

2026/2027 Quick Response Grant Application Form

Form Preview

Your information & eligibility

* indicates a required field

Collection Statement

I understand and agree as the applicant, the personal information I have provided in this application is being collected for the purpose of administering and assessing grant applications, including determining eligibility, for grant assessment panels, communicating with the applicant and managing grant funding. The information being collected is through a third-party platform Our Community Pty Ltd (SmartyGrants) which is a secure portal used by the City of Casey Council ('Council'). Information collected through this platform will be assessed and used only by authorised personnel and service providers who require access to perform their duties in connection with the grant program. Information will be managed in accordance with the *Privacy and Data Protection Act 2014*. Council uses automated technologies including artificial intelligence (AI) to assist with administrative functions such as validating information and determining eligibility against pre-defined criteria. AI is not used to assess the merit of applications, make funding recommendations, or make final funding decisions. All funding assessment and decision-making processes involve human review. General information (excluding personal information) may be used for publication such as the applicant's name, project title and summary of activities 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 (03) 9705 5200 or via email communitygrants@casey.vic.gov.au

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. Councils 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 Councils Privacy Officers via our website [Leave your feedback form | City of Casey](#) or by calling on 9705 5200.

Before you apply

- You must read the grant guidelines here: <https://www.casey.vic.gov.au/quick-response-grants>
- Check your group and request is eligible
- There is a limit of 2 applications for each applicant per calendar year
- You can apply for one local connection activity each year

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

Eligibility

Confirm your organisation:

- is not-for-profit
- is based in or services Casey
- has insurance (or is applying for it as a new group)
- does not owe reports or money to the City of Casey

I confirm all of the above *

Yes

About your organisation

* indicates a required field

Organisation name *

Organisation Name

Please use your organisation's full name.

Address *

Address

Suburb State Postcode

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

Regular meeting location (if different to the above address)

Please include full address or hired facility name

What does your group do? *

Must be no more than 50 words.

Tell us what your group does and who it supports.

Website

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Are you: *

- Incorporated
 Auspiced

- Not sure
 Other:

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

Your incorporation number (if you have one)

ABN (if you have one)

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:

Attach a file:

Public Liability Insurance

Attach a certificate of currency for your public liability insurance (minimum \$20 million) *

Attach a file:

Ensure the certificate is current. If your group is in its first year and applying for initial insurance funding, disregard this.

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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 tell us more

Key Contact Details

Main contact person *

First Name

Last Name

Role *

e.g. President, Board Member, Fundraising Coordinator

Phone *

Email *

This is the address we will use for all communication about this application

Secondary contact person *

First Name

Last Name

A person from your organisation who has knowledge of and supports this application

Role *

Phone *

Email *

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Auspice Information

* indicates a required field

Auspice information

Complete this section if you have an auspice organisation that is supporting this application.

Name of auspice *

Organisation Name

Auspice primary (physical) address *

Address

Suburb State Postcode

Auspice 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.

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Entity Name	
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Entity Type	
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ATO Charity Type	More information
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Tax Concessions	
Main Business Location	

Must be an ABN

Main contact person at auspice *

First Name

Last Name

Position

e.g. Manager, CEO

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Phone *

Email *

Must be an email address

Please attach a letter or email from the auspice 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.

Your activity or request

* indicates a required field

We fund applications that:

- clearly match one of the grant purposes
- show a real need or opportunity
- benefit people in Casey
- (for local connection activities) bring people together and build community connections
- provide enough detail to understand what will happen and how funds will be used

Your project title *

Add a short title for this request. You can always change it later.

What are you applying for? Choose one: *

- | | |
|--|--|
| <input type="radio"/> An urgent or unexpected need | <input type="radio"/> New group support (in the first year of operation) |
| <input type="radio"/> An unexpected opportunity | <input type="radio"/> A local connection activity or event |

What do you want funding for? Describe what you will do. *

Must be no more than 150 words.

When will this happen? *

Where will it happen? *

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Please provide an address or venue name and suburb; for example, where will you store any requested equipment or where will the activity take place?

How will this benefit Casey residents?

What will change or improve for participants, your organisation or the community?

An urgent or unexpected need

Explain why you are applying at this time.

You can include:

- What is the issue?
- What risk or problem will this cause?
- Why must it be fixed now?

Why is this needed now? *

Unexpected opportunity

You should include:

- What is the opportunity?
- When did it come up?
- Why do you need to act quickly?

Why is this needed now? *

New group support

Tell us about your new group:

- When did your group start?
- Who is involved?
- What do you plan to do together?
- What support do you need right now?
- Why is this important?

Tell us about your new group *

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Your group must be legally registered and less than 1 year old to be eligible for this grant

A local connection activity or event

We prioritise local connection activities that:

- create new connections (not just maintain existing ones)
- reach people who are:
 - isolated
 - new to the area
 - underrepresented
- are easy to access (location, cost, inclusiveness)

Who will take part? *

e.g. young people, seniors, new residents

How many people do you expect? (estimate) *

How will you reach new people to take part?

Where will you promote it (e.g. social media, flyers, local networks)? How will you make it easy for people to join in?

How will this help people feel more connected? *

We are looking for activities that bring people together, not activities for existing members. Think about how people will meet, talk, and build new connections.

Supporting Information

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

Attach a file:

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

Funding Request

* indicates a required field

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Amount requested

Up to \$1,000 is available for applications under the following categories:

- Urgent or unexpected need
- Unexpected opportunity
- New group support

Up to \$1,500 is available for applications under the following category:

- Local connection activity or event

Total Amount Requested

*

\$

Must be a whole dollar amount (no cents) and no more than 1500.

What will you spend the money on?

Please list each item on a separate line. Each item should be clearly described so we understand what the funding will be used for.

Avoid overestimating or underestimating costs.

Item	Cost \$
	Must be a whole dollar amount (no cents).
	\$
	\$
	\$
	\$
	\$

Total expected cost

This number/amount is calculated.

Other income or support

Will your organisation provide a **financial** contribution towards this project?

Will you receive help from other organisations or receive in-kind support?

In-kind support are **non-cash** contributions that will help your project. This may include donated goods or services such as:

- Volunteer time
- Donated professional services.
- Free or discounted venue or equipment hire.

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Including in-kind support can help to show community contribution and partnership in your project.

Will your organisation provide a financial or in-kind contribution? If yes, detail below.

Declaration

* indicates a required field

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

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

I give permission for Council Grants Officers to share my contact details with other Council Officers who may wish to contact me about other opportunities and resources.

Yes

Name of authorised person *

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)

Email address of person completing declaration and giving permission. *