

Community Celebration Grant - Application Form 2026/27 Round 2

Form Preview

Introduction and Eligibility

* indicates a required field

The Community Celebration Grant is to support local community groups to host small-scale, localised celebration events that foster inclusion, cultural diversity, and community spirit. This grant is a part of the Events on Redland Coast Grant program, with up to \$15,000 funding available.

This includes events such as neighbourhood cultural festivals, heritage days, and seasonal or holiday gatherings that bring people together, celebrate local identity, and strengthen community connections.

This grant is part of the Events on Redlands Coast Program.

Before you start

Please ensure you have reviewed all content on the [Community Celebration 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 event 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 event 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.

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Acknowledgement of funding

All grant recipients are required to acknowledge Redland City Council grant funding in accordance with Council guidelines as outlined on the [Community Celebration Grant](#) webpage.

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 [Community Celebration 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 event 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

Will you be applying for a Council permit? *

- ☐ Temporary entertainment event (TE) permit
- ☐ Temporary park access (TPA) permit
- ☐ Neither

For information please refer to - <https://events.redland.qld.gov.au/council-approvals/>

Applicant details

Organisation name *

Organisation Name

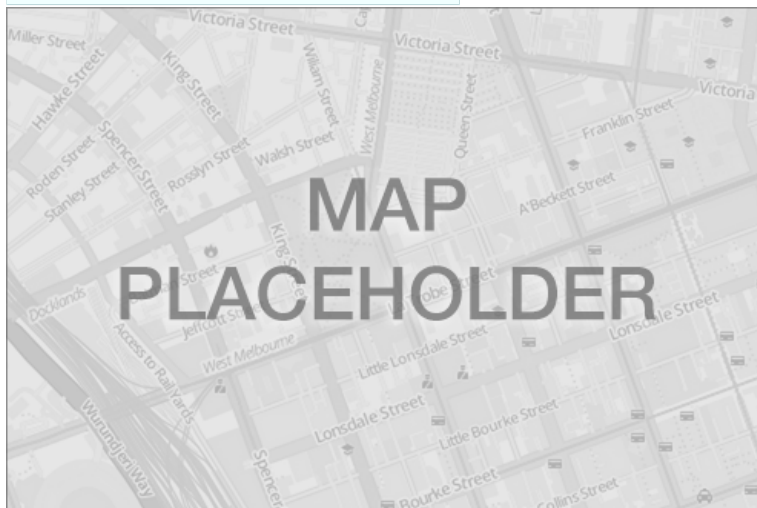
Make sure you provide the same name that is listed in official documentation.

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Organisation primary address *

Address



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	

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Entity Type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type [More information](#)
ACNC Registration
Tax Concessions
Main Business Location

Event contact person

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

Event contact person *

First Name

Last Name

Event 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 [Community Celebration Events](#) webpage.

Are you being 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

Please note, the auspice organisation must hold an ABN.

Auspice organisation name *

Organisation Name

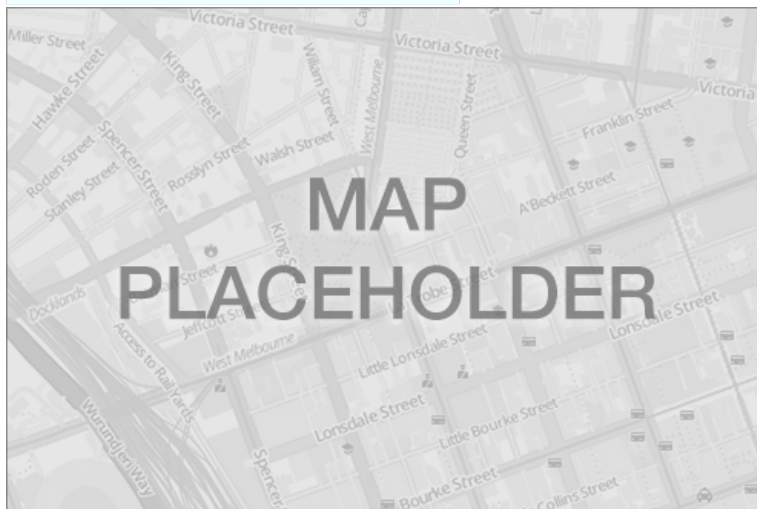
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Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Auspice primary address

Address



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

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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.

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

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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 by a Supplier Form.

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

Attach a file:

Are you currently registered with the Australian Charities and Not-for-profits Commission (ACNC)? *

- ☐ Yes
☐ No

If not-for-profit status cannot be clearly identified through public registers (ABN Look Up), you will be required to supply documents such as (but not limited to) a copy of the organisation's governing documents to verify the organisation's not-for-profit objectives.

Please upload supporting documents such as (but not limited to) a copy of the organisation's governing documents to verify the organisation's not-for-profit objectives *

Attach a file:

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

Attach a file:

If you don't have this at the moment, we will request a copy if you are successful.

Bank account details

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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.](#)

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

- ☐ Yes
☐ No

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 Benefit

* indicates a required field

Event summary

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Event title *

Word count:
Must be no more than 25 words.
What is the name of your event?

Description of this event *

Word count:
Must be no more than 250 words.
What it is, who it's for, and what will happen?

How many people do you expect will attend or benefit? *

Must be a number.

Event dates

Event Start Date	Event End Date
Must be a date.	Must be a date.

Event location

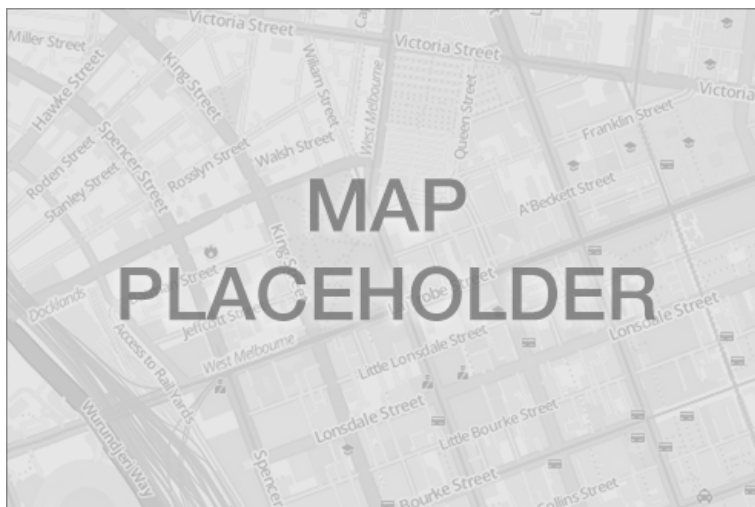
Please note, your event must be located within the Redland City local government area. If it is occurring outside of the area the proposed event is not eligible for funding.

Event location *

Address

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

If the event will be delivered across multiple sites, please select the primary location.

Community benefit outcomes

Outcomes are the changes you expect to occur for the people benefiting by involvement in or attendance at the event. Generally, outcomes can be framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation (these are generally immediate or short-term outcomes)
- Actions, behaviour, change in policy (these are generally intermediate or medium-term outcomes)
- Social, financial, environmental, physical conditions (these are generally long-term outcomes).

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

Expected Outcomes	Timeframe	How will you measure this outcome?
What changes do you expect will occur as a result of your event (e.g. Enhanced physical fitness)? Please be brief and only one outcome per each 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 benefits

Will this event stimulate local economic activity? *

☐ Yes ☐ No

Consider how the event is expected to stimulate local economic activity by drawing attendees to the area, increasing demand for local goods and services and supporting small businesses

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

- ☐ Support local businesses through purchasing
- ☐ Encourage people to spend locally
- ☐ Attract local participation
- ☐ Attract visitors to the area
- ☐ Increase revenue for local businesses

Only select those items most likely to be affected by the event.

Explain how your event will support the local economy. *

Word count:

Must be no more than 100 words.

Please relate your response to the items selected above.

Attendance figures and event ticketing

What is the total attendee and is there ticket revenue for the event?

All events - total number of attendees *

Must be a number.

Total value of paid attendee tickets (\$) *

\$

Must be a dollar amount.

If your event is free, please put \$0

Innovation, Inclusion and Collaboration

*** indicates a required field**

How is your event new, innovative, or different from others? *

Word count:

Must be no more than 150 words.

How will your event benefit the local community? (select 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.

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

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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 event.

Do you have existing or emerging partnerships or collaborations with local groups and/or businesses that will be involved in the event? *

☐ Yes

☐ No

Only include one partner or collaborator per each line/ row.

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 event role/ contribution. Must be no more than 25 words.

If you have any letters of support validating the need for this event please upload these below.

Attach a file:

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

Ability to Deliver

* indicates a required field

Is this the first time this event has been held? *

☐ Yes

☐ No

Please outline your organisation's ability to deliver this event, including relevant experience and skills. *

Word count:

Must be no more than 100 words.

For example, outline any similar events/projects delivered, learnings from these and skills/ experience held by those who will be involved in design and delivery.

Provide a project plan outlining key activities and timeframes. You can either upload your own plan or complete the table below.

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

☐ A project plan created by us

☐ An online project plan table

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Please upload your Event Plan *

Attach a file:

This may be in format such as Word or Excel.

Online event plan

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

Milestone activity/ task	Persons/ organisations involved	Responsibilities	Start date	End date
One per row. For example: planning; marketing; training; evaluation. 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.

Risk mitigation

Identify up to two key risks that could affect your event and how you will manage them.

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

Risk	Risk likelihood	Risk mitigation approaches
cost overruns, weather delays, staffing etc. Must be no more than 25 words.		Must be no more than 50 words.

Strategic Plan Alignment

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:

If this event is not included in your strategic plan, describe how it aligns with your organisation’s long-term goals.

Word count:
Must be no more than 75 words.

Event sustainability

Is this event viable without grant funding?

- ☐ Yes
- ☐ No

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

Word count:
Must be no more than 100 words.
Consider ways the event, or the impact of delivery, could be continued without ongoing funding in the future.

Budget

* indicates a required field

Total funding requested (\$) *

What is the total financial support you are requesting in this application? Must be no more than \$15,000.

Total event cost (\$) *

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

Income

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

Please 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
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Provide a clear description for each income item. Examples could include 'trivia night', 'company X sponsorship' etc.	Select the type of income		Must be a dollar amount.
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Total Income Amount (\$)

This number/amount is calculated.

Budget

Please outline your event expenses in the expenditure table below. 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.
- If the overall cost of the event 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).
- A quote is required for any item valued at over \$5,000.

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 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.

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

Expenditure description	Expenditure amount	GST treatment	Supplier Name	Quote
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	Must be a dollar amount.			Upload a quote if the cost is over \$5,000

Please upload your budget spreadsheet

Attach a file:

Total Expenditure Amount (\$)

This number/amount is calculated.

The maximum expenditure cannot be more than \$15,000.

Additional event information

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

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 *

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.

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By submitting this application, you consent to Council publishing your name, the event name, event 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.

Further Optional Disclosure

Redland City Council Community Grants Team advises that in addition to the above disclosure to the Community Investment Unit, the personal and other information provided in this form may be useful to the Redland City Council Communities, Community Events and Health & Environment units for the purposes of considering any current or future applications other than an application for landowner's consent as above which directly relate to this application, and that with your consent, the Community Grants Team may disclose the personal information contained in this form to the Redland City Council Communities, Community Events and Health & Environment units to expedite their application processes. Any personal information disclosed will not be used or disclosed for any other purpose than the above stated purposes. Any current or future Applications will not be negatively affected by your grant or refusal of consent, but the Communities, Community Events and Health & Environment units 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 Communities, Community Events and Health & Environment units 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 Communities, Community Events and Health & Environment units 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

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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

- 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 event 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.

