Quick Wins Bird Flu Management Assistance Fund

Program

This field is read only.

Applicants: please note

This funding offer is once only, Starting from November 2, 2026 to June 30 2027 or until expended.

Before completing this application form, you must read the following information to determine your eligibility.

Eligible Activities

Funding may be provided to cover actual costs incurred for:

- biosecurity and hygiene measures;
- wildlife rescue and rehabilitation activities;
- volunteer safety equipment and training;
- animal containment or temporary housing materials;
- community education and awareness initiatives;
- equipment and materials that support wildlife welfare and environmental outcomes associated with the avian influenza outbreak and
- Future planned projects relating to the above activities

Ineligible Criteria would not be available for:

- activities that are the responsibility of State or Commonwealth agencies;
- vaccination programs;
- retrospective expenditure;
- salaries and wages;
- major capital works; or
- commercial or profit-making activities;
- activities undertaken outside the Rural City of Murray Bridge;
- onging operational or administrative costs not directly related to the project and
- projects that primarily benefit a private individual or commercial enterprise
- Exclude activities involving direct handling of birds unless undertaken by suitably qualified organisations.

Applicants must:

- be an incorporated not-for-profit organisation, registered charity, animal sanctuary, wildlife rescue organisation, community environmental group, or registered wildlife carer operating under an appropriate licence, permit or recognised affiliation **(schools and kindergartens are excluded);**
- demonstrate a benefit to the Rural City of Murray Bridge area;
- demonstrate how the proposed activity responds to impacts associated with the avian influenza outbreak (Bird Flu);

- comply with Council's standard grant acquittal requirements;
- hold appropriate insurance for the proposed activities and
- provide risk assessments and safe work procedures for the activity;
- Applicants must:
- be an incorporated not-for-profit organisation, registered charity, animal sanctuary, wildlife rescue organisation, community environmental group, or registered wildlife carer operating under an appropriate licence, permit or recognised affiliation **(schools and kindergartens are excluded);**
- demonstrate a benefit to the Rural City of Murray Bridge area;
- demonstrate how the proposed activity responds to impacts associated with the avian influenza outbreak (Bird Flu); and
- comply with Council's standard grant acquittal requirements.
- hold appropriate insurance for the proposed activities
- provide risk assessments and safe work procedures for the activity

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is important that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact **Faith Box - Team Leader Community Development f.box@murraybridge.sa.gov.au or call 8539 1100**

If you do contact us throughout the application process, please quote the application number below.

Contact Details

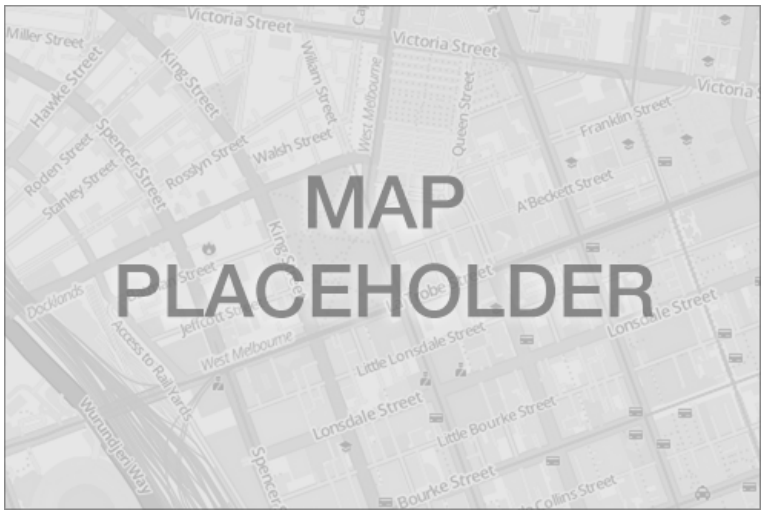
* indicates a required field

Applicant Details

Organisation Name *
Organisation Name

Make sure you provide the same name that is listed in official documentation.

Applicant primary address
Address



Applicant primary contact name *

Applicant postal address
Address

Applicant primary phone number *
Must be an Australian phone number.

Applicant email address *
Must be an email address.

Applicant website (if applicable)
Must be a URL.

Primary Contact Details

Primary contact *
Title First Name Last Name
This is the person we will correspond with about this grant.

Position held in organisation *
e.g., Manager, Director or Fundraising Coordinator.

Primary contact primary phone number *

Must be an Australian phone number.

Primary contact email address *

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

Organisation Details

* indicates a required field

What is your organisation's purpose or mission? *

Word count:
Must be no more than 200 words.

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.

What is your organisation's annual revenue? *

○ Less than $50,000
○ $50,000 or more, but less than $250,000
○ $250,000 or more, but less than $1 million
○ $1 million or more, but less than $10 million
○ $10 million or more, but less than $100 million
○ $100 million or more

Your revenue includes grants, donations, and other fundraising activities, fees for services, sale of goods, interest, royalties and in-kind donations that have been included in your accounts as 'revenue'. The Australian Charities and Not-for-profits Commission (ACNC) has more detailed information here: https://www.acnc.gov.au/tools/topic-guides/revenue

What is your organisation's legal structure? *

○ Unincorporated association

- ○ Incorporated association
- ○ Cooperative
- ○ Company limited by guarantee
- ○ Indigenous corporation, association or cooperative
- ○ Organisation established through specific legislation
- ○ Trust
- ○ Unknown
- ○ Other:

If your organisation is unincorporated. it must have an auspice organisation.

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	

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from the ATO website.

Please upload completed Statement of Supplier Form. *

Attach a file:

Max 25mb per file uploaded

Please upload either your Incorporation Certificate or Charity Status form *

Attach a file:

Are you registered for GST? *
☐ Yes
☐ No

Auspice Information

* indicates a required field

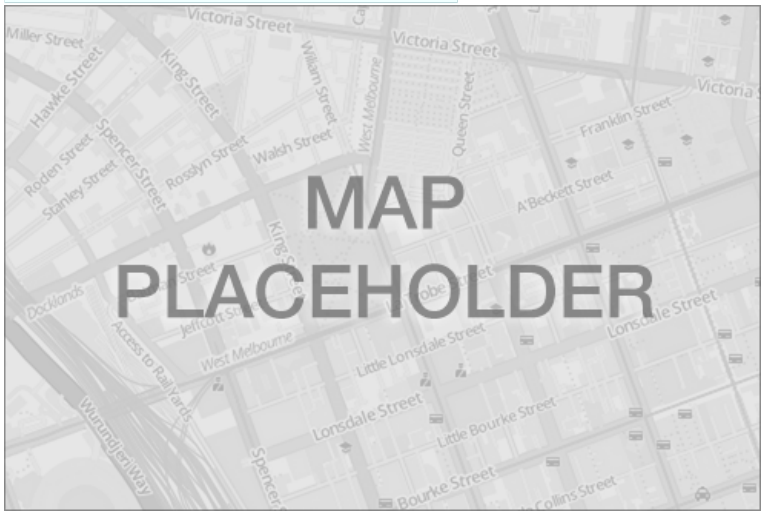
Is your organisation auspiced by another organisation for the purpose of this grant? *
○ Yes ○ No
Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

Auspice Organisation Details

Auspice organisation name *
Organisation Name

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

Auspice primary address
Address



Auspice postal address
Address

Auspice primary phone number *

Must be an Australian phone number.

Auspice email address *

Must be an email address.

Auspice website

Must be a URL.

Primary contact person at auspice organisation *

Title | First Name | Last Name

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

Position held in organisation *

e.g., Manager, Board Member or Fundraising Coordinator.

Auspice primary contact primary phone number *

Must be an Australian phone number.

Auspice primary contact office phone number

Must be an Australian phone number.

Auspice primary contact email address *

Must be an email address

Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. *

Attach a file:

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

Does the auspice organisation have an ABN? *

○ Yes ○ No

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.

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.

As the auspice organisation does not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from the ATO website.

Please upload completed Statement of Supplier Form: *
Attach a file:

Max 25mb per file uploaded

Project Details

* indicates a required field

Project title *

Word count:
Must be no more than 25 words.
Provide a name for your project/program/initiative. Your title should be short but descriptive

Anticipated start date *

Anticipated end date *

Tell us briefly about your project and why you need funding from Council (200 words Max): *

Be descriptive, but succinct. Include a brief summary of who this project 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 activities (outcomes). Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

Clearly state your plan for achieving this project: * *

Word count:
Must be no more than 200 words.
Be descriptive, but succinct. Include a brief summary of who this project 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 activities (outcomes). Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

What is the level of community Benefit and how will this project increase the skills, knowledge, awareness of our community members? *

Word count:
Must be no more than 200 words.

Community Support

Does this initiative have community support? In particular, do the beneficiary and/or geographic communities affected by this project/program support the activities you are proposing? *

○ Yes ○ No ○ Don't know

Evidence of community support is generally highly regarded as projects with community buy-in tend to be more successful.

What evidence do you have that this project/program has community support? *

Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

Please upload letters of support (if available/relevant)
Attach a file:

A maximum of 5 files can be attached

Project Budget

* indicates a required field

Total Amount Requested *

What is the total financial support you are requesting in this application?

Total Project/Program Cost *

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

Project Budget (Income - Your contribution)

Please outline your project costs in the budget table below, including details of other income, in-kind support or funding that you have applied for to support this project.**Please note: You must match Council's funding dollar for dollar, either in cash or in-kind.**

Your budget MUST balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT)

TIPS:

- An in-kind contribution is a non-cash contribution that is given a monetary value. For example, your labour on the project. **If you put 48 hours voluntary work towards the project then multiply that by $45 per hour. This gives an in-kind contribution of $2,160.** Loaned equipment is also an in-kind contribution. For example, a trailer used for four hours would normally cost $20 an hour, that's $80 in-kind contribution.
- When calculating voluntary hours, only calculate the hours spent by volunteers preparing, planning and actually doing the work.
- Wherever possible goods, products, equipment and services must be sourced locally.

Income description	Income type	Is this funding confirmed?	Income amount (budgeted)	Notes
What is being contributed?	Please select the type of income		Enter the total amount expected to be received. Must be a dollar amount.	Add notes if you need to provide more context

Project Budget (Expenditure - What will this grant fund?) Current quotes required below

Please outline your project expenses in the expenditure table below.

What will this grant $ pay for?	Expenditure type	How much will this cost $	Notes
Please select the type of expenditure.	Please select the type of expenditure.	Enter the total amount to be expended on this budget item. Must be a dollar amount.	Add notes if you need to provide more context.

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.

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

Applicant Capacity

* indicates a required field

Now that we know about your project/program, we want to find out more about your organisation's ability to undertake the work you propose. Please provide some information about your organisation that will give us confidence that you can complete the work you've described in this application. *

Include in this section information about your strategies for providing the inputs (money, staff/ volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, etc.) and how you will complete this project/program within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work. Provide links to further explanatory material if available/relevant. Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

Certification and Feedback

* indicates a required field

Certification

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 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 *

☐ Yes

Name of authorised person *

Title | First Name | Last Name

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

Position *

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

Phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.

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.