

Build and Thrive Grant - Application Form 2026//27 Round 1

Form Preview

Introduction and Eligibility

* indicates a required field

The Build and Thrive Grant supports organisations delivering large or multi-year projects that improve long-term sustainability and community infrastructure that serves as a public, cultural or community benefit.

This grant is part of the Stronger Communities Grant Program, with up to \$85,500 funding over three years.

Before you start

Please ensure you have reviewed all content on the [Build and Thrive Grant](#) webpage to ensure you are eligible and understand your requirements and responsibilities as an applicant.

We recommend that, prior to applying, you contact Redland City Council's Community Grants Team to discuss eligibility requirements and scope of the project within the grant category.

You can contact the Community Grants Team by telephone on (07) 3829 8999 or email to grants@redland.qld.gov.au

Application Number

This field is read only.

Understanding your commitment as an applicant

When you apply for a grant, you're committing to deliver the project as outlined in your application. This includes using the funds responsibly, meeting agreed timelines, and submitting any required reports or updates. It's important to ensure your organisation is ready to manage the grant if successful.

All applications:

- will be evaluated based on the quality, clarity, and relevance of the information provided, and how well it addresses the assessment criteria outlined for the funding round
- are funded based on a competitive process and the total funding budget available
- will be assessed using the information submitted within this application
- will receive formal notification of the outcome of their application in writing
- must be complete with all the requested information provided.

Acknowledgement of funding

All successful grant recipients are required to acknowledge Redland City Council for the funding and any agreed benefits, in accordance with the requirements outlined in the

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funding agreement. This acknowledgement must refer to Redland City Council as an organisation, not individual staff members.

Please confirm that you have read, understand and commit to the acknowledgement of funding requirements. *

Yes

If you're unable to acknowledge commitment, you are not eligible to progress further in the application.

Confirmation of eligibility

All eligibility requirements are listed on the [Build and Thrive Grant](#) webpage. Before proceeding, please read this information and ensure that you meet all eligibility requirements. Failure to meet all of these eligibility requirements will render you ineligible to apply for this funding.

I meet ALL grant program eligibility requirements: *

Yes

If you're unable to acknowledge eligibility, you are not eligible to progress further in the application.

Applicant Details

* indicates a required field

Applicant type

Depending on the nature of your project you may apply as one of three applicant types.

Which applicant type are you?

- Not-for-profit incorporated organisation with an ABN
- Incorporated not-for-profit organisation without an ABN applying with a Statement by Supplier
- Unincorporated organisation supported by an auspice organisation

Applicant details

Organisation name *

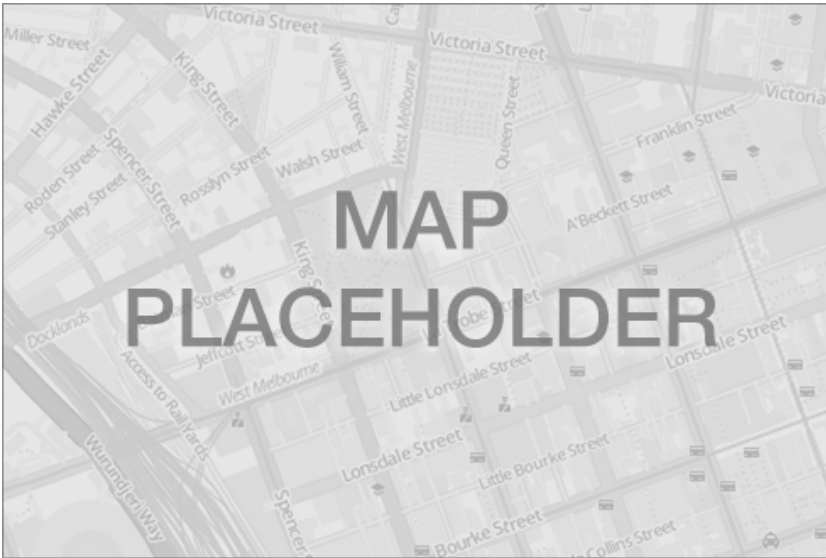
Organisation Name

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

Organisation primary address *

Address

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

Organisation postal address *

Address

Organisation phone number *

Must be an Australian phone number.

Organisation email address *

Website

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
ABN status
Entity type
Goods & Services Tax (GST)

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DGR Endorsed

ATO Charity Type

[More information](#)

ACNC Registration

Tax Concessions

Main business location

Project contact person

Please provide details of the person who will be managing the proposed project.

Project contact person *

First Name

Last Name

Project contact position *

Phone number *

Must be an Australian phone number.

Email address *

Must be an email address.

Auspice arrangement

As your organisation is not incorporated, you are required to be auspiced to receive grant funding.

For more information about being sponsored by an auspice organisation visit the [Build and Thrive Grant](#) webpage.

Are you being auspiced by another organisation for the purpose of this grant? *

Yes

No

Auspice organisation details

Please note, the auspice organisation must hold an ABN.

Auspice organisation name *

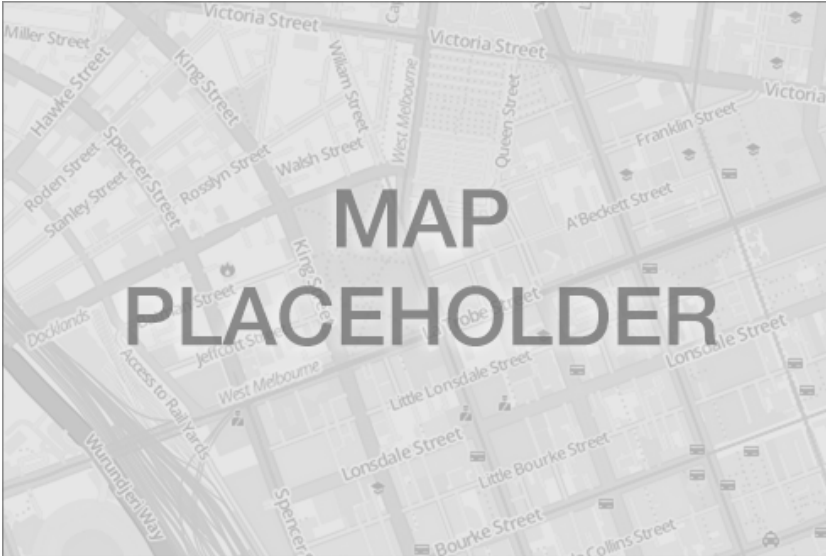
Organisation Name

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.

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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.

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

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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.

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. An Auspice Agreement Letter template is available for [download](#).

Auspice contact person

We may contact this person to verify that the auspice arrangement is valid and current. All grant correspondence will be directed to this person.

Primary contact person at auspice organisation *

First Name

Last Name

Position *

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

Phone number *

Must be an Australian phone number.

Email address *

Must be an email address

Statement by a Supplier form

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 by a Supplier Form.

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Attach a file:

Statements and certificates

As part of our eligibility requirements incorporated organisations or auspice organisations are required to submit the following documents.

Please upload incorporation, company registration certificate or any other documentation demonstrating the organisation's legal status. *

Attach a file:

Examples include: Rules or Articles of Association, Constitution or Deed of Trust.

Please upload current Public Liability Insurance certificate (minimum \$20 million) *

Attach a file:

Please upload the most recent signed audited financial statement or annual Treasurer's report. *

Attach a file:

Bank account details

Please provide the bank account details in the name of the legal entity. If you are being auspiced the details must be that of the sponsoring organisation.

Applicant Primary Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

If your application is successful, we will need to set you up as a creditor in our finance system before we can process your payment. Council works with an external company, Eftsure, for the onboarding process.

Eftsure will email through an invite to onboard and may follow up with a phone call to verify the submitted details. For more information, please visit [Onboarding and EFTsure Pty Ltd.](#)

Is the Applicant Contact above the best point of contact to confirm these financial details? *

- Yes
- No

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Please provide the nominated contact for the creditor onboarding process, should the application be successful.

Name *

First Name

Last Name

Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Community and Economic Benefit

* indicates a required field

Project summary

Project title *

Word count:

Must be no more than 25 words.

What is the name of your project?

Description of this project *

Word count:

Must be no more than 250 words.

Please provide detailed reasons. Evidence of demonstrated need is required within this form as well.

How many years of funding are you applying for? *

1 year

2 years

3 years

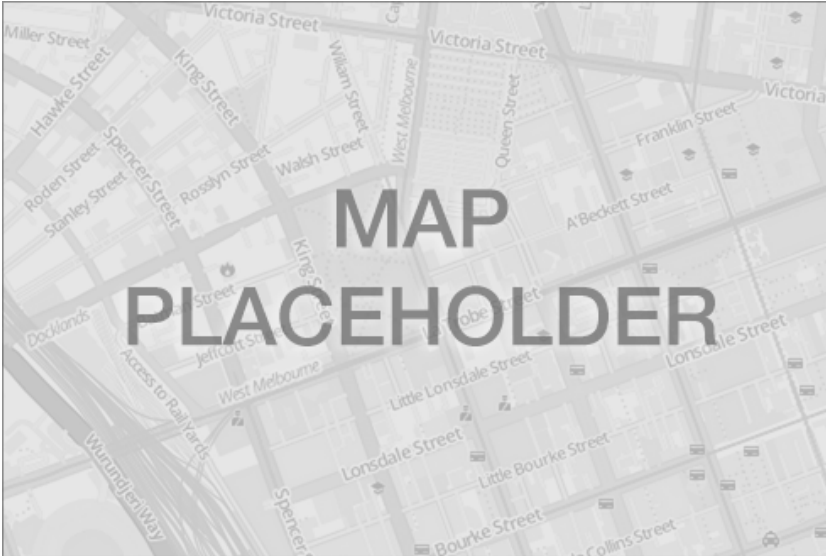
Project location

Please note, your project must be located within the Redland City local government area. If it is occurring outside of the area the proposed project is not eligible for funding.

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Primary project location *

Address



Address Line 1, Suburb/Town, State/Province, and Postcode are required.
If the project will be delivered across multiple sites, please select the primary location.

Approximately how many people will benefit from this project? *

Please include participants, attendees and volunteers.

At what stage of readiness is the proposed project at? *

- Conceptual stage
- Detailed stage
- Signed contract
- Sketch plans
- Ready to proceed to construction
- Other:

- Tender

Please upload any relevant documents demonstrating the project stage. *

Attach a file:

You can supply more than 1 document (a max. of 25MB per item).

Event Date Year One

Year One Start Date

Must be a date.
<input type="text"/>

Year One End Date

Must be a date.
<input type="text"/>

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Event Date Year Two

Year Two Start Date	Year Two End Date
Must be a date.	Must be a date.

Event Date Year Three

Year Three Start Date	Year Three End Date
Must be a date.	Must be a date.

Community benefit outcomes

Outcomes are the changes you expect to occur for the people benefiting by involvement in or use of the capital infrastructure being created/ improved.

For each outcome, provide:

- What change you expect
- When the change will occur
- How you will measure it

Please list up to three (3) outcomes (one per each row). Press the **add more** or **+ button** to add more rows.

Likely outcomes	Timeframe	Outcomes measure - collection method
What changes do you expect will occur as a result of your project (e.g. safer facilities, larger space for community)? Please be brief. One per row. Must be no more than 25 words.	When do you expect this outcome to emerge?	How will you collect and verify the outcomes data? E.g. survey, interviews, administrative data, observation/estimation, other. Must be no more than 25 words.

Local economic benefit

Will this project stimulate local economic activity? *

- Yes No

Do you anticipate that the project will contribute to any of the following local economic benefits? *

- Project will involve use of local providers
 Project materials will be purchased locally
 Project will involve use of local construction companies / contractors

Only select those items most likely to contribute to the project.

Council Owned, Managed or Leased Facility

* indicates a required field

Facility type

What type of facility will this project be related to? *

- Applicant owned
- Owned and leased from another organisation/business
- Leased by Council
- Leased by State Government
- Other:

Please upload facility ownership proof or management agreement. *

Attach a file:

Please note, any lease or agreement must indicate that you are permitted to occupy the facility for three years or more. This does not apply if the facility is owned by the applicant.

Have you applied for Land Owner Consent from the Council? *

- Yes
- No

Has the facility manager or owner provided you with formal approval (consent) of the proposed project? *

- Yes
- No

This could be in the form of an email or letter for the facility owner or Board (if owned by the applicant organisation).

Please upload a copy of the formal approval by facility manager or owner. *

Attach a file:

As you don't have formal approval, can you please outline why you don't yet have this? *

Word count:

Must be no more than 100 words.

You may want to consider that it's still in negotiation, you're awaiting the formal documentation and anticipated timeframe etc.

Approvals and permits

Have the necessary project-related building approvals been obtained? *

- Yes, approval received

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- No, lodged and awaiting decision
- No, required and yet to lodge
- Not required

How have you confirmed that an approval is not required for this project? *

Word count:

Must be no more than 100 words.

As you indicated that any approval(s) have been obtained or lodged, we would like to see evidence of this.

Please upload relevant approval document(s) *

Attach a file:

What type(s) of contractors are likely to be needed for this project (tick all that apply)? *

- Plumber(s)
- Electrician(s)
- Carpenter(s)
- Structural engineer(s)

Other

We understand if you are not able to confirm all types of contractors at present, but please indicate likely ones if unsure.

Have any of these contractors been engaged? *

- Yes
- No

We understand if you haven't engaged any as yet, because you're waiting to learn about grant success before doing so.

As you indicated that contractor(s) have already been engaged we are interested in any information you may currently have.

Press the **add more** or **+ button** to add more rows.

Name of business	Name of contractor	Licence details

Council consultation

Have you been in consultation with Council officers from one or more sections? *

- Leasing Team
- Community Grants Team
- Planning Team
- Other:

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None

Please provide details and outcomes of the Council staff consultation *

Word count:

Must be no more than 100 words.

Please include the name(s) of the person if possible.

If you have formal records of the conversation please upload.

Attach a file:

For example, an email may record outcomes/ discussions held.

Innovation, Inclusion and Collaboration

* indicates a required field

Innovation

How is your project innovative, and what evidence shows it addresses a current community need? *

Word count:

Must be no more than 150 words.

How will the event contribute to enhancing the local community (tick all that apply)? *

- Fosters community pride
- Gives back to the local community
- Promotes social inclusion
- Enhances community wellbeing

Please only select ones that you feel the event can actually deliver on.

Inclusion and equity

Who are the specific community members that will benefit from this project? *

No more than 5 choices may be selected.

Please choose only the key types of people/ group/s that will benefit from delivery of the project. And only one per row.

Will community members benefit from this project? *

- Yes No

This may include any type(s) of community members, including marginalised and vulnerable people.

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How will community members benefit from this project? *

Word count:

Must be no more than 100 words.

Do you have existing or emerging partnerships or collaborations with other organisations, stakeholders and/or community groups? *

Yes

No

Please provide details of any established or emerging partners or collaborators. These may include organisations, stakeholders or community groups. At least one must be provided.

Press the **add more** or **+ button** to add more rows.

Partner name	Involvement	Role / contribution
Name or type of partner (e.g. 'XYZ business' or 'local school')		Brief summary of likely project role/ contribution.

Please upload letters of support validating the need for this project *

Attach a file:

A minimum of 1 file must be attached.

Letters may be from partners, stakeholders, members of the community.

Ability to Deliver

* indicates a required field

Have you ever been involved in same or similar projects in the past? *

Yes

No

Describe your organisation's experience and ability to deliver this project. Include any similar projects completed. *

Word count:

Must be no more than 75 words.

Consider including information about past experience delivering/ managing programs/ projects/ events, how you have evaluated/ reported on these, and ways you stayed on top of activities and responsibilities. Provide links if additional information is available online.

Project sustainability

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Is this project viable without grant funding?

- Yes
- No

In what ways could this project, either in full or part, be sustained after grant funding has concluded?

Word count:

Must be no more than 75 words.

Project Plan

The Project Plan is an opportunity to provide 'high-level' realistic timeframes and activity milestones that need to be undertaken as part of project planning, delivery and completion. Consider the milestone activities per each year of requested funding.

What type of Project Plan would you like to provide? *

- A project plan created by us
- An online project plan table

Please upload your Project Plan *

Attach a file:

This may be in format such as Microsoft Word or Excel.

Project plan

Please keep these as 'high-level' activities and include between five (5) to 15 milestones. Press the **add more** or **+ button** to add more rows.

Milestone year	Milestone activity/ task	Persons/ organisations involved	Responsibilities	Start date	End date
	Must be no more than 25 words.	Those who will be involved and their role(s). Must be no more than 25 words.	Requirements of those who will be involved. Must be no more than 25 words.	Approx. date is fine. Must be a date.	Approx. date is fine. Must be a date.

Infrastructure project design

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Please provide information about the proposed project so that we have a better understanding of what will be involved and produced. If any questions do not apply mark these as 'N/A'.

Dimensions *

Where possible, include length, width, height, and total area.

Materials *

Where possible, include type and quality (e.g., concrete slab, steel frame, eco-friendly timber).

Structural Details *

Where possible, include foundation type, roofing, flooring, insulation.

Compliance Standards *

Where possible, include building codes, safety standards, environmental regulations

What asset life will be placed on this project and how will it be maintained? *

Word count:

Must be no more than 75 words.

If possible, please upload maps or diagrams.

Attach a file:

Risk mitigation

Please indicate any risks that would delay or increase the cost of the project. Consider any relevant matters such as natural hazards, contamination, cost overruns, weather delays, staffing etc.

Please include at least one risk that requires consideration of mitigation approaches or methods. Include at least one, but no more than five risks. Press the **add more** or **+ button** to add more rows.

Risk	Risk impact	Risk likelihood	Risk mitigation approaches
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Must be no more than 25 words.	Must be no more than 50 words.		Must be no more than 50 words.

Governance practice

To demonstrate sound governance practice please upload your organisation current strategic plan (or similar).

While not mandatory, alignment of your funding request with your organisation's strategic plan is viewed favourably as part of the grant assessment process.

Current strategic plan (or similar)

Attach a file:

We understand that you may not be able to supply some or all of the above documents. If that's the case please explain why these are not available.

Word count:

Must be no more than 75 words.

For example, you may not prepare certain documents or they are commercial-in-confidence.

Budget

* indicates a required field

Funding requested and project cost

Year 1 - funding amount requested (\$)

Must be a dollar amount.

What is the total financial support you are requesting for this project year?

Year 2 - funding amount requested (\$)

Must be a dollar amount.

What is the total financial support you are requesting for this project year?

Year 3 - funding amount requested (\$)

Must be a dollar amount.

What is the total financial support you are requesting for this project year?

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Total funding amount requested (\$)

This number/amount is calculated.

This is calculated when the funding request per each year is combined. No more than \$85,500 in grant funding can be requested.

Total project cost (\$) *

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

Income

Please outline your project income in the budget table below. If you have other income sources for delivery of the project note these below, including any funding you have applied for, whether it has been confirmed or not.

Please also include the amount requested from the Council.

Press the **add more** or **+ button** to add more rows.

Income description	Income type	Is this funding confirmed?	Income amount
Provide a clear description for each income item.	Select the type of income		Must be a dollar amount.
	Other:		

Total Income Amount (\$)

This number/amount is calculated.

Budget Expenditure

Please outline your project expenses per year in the expenditure table(s) below. Tables will appear based on your response to the number of years you're requesting funding for.

Only include the items that will be funded by the Council, if successful.

- Ensure that you only include items that are eligible for Council funding, and the year this money will be expended.
- If the overall cost of the project is more than the maximum amount of grant funding, you will need to use other budget income to cover those (but these items are not required in this table).
- Two quotes are required for any proposed works over \$10,000.

Budget Tips

- If your organisation is registered for GST, then you can apply for up to the maximum grant amount **plus GST**. Therefore, you will need to list the item amount **excluding**

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GST (if applicable) for each requested item. This component is declared to the Australian Tax Office (ATO).

- If your organisation is not registered for GST, you can apply for up to the maximum amount **including GST**. You will need to list the amount **including GST** (if applicable) for each requested item

Year 1 Expenditure

Only include expenses that will be covered by Council funding (i.e. no other expenses that might be provided by other sources).

Press the **add more** or **+ button** to add more rows.

Expenditure description	Expenditure amount	GST treatment	Supplier Name	Quote (if required)
	Must be a dollar amount.			Upload two quotes if the proposed work is over \$10,000

Year 1 - total expenditure (\$)

This number/amount is calculated.

Year 2 Expenditure

Only include expenses that will be covered by Council funding (i.e. no other expenses that might be provided by other sources).

Press the **add more** or **+ button** to add more rows.

Expenditure description	Expenditure amount	GST treatment	Supplier name	Quote (if required)
	Must be a dollar amount.			Upload two quotes if the proposed work is over \$10,000

Year 2 - total expenditure (\$)

This number/amount is calculated.

Year 3 Expenditure

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Only include expenses that will be covered by Council funding (i.e. no other expenses that might be provided by other sources).

Press the **add more** or **+ button** to add more rows.

Expenditure description	Expenditure amount	GST treatment	Supplier Name	Quote (if required)
	Must be a dollar amount.			Upload two quotes if the proposed work is over \$10,000

Year 3 - total expenditure (\$)

This number/amount is calculated.

Total Expenditure Amount (\$)

This number/amount is calculated.

The maximum expenditure cannot be more than \$85,500 (ex. GST). The amount must be the same as the total funding requested and shown near the top of this page.

Additional project information

Is there anything else you would like to tell us about your project?

Word count:

Must be no more than 500 words.

This question is optional.

Certification and Feedback

* indicates a required field

Funding agreement

If your application is successful, we will require two authorised persons to sign the funding agreement (e.g. CEO, Manager, Chair, Treasurer). Please provide details below, so the agreement can be sent to them (if required).

Signee 1 *

First Name

Last Name

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Position *

Email address *

Must be an email address.

Signee 2 *

First Name

Last Name

Position *

Email address *

Must be an email address.

Information Privacy Disclosure

Redland City Council uses personal information to deliver its functions and services. Council will only use personal information you have provided for the purpose of processing this application and for remaining in contact with you. Council is authorised to collect this information in accordance with the *Information Privacy Act 2009* (Qld), the *Local Government Act 2009* (Qld) and *Local Government Regulation 2012* (Qld). Your personal information is only accessed by persons authorised to do so. Your personal information is dealt with in accordance with Council's Privacy Policy. Council's Privacy Policy contains information as to how you may access your personal information which we hold, how to seek a correction of that information, how you may complain about a breach of the Queensland Privacy Principles (QPPs), and how we will address any complaints.

Please note the information provided in this application and in related documentation and discussions may be provided to members of the Community Grants Assessment Panel in order to assist Council in assessing your application.

Please note that if you do not provide fully the personal information requested in this form, your application may not be processed correctly, and we may request further personal and other information from you to process this Form.

By submitting this application, you consent to Council publishing your name, the project name, project description and Council's funding contribution on the Redland City Council Community Grants website which may be accessed by the general public [here](#). We may also use your details for promoting Council's funding program. We do not expect your personal information to be disclosed to entities outside of Australia.

For more information in regards to the collection of your personal information for the purposes of this Form, please contact the Redland City Council Community Grants Team at grants@redland.qld.gov.au or (07) 3829 8999.

Optional Disclosure

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Redland City Council Community Grants Team advises that the personal and other information provided in this form may be useful to the Redland City Council Community Investment Unit for the purposes of considering any current or future Applications for landowner's consent to conduct works on Council owned land, and that with your consent, the Community Grants Team may disclose the personal information contained in this form to the Redland City Council Community Investment Unit to expedite the application process. Any personal information disclosed will not be used or disclosed for any other purpose than the above stated purpose. Any current or future Applications will not be negatively affected by your grant or refusal of consent, but the Community Investment Unit may request your consent again if consent is refused.

I confirm that: *

- I consent to the disclosure of the personal and other information contained in this form to the Redland City Council Community Investment Group in accordance with the above notice
- I do not consent to the disclosure of the personal and other information contained in this form to the Redland City Council Community Investment Group in accordance with the above notice

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation or auspicing organisation (may be different to the contact person listed earlier in this application form).

Is the person who completed this form authorised to certify submission of this form? *

- Yes No

If the response is "no" details of the authorised person will be requested below.

Name of authorised person *

Title First Name Last Name

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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.

Confirmation

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- I consent to the information contained within this application being disclosed to Redland City Council for the purpose of assessing, administering, reporting and monitoring my current and any future Redland City Council grant applications.
- 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.
- I understand that if the Redland City Council approves the grant I will be required to accept the terms and conditions of the grant in accordance with Redland City Council's contractual agreement.
- I understand that Redland City Council reserves the right to publish successful applicant details.
- I certify that to the best of my knowledge the statements made in this application are true.

I agree to all of the statements above: *

Yes

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.