

2024/2025 MCCBF Application Form - Individual

Form Preview

Important Notes

* indicates a required field

BEFORE you submit an application please ensure you have read the [Mayor and Councillors' Community Benefit Fund Program Guideline GTS-001-005-G](#). Please be aware that your application may be delayed or declined if your application is not properly made.

Category of Funding

Which category are you applying for? *

- ☐ Individual International Competition up to \$500
☐ Individual National Competition up to \$250

Refer to the Mayor and Councillors' Community Benefit Fund Program guideline for more details

Individual Applicant

* indicates a required field

Individual National Competition

Total Amount Requested *

\$

Must be a dollar amount and no more than 250.

Individual International Competition

Total Amount Requested *

\$

Must be a dollar amount and no more than 500.

Individual Applicant Details

Individuals must reside in Redland City.

Is the Individual *

- ☐ Under 18 years of age ☐ Over 18 years of age

Applicant Name (Parent or guardian name if individual is under 18 years) *

First Name

Last Name

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Name of minor under 18

Individual Name (Applicant over 18 years) *

Title	First Name	Last Name

Applicant Primary Address *

Address

Suburb	State	Postcode

Applicant Postal Address

Address

Suburb	State	Postcode

Must be an Australian postcode.

Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

ABN Details

Do you hold an ABN? *

☐ Yes ☐ No

Name of ABN holder *

Title	First Name	Last Name

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Applicant Project Contact 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.

If you do not have an Australian Business Number (ABN) it is mandatory that you submit a completed Statement by a Supplier Form with your application. [Please find](#) link to ATO page where the current Statement of Supplier Form is available.

Statement by Supplier form *

Attach a file:

A minimum of 1 file must be attached.

To be completed and attached as applicant does not have an ABN

Event Details

Event Title/Description

Provide a short description of the event and field in which you are representing Queensland/Australia.

Please explain how you were selected. *

When will the event be held? *

Where will the event be held? *

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What will the grant funding be used for? *

If this application is successful, you are required to provide receipts or proof of payment when acquitting the grant.

Confirmation of selection from sporting or academic body. *

Attach a file:

A minimum of 1 file must be attached.

Supporting documentation showing the participants full name must be attached. Examples of acceptable documentation include confirmation of selection and invitations from club/state sporting body.

Bank Account Details

* indicates a required field

Bank Account Details *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Please enter the name of your account, not the name of the bank.

Name of Bank

Certification

* indicates a required field

I have read the Mayor and Councillors' Community Benefit Fund Program Guidelines *

☐ Yes

To be certified by the individual (parent or guardian if individual is under 18 years) who completed the application.

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- I certify that to the best of my knowledge the statements made in this application are true.
- I understand that if the Redland City Council approves the grant, I will be required to accept the terms and conditions [MCCBF Funding Agreement Terms & Conditions](#) of the grant in accordance with Redland City Councils Audit requirements.
- I consent to the information contained within this application being disclosed to or by Redland City Council for the purpose of assessing, administering, reporting and monitoring my current and any future Redland City Council grant applications.
- I consent to be on the mailing list for use by Redland City Council to promote other Council opportunities, programs and services.
- I understand that if Redland City Council approves the grant, I will be bound by the contents of my application to carry out my project as I have described and my application will form part of my contractual agreement with Redland City Council.
- Unless otherwise agreed by Council, the Applicant must fully acquit the funding received, no later than 90 days from the date of the event.

I agree with the above and the [MCCBF Funding Agreement Terms and Conditions](#)

*

☐ Yes

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>