

Community Support Grant - Application Form 2026/27 - Round 1

Form Preview

Introduction and Eligibility

* indicates a required field

The Community Support Grant provides financial support for organisations to deliver projects that provide opportunities to meet social, cultural, recreational, or environmental outcomes for the residents of Redland City.

This grant is part of the Stronger Communities Grant Program, with up to \$20,000 funding over one year.

Before you start

Please ensure you have reviewed all content on the [Community Support 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 assessed based on the quality, clarity, and relevance of the information provided, and how effectively it addresses the assessment criteria for the funding round
- must be complete and include all requested information
- will be assessed using only the information submitted within this application
- are considered through a competitive process and are subject to the total funding available
- will have their outcome formally notified in writing

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 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 Support 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

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
- DETSI registered wildlife carer with an ABN
- DETSI registered wildlife carer without an ABN applying with a Statement by Supplier

Applicant details

Organisation name *

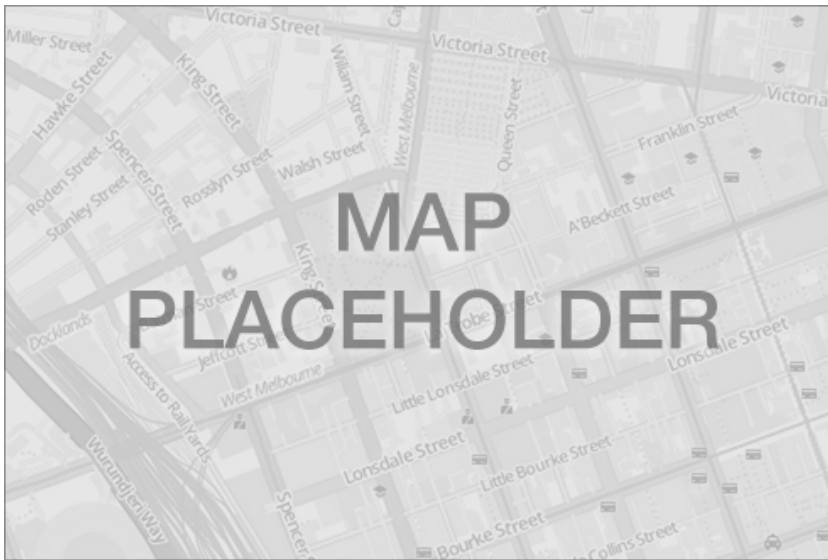
Organisation Name

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) |
| DGR Endorsed |

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| | |
|------------------------|----------------------------------|
| 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 [Community Support Grant](#) 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 *

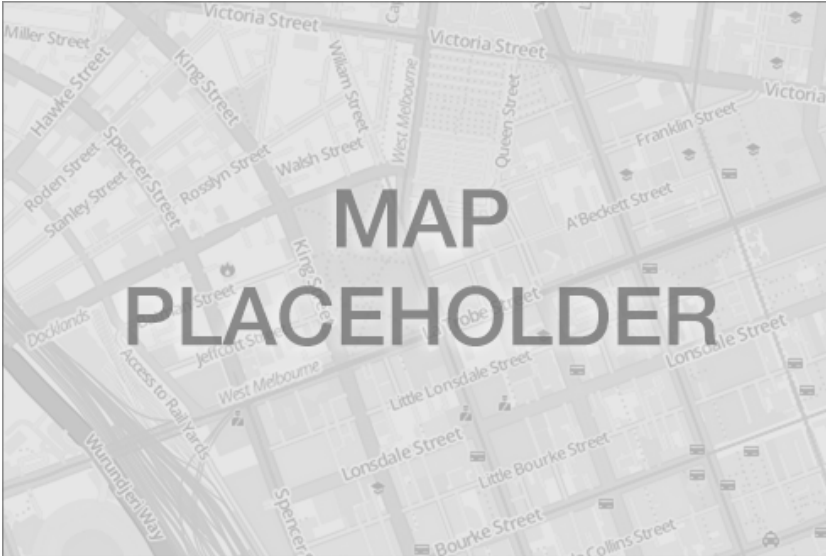
Organisation Name

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

Website

Must be a URL.

Individual Applicant

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Individual applicants can apply for conservation projects/ activities provided they have an ABN or Statement by a Supplier. You must:

- be a registered wildlife carer with the Department of the Environment, Tourism, Science and Innovation (DETSI) or equivalent
- demonstrate you have been an active carer for at least 12 months
- comply with the 'Code of Practice: Care of sick, injured or orphaned protected animals in Queensland'. Refer to the [Department of Environment and Heritage Protections website](#)

Type of wildlife applicant *

- DESTI registered wildlife carer Wildlife carer supported by wildlife organisation

Individual Applicant *

First Name Last Name

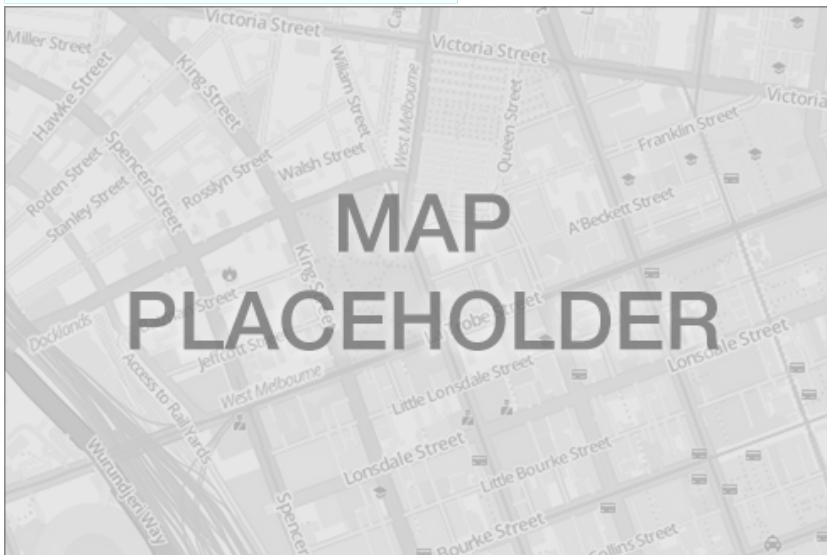
Do you have an ABN *

- Yes No

Position *

Primary address *

Address



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

Phone number *

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Must be an Australian phone number.

Email address *

Must be an email address.

Individual 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.

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. *

Attach a file:

DETSI permit

Please upload a copy of your current DETSI 'Rescue and Rehabilitation Permit' *

Attach a file:

Wildlife support organisation

What is the name of the wildlife organisation supporting your application? *

Organisation Name

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What is the name of the contact person at this wildlife organisation? *

First Name

Last Name

This person may be contacted to confirm validity of the Letter of Support

Contact person's phone number *

Must be an Australian phone number.

Email *

Must be an email address.

Please upload a copy of the Letter of Support provided by the organisation supporting your application *

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:

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

- Yes
- No

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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:

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.

If applying as an individual wildlife carer, to conduct conservation activity, the bank details must be in your name or that of your business.

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

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

Name *

First Name

Last Name

Position *

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Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Community 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.

Describe your project (what it is, who it is for, and why it is needed).

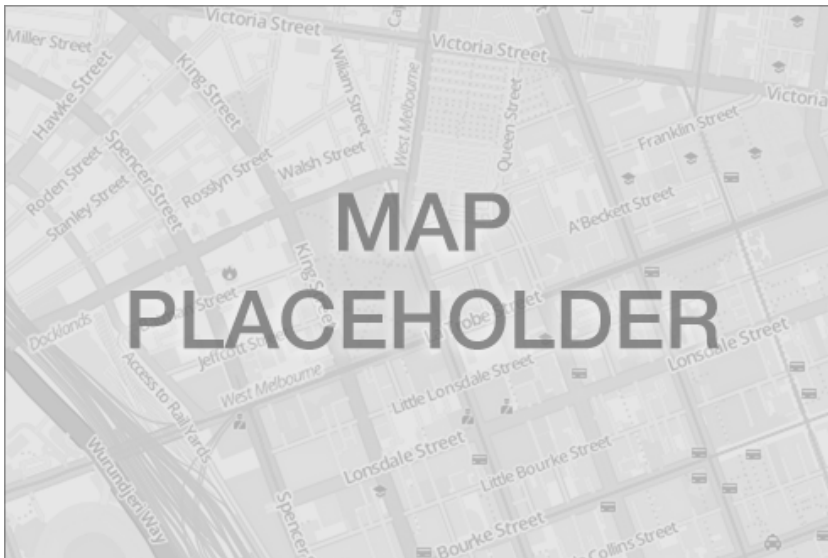
Project location

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.

Primary project location *

Address

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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.

What activities will your project include, and how will they benefit the community? *

Word count:

Must be no more than 100 words.

Examples of activities could include: health and wellbeing initiatives, community engagement and capacity building, programs for young people, seniors or underrepresented groups, or conservation activities such as habitat restoration, wildlife protection, sustainable land and water management, biodiversity conservation, research, weed management, transport for sick or injured animals, or equipment to support registered wildlife carers.

Please upload any relevant documents demonstrating the need for activities selected above (optional)

Attach a file:

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

Project Period

Anticipated start date *

Anticipated end date *

Must be a date and no earlier than 17/5/2026.

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Community benefit outcomes

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

| Likely outcomes | Timeframe | Outcomes measure - collection method |
|--|--|--|
| What changes do you expect will occur as a result of your project (e.g. community confidence, individual skills, improved local environment)? 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 outcomes

Will your project support the local economy? *

Yes No

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

Describe ways the project will stimulate local economic activity? *

Word count:

Must be no more than 75 words.

Examples of activities could include: use of local provider, materials purchased locally or use of local construction companies / contractors.

Innovation, Inclusion and Collaboration

* indicates a required field

Innovation

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

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Word count:
Must be no more than 100 words.

How will the project 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.

Will community members benefit from this project? *

- Yes No

How will community members benefit from this project? *

Word count:
Must be no more than 75 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:

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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 the same or similar projects in the past? *

- Yes No

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 Word or Excel.

Online project plan

Please provide realistic timeframes and activity milestones that need to be undertaken as part of project planning, delivery and completion.

Please keep these as 'high-level' activities and include at least five (5) milestones but no more than 10. Press the **add more** or **+ button** to add more rows.

| 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. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Risk mitigation

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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 (1) risk that requires consideration of mitigation approaches or methods, but no more than four (4). Press the **add more** or **+ button** to add more rows.

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

Please provide some information on your ability to deliver this project. *

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

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:

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 50 words.

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

Project sustainability

Is this project viable without grant funding?

- Yes
- No

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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.

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 \$20,000

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 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 |
|---|---------------------------|----------------------------|--------------------------|
| Provide a clear description for each income item. | Select the type of income | | Must be a dollar amount. |
| | | | |

Total Income Amount (\$)

This number/amount is calculated.

Budget

Please outline your project 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 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).
- A quote is required for any item valued at over \$5,000.
- Requests for equipment can be considered if:

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- essential to the delivery of the project and there is a demonstrated need for up to \$3,000 or 30% of the total project cost
- for **individuals** applying for conservation activities, up to 100% of the total project

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 |
|-------------------------|--------------------------|---------------|---------------|--|
| | Must be a dollar amount. | | | Upload a quote if the cost is over \$5,000 |
| | | | | |

Total Expenditure Amount (\$)

This number/amount is calculated.
The maximum expenditure cannot be more than \$20,000.

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).

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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.

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

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 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

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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 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

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

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

- 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.

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- 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.