



**CORANGAMITE
SHIRE**

Quick Response Grants

Application Form

All applicants are advised to read the Council Quick Response Grants Policy (separately attached) prior to submission. Applicants may also consider discussing their application with the respective Ward Councillor.

All parts of the application must be completed.

Enquiries are welcome by contacting Council's Director Corporate and Community Services on 03 5593 7100.

All applications are to be addressed to:

David Rae
Director Corporate and Community Services
Corangamite Shire Council
P.O. Box 84
CAMPERDOWN VIC 3260

Email: david.rae@corangamite.vic.gov.au

1. APPLICANTS DETAILS

Applicant (Community Group):.....

Contact Name:..... Position:

Postal Address:

Telephone: BH: AH: Mobile:

E-mail address:.....

Registered for the GST?* **Yes** **No**

ABN*: Incorporation No*:.....

Is a third party auspicing this application? If so, please complete the details below:

Auspicing Organisation:.....

Contact Name:..... Position

Postal Address:.....

Telephone: BH: AH: Mobile:

E-mail address:

Are you registered for the GST?* **Yes** **No**

ABN*:.....Incorporation No*

Signing clause for auspice organisation

“We declare that we have been authorised by the auspice organisation to support this application on behalf of the applicant.”

| | Representative One | Representative Two |
|---------------------|--------------------|--------------------|
| Name (Print) | | |
| Position | | |
| Telephone | | |
| Signature | | |
| Date | | |

2. NOMINATED WARD:.....

3. FUNDS REQUESTED (maximum \$500):\$.....
 (Attached quotation or other supporting documentation.)

4. IS THE APPLICANT A COMMUNITY GROUP DEFINED BY THE POLICY? (Y/N):.....

5. PURPOSE OF FUNDS REQUESTED*.
 (Must align with Council Plan Objectives. Refer <https://www.corangamite.vic.gov.au/Council/Publications/Council-Plan>)

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6. DOES THE INITIATIVE ALIGN WITH COUNCIL’S OBJECTIVES AS DEFINED IN ITS COUNCIL PLAN? (Y/N):.....
 (Refer <https://www.corangamite.vic.gov.au/Council/Publications/Council-Plan>)

7. WHAT COMMUNITY BENEFIT WILL BE DERIVED

.....

8. WHAT WILL BE PURCHASED WITH THE FUNDS?
 (Refer Part 11 of the Policy.)

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9. ADDITIONAL DOCUMENTATION ATTACHED? (Y/N):.....

10. SIGNING CLAUSE
 (Please have two members complete the details below.)

“We declare that we have been authorised by the applicant organisation to prepare and submit this application to Council for consideration through the Quick Response Grants Program. We declare that the information included in this application is true and correct, and that we will abide by the Corangamite Shire Council Quick Response Grants Program Policy. We also declare, should funds be granted ,to appropriately acknowledge Council for awarding the funds and that Council may use the project for promotional purposes.”

| | Representative One | Representative Two |
|---------------------|--------------------|--------------------|
| Name (Print) | | |
| Position* | | |
| Telephone | | |
| Signature | | |
| Date | | |

* Signatories must be office bearers of the committee or organisation e.g.: President and Secretary.

Office Use Only

Officer Comment:.....

.....

Approved/Not Approved for Funding:.....(*CEO or DC&CS signature*)

Amount Approved \$.....

Date Approved by Council: