

2025 Quick Response Grant Application Form

Form Preview

Your Information & Eligibility

* indicates a required field

Collection Statement

City of Casey (Council) is collecting your personal information through this Grant Application Form to assess your application for grant funding. Personal information will only be collected if you give your consent at the time we collect the information from you unless an exception in the Privacy Act applies or is required by law. The personal information requested on this form is being collected by Council for the purposes of confirming applicant eligibility and for grant allocation to successful applicants. The application including personal information collected may be disclosed to other Council departments for the purposes of assessment of this and other applications or requests for support to Council from this applicant as part of the applicant's funding record. General information (excluding personal information) may be used for publication such as the applicant's name, project details and funded amount on the City of Casey website and in Council reports such as evaluation reports and social and economic impact assessments to inform program improvements and policy decisions. If you wish to gain access to the information provided or amend any of the personal information you have supplied to Council, please contact Council via telephone on 9705 5200. Council will not be liable for the copy or misuse of the information contained in this feedback form.

I understand and agree to Council's collection statement. *

☐ Yes

Privacy Statement

City of Casey is committed to protecting your privacy. Your personal information will be handled in accordance with the Privacy and Data Protection Act 2014. All personal information collected by the City of Casey will only be used for the purposes outlined within our Collection Statement. Council's Privacy Policy is available from our website [Privacy Policy | City of Casey](#) and all Council Customer Service Centres. For further information about how Council manages and uses your personal information or how you can access and/or amend your personal information please contact Council's Privacy Officers via our website [Leave your feedback form | City of Casey](#) or by calling on 9705 5200.

Before You Start

Before completing the application form, please make sure you read the **Quick Response Grant Guidelines** which were updated on 1 January 2025: <https://www.casey.vic.gov.au/quick-response-grants>

This section of the application form is designed to help you, and Council, understand if you are eligible for this grant. It's important that you complete these questions before any others to ensure you are eligible for this grant.

If you have any questions about the eligibility criteria, please contact the Grants Team on 9705 5200 or email communitygrants@casey.vic.gov.au.

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Confirmation of Eligibility

I confirm that the applicant organisation:

- has read and understands the program guidelines
- is a new group or is able to demonstrate the urgent or unexpected nature of the grant request
- is a not-for-profit or charitable organisation
- is a legal entity, or is auspiced by one
- is located in and/or provides services to the Casey community
- does not owe any grant acquittal reports or money to the City of Casey
- has public liability insurance (unless a group is within its first year of operation and applying for assistance with insurance costs)
- is not a school, government entity or political party
- is not seeking funding for capital works projects.

I confirm that the above statements are true and correct *

☐ Yes

☐ No

Contact Details

* indicates a required field

Applicant Details

Organisation name *

Organisation Name

Please use your organisation's full name.

Primary (physical) address *

Address

Suburb State Postcode

Must be an Australian postcode.

If your organisation operates in multiple locations or from multiple offices, please pick one as your primary address.

Meeting location

This is where your group regularly comes together to hold activities.

Website

Must be a URL

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Primary contact person *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

This is the person we will correspond with about this grant

Position held in organisation *

e.g. President, Board Member, Fundraising Coordinator

Phone number *

Back-up phone number

Email address *

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

Secondary Contact Details

Please list the details of another person from the organisation who has knowledge of this grant application.

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Email address *

Must be an email address.

Phone number *

Organisation Details

* indicates a required field

What is your organisation's purpose or mission? What do you do? *

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What is the aim of your organisation? Why do you exist?

What is your organisation's legal structure? *

- ☐ Incorporated association
- ☐ Company limited by guarantee
- ☐ Cooperative
- ☐ Charity
- ☐ Church Trust
- ☐ Unknown

If your organisation is not eligible unincorporated it must have an auspice organisation

What is your incorporation number?

Incorporated Association or Australian Corporation Number

Does your organisation have an ABN? *

- ☐ Yes ☐ No

Applicant 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.

If you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application. Complete and save this [Online form](#) and upload below.

Please upload completed Statement of Supplier Form:

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Attach a file:

Max 25mb

Public Liability Insurance

Please attach a certificate of currency for your public liability insurance.

Attach a file:

Please check that the certificate is current (not expired). If your group is in its first year of operation and is applying for funding for its first year's insurance, please disregard

The City of Casey is committed to reducing harm caused by gambling and responding to and preventing gambling-related issues. Projects that are supported by gaming venues or facilities with electronic gaming machines (EGMs) or held in venues where there are EGMs cannot be funded through this grant program.

Does your organisation receive any funding (including sponsorship) or have any association with the gambling industry or venues where there are electronic gaming machines? *

☐ Yes ☐ No

If yes, please detail further.

Auspice Information

* indicates a required field

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.

Auspice Organisation Details

Name of auspicing organisation *

Organisation Name

Auspicing organisation's primary (physical) address *

Address

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Suburb State Postcode

Auspicings organisation's website

Primary contact person at auspicings organisation *

Title First Name Last Name

We may contact this person to verify that this auspicings arrangement is valid and current.

Position

e.g. Manager, CEO

Phone number *

Back-up phone number

Contact person's email address *

Must be an email address

Please attach a letter or email from the auspicings organisation confirming this arrangement is valid and current *

Attach a file:

Letter/email must be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and must include, name, position, signature and date.

Does the auspicings organisation have an Australian Business Number (ABN)? *

☐ Yes ☐ No

ABN of auspicings 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	

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Entity type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

[More information](#)

ACNC Registration

Tax Concessions

Main business location

Must be an ABN

Project Details

* indicates a required field

Project title *

Provide a name for your project/program/event. Your title should be short but descriptive

What is the date of the event/activity? If you are requesting this grant to buy equipment, when do you plan to do this? *

Where will the event/activity take place? Or if you are requesting funding for equipment, where will this equipment be used? *

Please provide an address or venue name and suburb.

Please provide a short summary of the activity for which you are requesting funding *

Word count:

Must be no more than 200 words.

Which of the three purposes of this grant program does your application meet? *

- ☐ Unforeseen expenses - for expenses that are not expected and that pose a risk to the function of your organisation or delivery of your core programs.
- ☐ Unexpected opportunity - to take advantage of an opportunity that will benefit your group and/or the Casey community, but could not be planned for in advance and that need to be acted on within a short time-frame.
- ☐ Establishment of a new group - for start-up costs and support for Casey-based community groups in their first year of operation as an eligible organisation.

Urgent/Unforeseen Expense

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The assessment of your application will be based on the information you provide in this section.

Please explain why this expense is urgent or unforeseen and how it poses a risk or will impact the function of your group or delivery of your core programs. *

i.e. is it a safety risk/ equipment failure or new requirement for how your group delivers its programs/ events

Unexpected opportunity

The assessment of your application will be based on the information you provide in this section.

Please explain further the unexpected nature of the opportunity/event/activity and how grant funding will address this. Include why it couldn't be planned for and must be acted on within a short timeframe. *

i.e. has your group been invited at short notice to deliver a program/event/activity you normally would not do

Establishment of a new community group

The assessment of your application will be based on the information you provide in this section.

Please provide some further detail about the new group/club you are establishing. How was it formed, who are your members, what will your group be doing and why it is needed in Casey? *

i.e. this funding is only available to groups within their first 12 months of operation to support their establishment as a legal entity..

Supporting Information

Please attach any evidence to support your request or a quote if you are requesting equipment.

Attach a file:

For example a quote, letter, email, flyer or report which further explains the circumstances.

How will Casey residents benefit from the project/program/event? *

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Budget

* indicates a required field

Total Amount Requested

*

\$

Maximum amount is \$1,000.

Budget

Your budget explains exactly what the grant money will be used for. You should include details of all money that will contribute to your activity (income) and the cost of all the items that you need (expenditure).

You must include the total amount you are requesting in this grant application under 'Income amount in \$' and provide specific details for each item in separate lines.

The income total and the expenditure total must be equal.

Income description	Income amount in \$	Expenditure description	Expenditure amount in \$
Grant funds requested	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

\$

This number/amount is calculated.

Declaration

* indicates a required field

Declaration

I hereby make this application for the City of Casey Quick Response funding on behalf of my organisation and am authorised to do so. *

☐ Yes

☐

I understand that this is an application only and may not necessarily result in funding approval. *

☐ Yes

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I affirm that all of the details in this application and attachments are true and correct to the best of my knowledge and that I will notify Council of any changes to this information and any circumstances that may affect this application. *

☐ Yes

Do you give permission for Council Grants Officers to share your contact details with other Council Officers (who may wish to contact you about other opportunities)?

☐ Yes

Name of authorised person *

Title First Name Last Name

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

Position *

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

Email address of person completing declaration and giving permission. *

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