

2026/27 Community Event Application

Form Preview

Welcome to the Community Events Application Form

A Community Event is considered a smaller local event with the primary purpose of **celebrating and connecting the local community**.

These events are all about bringing people together, whether it's for fundraising, fun and entertainment, social connection, or to celebrate civic or ceremonial occasions.

These events are generally run by volunteers.

A community event can receive up to \$1500 in funding.

What the grant supports

The Community Events Grant supports local groups to deliver events that:

- bring people together and create a sense of belonging
- build community pride and celebrate our community
- celebrate people, place and local identity.

You can access more information about the grant [here](#)

Please allow forty minutes to complete your application. You may also need some extra time to collect supporting documentation and information.

If at any stage you come across a question you cannot answer, please use the save button at the bottom of this form to save your application so you can return later when you have the appropriate information.

We wish you all the best with your application.

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form please:

- read the program guidelines: [Minor Grants \(ngshire.vic.gov.au\)](https://www.ngshire.vic.gov.au/minor-grants)
- **contact the Community Development Officer at** community@ngshire.vic.gov.au

Eligibility checklist

Before proceeding, please confirm the following:

- You have read and understood the program guidelines.
- You can explain how your event will benefit your community group or the broader community.
- Your organisation is a not-for-profit organisation (includes educational institutions such as schools and kindergartens).

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- Your organisation is incorporated or is auspiced by an incorporated organisation for this application.
- Your group/organisation is located in the Northern Grampians Shire.
- your organisation does not owe any reports or money to Northern Grampians Shire Council.
- Your organisation has the appropriate type and level of insurance for the activities that are the subject of this grant.
- Your activity/initiative cannot be funded by other funding sources e.g. Government Departments.
- Your activity/initiative is not for wages or general operating costs.

You must confirm that all statements above are true and correct. *

☐ Yes

Contact Person Details

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 [Privacy Policy \(ngshire.vic.gov.au\)](http://Privacy Policy (ngshire.vic.gov.au)).

Contact details

Name

Title

First Name

Last Name

Applicant Position

Phone Number

Must be an Australian phone number.

Email

Must be an email address.

Organisation Details

* indicates a required field

Organisation name

Organisation Name

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What type of not-for-profit group/organisation are you? *

- ☐ Educational institution (includes pre-schools, schools, universities & higher education providers)
- ☐ Religious or faith-based institution
- ☐ Philanthropic organisation
- ☐ Peak body
- ☐ Social enterprise
- ☐ Healthcare not-for-profit
- ☐ Community group
- ☐ 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 legal structure? *

- ☐ Unincorporated association
- ☐ Incorporated association
- ☐ Cooperative
- ☐ Company limited by guarantee
- ☐ Indigenous corporation, association or cooperative
- ☐ Organisation established through specific legislation
- ☐ 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	

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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

What is your incorporation number? *

Incorporated Association or Australian Company Number

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

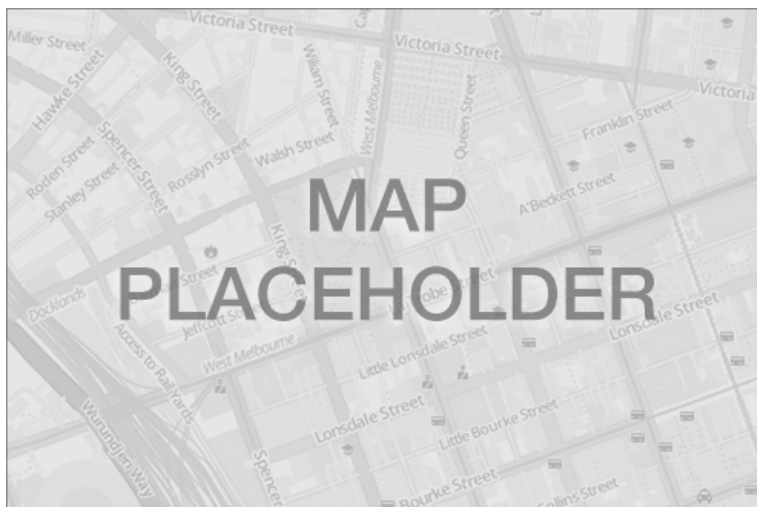
Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Auspice primary address

Address

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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

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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

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Event details

* indicates a required field

General information

Event name *

Word count:

Must be no more than 25 words.

Provide a name for your project/program/initiative. Your title should be short but descriptive

When and where will your event take place.

Event description

Tell us about your event - what is it all about?

What is the event, its purpose and who is it for.

Event Grant Priorities

Community Event Grants support small, community-led events that bring people together and strengthen our community. Your event should contribute to at least one of the following funding priorities. Please select the priority that best align with your event.

- ☐ Build connection and belonging: Bring people together, create connections and help people feel a sense of belonging.
- ☐ Celebrate our community: Celebrate local culture, diversity, history, people and places.
- ☐ Celebrate important occasions: Support civic, cultural and ceremonial events that are meaningful to our community.
- ☐ Encourage participation and support local causes: Create opportunities for people to get involved, volunteer, fundraise and support local groups and causes.

Event benefits

Who will your event bring together or benefit.

How many people are you expecting to attend the event?

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Event Outcomes

What difference will your event make to your community?

Project Budget

Use of funding

How will you use the grants funds?

- ☐ Promotion (e.g. banners, posters, postcards)
- ☐ Advertising
- ☐ Entertainment
- ☐ Materials
- ☐ Professional services
- ☐ Venue hire
- ☐ Catering / refreshments
- ☐ Equipment
- ☐ Other:

Funding Amount

How much funding are you requesting?

Must be a dollar amount.

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

What is the total cost of your event?

Must be a dollar amount.

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

Budget

IMPORTANT: Only include items to be funded by this event grant.

List the items that require funding from \$ this grant!

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Please attach quotes for those expenditure (cost) items over \$500

Attach a file:

Please attach a budget breakdown (if relevant).

Attach a file:

Acknowledgement 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)

Contact phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

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Contact Email *

Must be an email address.

Date *

Must be a date

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.