

QRG 2026/27 Team/Community Group Application Form Preview

Introduction

All applicants must read the [Quick Response Grant Team/Community Group Grant Guidelines](#).

After reading the Guidelines & Assessment Criteria, and prior to completing the application form please contact the **Grants Officer 1300 366 244** to seek feedback on your proposal.

All eligible applicants should address the assessment criteria in their applications. The assessment criteria is detailed in the guidelines.

Contact Details

* indicates a required field

Applicant and Organisation Details

Applicant Organisation: *

Organisation Name

Applicant Organisation Website

Must be a URL.

Applicant Organisation Primary Address

Address

Authorised person name: *

First Name

Last Name

Authorised person position: *

Primary email *

All Correspondence will be sent to this email address

Primary phone number

Must be an Australian phone number.

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Primary mobile phone number *

please note: this number will be used as a contact number on the Wellington Event calendar

Is your organisation GST registered? *

- Yes No

Does your organisation have an ABN? *

- Yes No

Is your organisation incorporated? *

- Yes No

Is your organisation part of an umbrella organisation? An umbrella organisation is a centralised entity that oversees and coordinates the activities of multiple affiliated sub-groups, typically sharing a common purpose, mission, or interest. An organisation that consolidates administrative duties and expenses while still maintaining separate roles and functions within the community. *

- 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.

Applicant organisation incorporation number

Auspice Details

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If your organisation is **not incorporated** or **does not have an ABN** you will be required to provide the details of an auspice organisation. The auspice will receive the grant funding on your behalf and will ultimately be responsible for the acquittal.

Auspice Organisation *

Organisation Name

Auspice Project Contact *

First Name

Last Name

Auspice Primary Phone Number *

Must be an Australian phone number.

Auspice Mobile Phone Number *

Must be an Australian phone number.

Auspice Primary Email *

Must be an email address.

Auspice Address *

Address

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)	
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Main business location

Must be an ABN.

Auspice incorporation number *

Is your Auspice organisation GST registered? *

Yes

No

Umbrella Organisation Details

If your organisation is **not incorporated** or **does not have an ABN but is a sub-group of an umbrella organisation**, you will be required to provide the details of the umbrella organisation.

Umbrella Organisation *

Organisation Name

Umbrella Project Contact *

First Name

Last Name

Umbrella Organisation Primary Phone Number *

Must be an Australian phone number.

Umbrella Organisation Primary Email *

Must be an email address.

Umbrella Organisation Postal Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Umbrella Organisation 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

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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.

Umbrella Organisation incorporation number *

Is your Umbrella Organisation GST registered? *

Yes No

Activity details

* indicates a required field

Describe the event(s) or activity for which funding is sought. *

Who is the organisation or group that is running the event or activity?

Is your club, organisation or group affiliated with an officially recognised national/international governing body or peak body in the field? What is its name?

Event/Activity start date *

Applications MUST be received 3 weeks prior to the commencement of your project

Event/Activity end date *

Must be a date.

I understand if this application is submitted less than 21 days prior to my event start date, my application will be deemed ineligible. *

Yes

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Funding amount

Please note that the funding amount requested can not exceed \$1,500.

How much are you applying for? *

What is the total cost of the event/activity? *

Must be a dollar amount.

How is your team/group contributing to the event/activity? *

This can include financial or non-financial contributions.

List the costs of the event/activity.

Item

	\$
	\$
	\$
	\$
	\$
	Must be a dollar amount.

List any other support your team/group are receiving to attend this activity. What other efforts are being made to fund expenses?

This can include financial or non-financial contributions and should include the name of the person(s) or organisation(s) providing assistance.

Explain current barriers that would prevent the team/group from participating?

For example, financial affordability, transport, accommodation, distance, etc.

Describe why it is important to participate in this activity and/or event.

The importance of this activity and/or event may be related to both a personal and community perspective.

Describe how participation in the funded activity will fulfil a community benefit through the sharing of skills and sharing of information learnt.

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Include examples such as letter of support, images, new articles, club newsletter articles, etc

Additional Details

Provide a brief background about the team/group.

Please outline any achievements and involvement to date, which you feel will support this application.

Include evidence such as news articles, social media, images.

Upload news articles, social media, images here.

Attach a file:

A maximum of 8 files may be attached.

Support Material, Checklist and Authorisation

* indicates a required field

Confirmation of participation

It is mandatory for applicants to attach a copy of confirmation of participation in the event activity e.g. letter of offer, letter/email from organisation holding the activity, etc. *

Attach a file:

Applicants are encouraged to attach support material to strengthen the application. The items listed below are only suggestions, additional material may be attached.

The items listed below are only suggestions, additional material may be attached:

Letters of support

Attach a file:

Letter of recognition from club, group or organisation

Attach a file:

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Evidence of affiliation with an officially recognised national/international governing body or peak body in the field.

Attach a file:

Any additional information?

Attach a file:

Harmful Industries Declaration

Harmful industries include any businesses deriving significant benefit or income from any one or more of the following: unhealthy foods (high in saturated fats, sugar, salt and/or energy), sugary drinks, alcohol, tobacco, e-cigarettes and vaping, and gambling) Council is collecting this information to help form educational opportunities on the impacts of harmful industries for wellington shire community groups.

Does your organisation have any current, planned or past (12 months) relationships (including sponsorship, promotions, signage) with businesses which derive income or benefit from tobacco, vaping, fast food, sugary drink, alcohol or gambling industries? *

- Yes
- No

New Section

For each sponsor (which comes under the Harmful Industries category) please name the sponsor and the type of promotion. If there is more than three, please detail the three largest sponsors.

Sponsor 1 : (Name of Business)

Please select any elements which relate to this sponsor (select all that apply)

- Promoted on website
- Promoted on social media
- Naming rights
- Signage at the grounds or clubhouse
- Sporting equipment branding
- Vouchers
- Other

Please list other sponsor agreement

Do you have another business sponsorship?

- Yes
- No

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For each sponsor (which comes under the Harmful Industries category) please name the sponsor and the type of promotion. If there is more than three, please detail the three largest sponsors.

Sponsor 2 : (Name of Business)

Please select any elements which relate to this sponsor (select all that apply)

- Promoted on website
- Promoted on social media
- Naming rights
- Signage at the grounds or clubhouse
- Sporting equipment branding
- Vouchers
- Other

Please list other sponsor agreement

Checklist

I have read and understood the funding guidelines. *

- Yes

I have contacted the Grants Officer (1300 366 244) about my proposal *

- Yes

I have completed all relevant questions and sections of this application form. All questions must be addressed. *

- Yes

I have attached relevant support material. *

- Yes

Authorisation

Name *

First Name

Last Name

I declare I have read the guidelines relating to the Quick Response Grant Team/Group Grant Scheme and certify to the best of my knowledge the information provided in this submission is true and correct. **If successful in gaining funding I agree to abide by the Funding Agreement and conditions and agree to submit a grant acquittal.**

PRIVACY STATEMENT

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The personal information provided on this form will be used by Wellington Shire Council for the purpose of the Community Grants Scheme. The personal information will be used solely by Council for that primary purpose or directly related purposes and will not be transferred to another agency.