* indicates a required field

Please read the [Community Grant Program Guidelines](#), which are available on the [Latrobe City Council website](#), before completing the application form.

If you have any questions in regard to the program guidelines, please contact the Senior Grants Officer:

- Phone: 1300 367 700
- Email: grants@latrobe.vic.gov.au

Round 4 Timeline:

- Applications open 4 May 2026 at 9am
- Applications close 17 May 2026 at 4pm
- Outcome notifications delivered mid-June 2026.

Application Checklist

We will assess your application. We only use the information you share and check that it meets the eligibility criteria. Applications that do not meet the criteria will not undergo further evaluation.

Checklist before applying:

I have: *

- ☐ Read and understood the 2025/26 Community Grant Program guidelines
- ☐ Hold appropriate insurance for this project
- ☐ Have quotes for all expenditure items as required by the guidelines
- ☐ The project has not commenced before the awarding of the grant (our grants don't cover retrospective costs)
- ☐ Obtained the relevant approvals (if required)
- ☐ Completed all previous Latrobe City Council Community Grant acquittals
- ☐ No outstanding debt to Latrobe City Council

Primary Contact Details

* indicates a required field

Primary contact person: *

This is the person we will correspond with about this grant.

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Position held in organisation: *

E.g. Manager, Board Member, Fundraising Coordinator.

Primary phone number: *

Contact person's email address: *

This email address will be used for all correspondence.

Secondary email address: *

This email address will be used if we cannot make contact with you using your email address provided above.

Organisation Details

* indicates a required field

Organisation Name: *

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 (physical) address: *

Address

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

Postal address: *

Address

If this is a PO Box, click on the text box and select "Can't find your address?" to enter it manually. Your postal address will be used to send out any correspondence that we cannot send out via email.

Organisation Description

Please provide a short description of your organisation and its activities: *

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Word count:

Must be no more than 250 words.

Organisation Type

Applicant organisations must be a not-for-profit, incorporated body with an ABN. Or, collaborate with a not-for-profit incorporated body that accepts legal and financial responsibility for the project on a groups behalf (auspice).

Please select an option type below that best represents the status of your organisation: *

- ☐ Our organisation is a Not-For-Profit with an ABN and is incorporated
- ☐ Our organisation has collaborated with an auspice organisation who is a Not-For-Profit with an ABN and is incorporated
- ☐ Our organisation is a Rural Country Fire Authority Brigade OR State Emergency Services Unit

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	

Evidence of Incorporation type: *

- ☐ Incorporation Number
- ☐ Document proving Incorporation (e.g. Certificate)

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.

Please provide your incorporation number: *

Must be equal to 9 characters.

To search for your incorporation number, please click on the following link: <https://www.consumer.vic.gov.au/clubs-and-fundraising/incorporated-associations/search-for-an-incorporated-association>

Upload your document proving Incorporation: *

Attach a file:

Auspice Information

* indicates a required field

Auspice Organisation Details

If your community group is not currently registered with an ABN as a not-for-profit incorporated body, you can approach an organisation to auspice your project. We see auspicing as a great way to partner with likeminded organisations to deliver community projects.

The auspice organisation will:

- Provide a letter indicating that they accept full financial accountability for the project.
- Receive any funding that may be granted on your behalf.
- Work with you to complete the application, funding agreement and acquittal.

Auspices are not considered to be the applicant and may apply for separate funding for other projects.

For more information please see our [auspice information sheet](#).

Name of auspice organisation: *

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Auspice organisation's primary (physical) address: *

Address

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

Auspice organisation's postal address (if different to above): *

Address

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

Auspice organisation's contact person: *

First Name

Last Name

Position held in auspicing organisation: *

E.g. Manager, CEO etc.

Auspice contact person's primary phone number: ***Auspice contact person's email address: *****Please attach a letter from the auspice organisation stating that they accept full financial and legal accountability for the project: ***

Attach a file:

The letter must be signed by an appropriately authorised person (e.g. Manager, CEO, Board Chair) and must include, name, position, signature and date.

Auspice Organisation Type

The auspice organisation must be a not-for-profit entity that is either incorporated or has and ABN.

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

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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

Auspice organisation incorporation number: *

Must be equal to 9 characters.

To search for your incorporation number, please click on the following link: <https://www.consumer.vic.gov.au/clubs-and-fundraising/incorporated-associations/search-for-an-incorporated-association>

Project Details

* indicates a required field

Project Title: *

Your title should be short but descriptive. This title will be used by Latrobe City Council when promoting successful applicants.

Please give a brief description of your project, its aim, and how you will use Latrobe City Council funds: *

Word count:

Must be no more than 250 words.

Be descriptive, but succinct. This description will be used by Latrobe City Council when promoting successful applicants.

Assessment

* indicates a required field

All applications will be assessed in accordance with Latrobe City Council's Grant Governance Policy and program objectives and weighted out of 100 against the following criteria:

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Standardised Scoring Criteria

Weighting

Amount of Latrobe City Council Community Grant funding received over the previous five financial years.

25

Demonstrated in-kind contributions e.g. monetary, voluntary services, etc.

25

Assessment Panel Scoring Criteria

Weighting

The project addresses a community need and describes how the community will benefit from the project.

50

How does your project address a specific community need, and what benefits will the community gain from its implementation? How do you know this need exists?

*

Word count:

Must be no more than 250 words.

Please upload any data or documents that demonstrate a need:

Attach a file:

E.g. a letter or email from a community member, community newsletter, meeting minutes, survey results etc.

How will your organisation benefit from the equipment / project? *

Word count:

Must be no more than 250 words.

Healthy Partnerships

In partnership with VicHealth, Latrobe City Council is working to create an environment where community organisations seek healthier options to support their projects.

Will the grant funding you are applying for be used to purchase or promote the consumption of tobacco, alcohol, large chain fast food, or increase exposure to gaming activities? *

☐ Yes

☐ No

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Child Safety

Latrobe City Council has zero-tolerance towards any form of child abuse and is committed to the safety, wellbeing, and empowerment of children. We will create and maintain a child safe organisation where protecting children and preventing and responding to child abuse is embedded in the everyday thinking and practice of all employees, volunteers and contractors.

Looking for information on **Child Safe Standards**? Explore the Commission for Children and Young People's [website](#) or Latrobe City Council's [Child Safety](#) page. For personalised assistance, reach out to our Child Safety Advisor at 1300 367 700, or email latrobe@latrobe.vic.gov.au.

My organisation currently meets the minimum requirements of the 11 Victorian Child Safe Standards. *

☐ Yes ☐ No ☐ N/A

I would like to be notified about updates and workshop opportunities on child safety with Latrobe City Council. *

☐ Yes ☐ No ☐ I'm already on the list

Budget

* indicates a required field

Budget - Income and Expenditure

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns.

- **Your budget must balance.** The total income must equal the total expenditure.
- Please do not add commas to figures.
- You can add and remove rows. Delete any rows you do not need.

Income source	Confirmed funding?	Income Amount (\$)
E.g. Bendigo Bank, Loy Yang, fundraising/donations, group funds, etc.	Has funding been approved from the source?	Must be a dollar amount.
Latrobe City Council grant	Confirmed Unconfirmed N/A	\$
		\$
		\$
		\$
		\$

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		\$
		\$
		\$

Total Income

Total Income Amount

\$

This number/amount is calculated.

Budget - Expenditure

Expenditure Items	Expenditure Amount \$
E.g. equipment, uniforms, printing costs, newsletters, plaques and signs, training, defibrillator, minor equipment, etc.	Total amount of each individual expenditure item. These amounts must match your quotes.
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total Expenditure

Total Expenditure Amount

\$

This number/amount is calculated.

Total Amount Requested

\$

What is the total financial support you are requesting in this application from Latrobe City Council?

Total Project Cost

\$

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

Which of the expenditure items that you have listed above, will Latrobe City Council funding be used for? *

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Word count:

Must be no more than 50 words.

IMPORTANT: Check the Program Guidelines for eligible expenditure items: https://www.latrobe.vic.gov.au/sites/default/files/2025-09/30521_2025-26%20Community%20Grant%20Program%20Guidelines%20%281%29.pdf

Quotes and Evidence

Please provide one written quote for all items under \$5,000 and two written quotes for items over \$5,000 from a registered business or tradesperson.

Screenshots of catalogues or online advertising will be accepted as sufficient quotes, provided they are an Australian company and this is captured in the file you upload.

Quotes must match expenditure listed in the table above.

Attach your quotes here: *

Attach a file:

Written quotes will only be accepted if they contain: date of quote, registered business name, itemised breakdown of expenditure.

If we allocate part funding, will this project go ahead? *

☐ Yes

☐ No

If yes, what is the minimum amount you would require? *

\$

Must be a dollar amount.

Which expenditure items will the funding be used for, if part funding was granted? *

Word count:

What alterations would you consider?

What date will the grant funding be spent in full? *

Must be a date and no earlier than 8/6/2026.

Expenses made before the outcome notification will not be eligible. Acquittal forms are due two months after the date you provide.

Supporting Documents

* indicates a required field

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Mandatory Attachments

Please provide a current copy of your Public Liability Insurance Certificate of Currency (or the auspice organisation's if applicable) that will be used to cover your project: *

Attach a file:

Make sure to check the expiration date before uploading your Certificate of Currency.

Optional Attachments

You are welcome to attach any additional information to support your application:

Attach a file:

This could include approvals, risk assessments, project management plans, financial statements, marketing information, annual reports, strategic plans, evidence of expenditure items, letters of support and any additional information that will support your application.

Declaration

* indicates a required field

Privacy Notice

The personal information requested on this form is being collected by Latrobe City Council for the purpose of administering your application. The personal information collected about you and your organisation will be used solely by Latrobe City Council for that primary purpose or directly related purposes. It will not be disclosed to any external party without your consent, unless required or authorised by law.

If you choose not to provide this information, then we will be unable to process your application. You have the right to access and/or correct your personal information. Queries or requests for access to your information should be made to the Privacy Officer at Latrobe City Council on 1300 367 700.

Do you give permission for your project details to be used by Council for grant promotion purposes? *

☐ Yes ☐ No

This may include photos provided in your acquittal form for grant promotions, presentations or events.

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 confirm that:

- to the best of my knowledge all details supplied in this application and in any attached documents are true and correct;**

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- I am authorised to complete this application on behalf of the applicant organisation and have read and understood the certification and privacy notice;
- on behalf of the applicant organisation I accept the terms and conditions set out in:
 - this application form, including but not limited to the incorporated funding agreement; and
 - the grant program guidelines and Grant Governance Policy; and
- I understand that if this grant application is approved, there may be additional terms and conditions outlined in the outcome notification email that the applicant organisation will be required to accept as a condition of receipt of the grant.

I agree *

☐ Yes

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 *

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

Contact Email *

Date *

Must be a date.

Feedback

* indicates a required field

We would appreciate your feedback on the online application system and the Community Grants program. Suggestions will be considered for improving Council's Community Grants Program.

How did you find the application process? *

- ☐ Very Easy
- ☐ Easy
- ☐ Neither Easy nor Difficult
- ☐ Difficult
- ☐ Very Difficult

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How did you hear about Council's Community Grants program? *

- ☐ Council's Website
- ☐ Library/Leisure Centre
- ☐ Local Newspaper
- ☐ Word of mouth
- ☐ Someone in my organisation
- ☐ Radio
- ☐ Instagram
- ☐ Other:

Would you like to be added to our email list for future grant opportunities? *

- ☐ Yes
- ☐ No
- ☐ I'm already on the list

Please provide any other feedback you may have about the online application process or the Community Grants Program:

E.g. ways it could be more accessible, documents that would support making an application, or another aspect of the process. Were there any questions that needed to be clearer? Were there any questions you felt you were repeating information? Were there any questions you felt were hard to answer within the word limit?

Thank you for taking the time to complete your application.

Once your application is submitted, you will receive an email with your application number and a copy of your application. Please check your application carefully to ensure that all information is correct. Please advise us immediately if there are any errors.