

Quick Win - Individual

Form Preview

Quick Wins Individual Grants Program

Applicants: please note

Before completing this application form, you should have read the program guidelines: [Council-Grants-Management-Guideline-2022.pdf](#)

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 **Simone Zrna, Grants Officer** s.zrna@murraybridge.sa.gov.au or call **8539 1100**

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

Application Number

This field is read only.

'Quick Wins' encourage community members and organisation/groups to come forward with ideas for 'wins' that are delivered to the community and that can make a difference in quicker timeframes than more formal programs and strategies delivered by Council. Council aims to process applications monthly (except January) and if successful will be transferred at the next payment run (dependent on Accounts Payable). For further information please refer to the Council Grants Management Guideline www.murraybridge.sa.gov.au

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to **{{ Grantmakers: insert hyperlink to your privacy statement }}**

Applicant Details

Applicant *

Title First Name Last Name

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

Applicant postal address

Address

Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Please list your ABN below - if you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application from [the ATO website](#).

ABN

Please upload completed Statement of Supplier Form.

Attach a file:

Max 25mb per file uploaded

Application Details

*** indicates a required field**

Please provide the name of the club, team, group, organisation you are affiliated (if any) as it relates to this request? *

Must be no more than 25 words.

Are there other members of your club/organisation who may seek funding for the same project/event? If yes, please consider completing a group application *

- ☐ Yes
☐ No

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

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Word count:
Must be no more than 200 words.

What is the level of community Benefit and how will this activity increase or help develop your own personal skills and knowledge? (300 words Max) *

Word count:
Must be no more than 300 words.

When will this event/activity start?

Anticipated start date *

When will this event/activity end?

Anticipated end date *

Have you attempted to apply for or raise funds for this activity through other sources? (If not please explain the lack of alternate sources of funding available)

*

Please provide supporting documentation showing you have been selected to represent the state or nation in your chosen field. Additional documents may be attached separately.

Attach a file:

Grant History

Have you received a grant from Rural City of Murray Bridge before? *

☐ Yes

☐ No

☐ Don't know

If 'Yes' please provide the year grant was applied for

What was the grant application for?

\$ amount recieved

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Has previous grant been acquitted?

- ☐ Yes
☐ No
☐ Unsure

If you answer 'unsure' to this question please contact Councils Grants Officer to discuss before proceeding with this application

Project Budget

* indicates a required field

Total Amount Requested from Council - \$500 Maximum *

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

Total Project/Program Cost *

What is the total 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.

What is being contributed?	how is this contributed? (drop down)	Is this funding confirmed?	what is the \$ amount	Notes
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	Other: 			
	Other: 			

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	Other: 			
Describe the contribution	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

What will this grant \$ pay for? **Expenditure type (drop down)** **How much will this cost \$** **Notes**

	Other: 		
	Other: 		
	Other: 		
	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.

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

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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. (If you would rather provide anonymous feedback, please go to **{{ Grantmakers: provide a link to an anonymous survey or delete this sentence }}**).

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.