

2026/2027 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 - Extract](#). Please be aware that your application may be delayed or declined if your application is not properly made.

NOTE: Applications are to be submitted a minimum of 20 *business* days prior to the event start date.

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

2026/2027 MCCBF Application Form - Individual Form Preview

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

First Name

Last Name

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.

If this is a land line, please add the area code (eg. 07).

Applicant Primary Email *

Must be an email address.

It is **mandatory** that you submit a completed **Statement by a Supplier form** with your application. Please save the progress to your application before clicking on the link to [ATO page](#) where the **current** Statement by a Supplier form is available.

NOTE: The submission of a completed Statement by a Supplier form is an ATO requirement to allow for payment of successful applications.

2026/2027 MCCBF Application Form - Individual Form Preview

Statement by Supplier form *

Attach a file:

A minimum of 1 file must be attached.

Event Details

Official Name of the Event you are attending. *

Provide title of the event you have been selected for. NOTE: Tours to another country where you may be representing Australia against another country are not considered to be internationally recognised events and are ineligible.

Short project description *

Provide a short description (no more than 100 words recommended) of your event, how you were chosen and any other relevant information.

Location of Event *

Date of Event

Must be a date.

If event goes for multiple days enter the start date.

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.

Confirmation of your acceptance of the selection *

Attach a file:

A minimum of 1 file must be attached.

Supporting documentation showing the participants full name must be attached. (eg copy of acceptance letter/email, completed registration form, copy of receipt showing deposit paid toward event attendance).

If your application is successful what will the funding be used for? *

If successful, you are required to provide receipts (acceptable proof of payment e.g. flight itinerary and tax invoice showing name of applicant/deposits paid in relation to event) when acquitting the funding. These should be attached to the acquittal form as soon as it becomes available in SmartyGrants.

2026/2027 MCCBF Application Form - Individual

Form Preview

Will the event be a minimum of 20 business days from the date of submission of this application? *

- Yes
 No

Note: Weekends and public holidays are not to be counted as business days when calculating. If your answer is No to the above question, your application is ineligible - do not proceed any further.

Bank Account Details

* indicates a required field

Name of Bank

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. NOTE: If your application is successful, as part of the verification process and to allow payment, you will be contacted by phone to confirm bank account details. The call may show as an unknown number.

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.

- I have read the [Mayor and Councillors' Community Benefit Fund Program Guidelines - Extract](#).
- I understand that if the Redland City Council approves the funding, I will be required to accept the terms and conditions [MCCBF Funding Agreement Terms & Conditions](#) of the funding in accordance with Redland City Council's 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 funding applications.
- I understand that if Redland City Council approves the funding, I will be bound by the contents of my application with the applicant or listed minor attending the event as described, and my application will form part of my contractual agreement with Redland City Council.

2026/2027 MCCBF Application Form - Individual

Form Preview

- I confirm that unless otherwise agreed by Council, I will fully acquit the funding received no later than the acquittal due date.
- I understand that all relevant purchase receipts and proof of payment must be retained and submitted as part of the acquittal.
- I certify that to the best of my knowledge the statements made in this application are true.

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

*

Yes

*

Title

First Name

Last Name