

2024-2025 Organisation Support Application Form Round 2

Form Preview

Important notes

* indicates a required field

BEFORE you submit an application, please ensure you have read the [2024-2025 Community Grants Information Kit](#).

Please ensure you make contact with the Community Grants Team who can provide you with information on eligibility requirements.

- Applications are funded based on a competitive process and the total funding pool available.
- Only information provided in this application will be used to assess your application.
- Applicants will receive formal notification of the outcome of their application within three months.
- Ensure that your project does not commence prior to receiving formal notification - projects will not be funded retrospectively.

If you have any queries or would like further information and assistance, please contact:

The Community Grants Team

Redland City Council

Ph: (07) 3829 8999

E: grants@redland.qld.gov.au

I have consulted with the Redland City Council Community Grants Team *

- ☐ Yes
☐ No

Please provide details

Council Officer's name, department and any relevant details

I have read and understood the Community Grants Information Kit *

- ☐ Yes
☐ No

Community Grants Information Kit can be found at <https://www.redland.qld.gov.au/grants>

Applicant Details

* indicates a required field

Applicant Details

Organisation Name *

Organisation Name

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Organisation Primary Address *

Address

Suburb State Postcode

If you are located outside of Ireland City you are INELIGIBLE to apply.

Organisation Postal Address *

Address

Suburb State Postcode

Organisation Primary Phone Number *

Organisation Primary Email *

Is the organisation a legal not-for-profit entity? *

- ☐ Yes
☐ No - auspice required

Further details on eligible organisations can be found [here](#). If an auspice is required, a signed agreement between the applicant and sponsoring organisation must be uploaded at the end of the application form.

Does the organisation have a bank account in the name of the legal entity?

- ☐ Yes
☐ No - auspice required

Organisation Bank Account

Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

What is the purpose of the organisation? *

Must be no more than 150 characters.

How many members does the organisation have ?

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Must be a number.

Provide a link to your organisations website

Must be a URL.

Authorised Officer Contact Details

An authorised officer of the applicant organisation (e.g. Chief Executive Officer, President or Chair).

All grant correspondence will be directed to this contact person.

Contact Name *

First Name

Last Name

Authorised Officer Position *

Authorised Officer Primary Phone Number *

Authorised Officer Primary Email *

Applicant Project Contact

Who will be managing the project, event or activity?

All grant correspondence will be directed to this contact person.

Applicant Project Contact *

Organisation Name

Applicant Project Contact Position *

Applicant Project Contact Primary Phone Number *

Must be an Australian phone number.

Applicant Project Contact Email *

Must be an email address.

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Does the organisation have an ABN? *

- ☐ Yes
☐ No

A Statement by Supplier form is required if organisation does not have an ABN. Please attached a form at the end of your application.

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	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Incorporation Number/Australian Company Number *

Under which Act is the organisation Incorporated? *

- ☐ Associations Incorporation Act 1981 (Qld)
☐ Corporations Act 2001 (Cwlth)
☐ Cooperatives Act 2002 (Cwlth)
☐ Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cwlth)
☐ Local Government Act 2009 (Qld)

Mandatory Documentation

Please attach all mandatory documents and supporting information.

Incorporation, company registration certificate or any other documentation demonstrating the organisation's legal status *

Attach a file:

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Current public liability insurance Certificate of Currency (minimum \$20million) *

Attach a file:

Latest signed audited financial statement or annual Treasurer's report. *

Attach a file:

Strategic Plan or Business Plan (if available)

Attach a file:

Auspice Details

* indicates a required field

Auspice Organisation Details

Auspice Organisation Name *

Organisation Name

Auspice organisation must be a legal not-for-profit entity

Auspice Primary Address *

Address

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

Auspice Primary Phone Number *

Auspice Primary Email *

Incorporation Number / Australian Company Number *

Under which Act is the organisation incorporated? *

- ☐ Associations Incorporation Act 1981 (Qld)
- ☐ Co-operatives National Law Act 2020 (Qld)
- ☐ Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cwlth)

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☐ Local Government Act 2009 (Qld)

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	
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.

Auspice Primary Bank Account *

Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Auspice Accountable Officer

An authorised officer of the Auspice organisation (e.g. Chief Executive Officer, President or Chair).

All grant correspondence will be directed to this officer.

Auspice Contact Name *

Title First Name Last Name

Position *

Auspice Project Contact Primary Phone Number *

Must be an Australian phone number.

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Auspice Project Contact Primary Email *

Must be an email address.

Please provide confirmation of auspice agreement *

Attach a file:

Download a copy of the [Community Grants Auspice Agreement Template](#)

Attach a completed Statement by Supplier Form. *

Attach a file:

Required if Organisation does not have an ABN. Please refer to the Council's Grants webpage under "Helpful Forms" to download a [Statement by Supplier form](#)

Eligibility Checklist

Eligibility Requirements

- ☐ Organisations be a not-for-profit and incorporated entity;
- ☐ Have an active ABN or Statement by a supplier;
- ☐ Be operating and financially viable;
- ☐ Hold Public Liability Insurance (\$20 million);
- ☐ Have a bank account in the name of the legal entity;
- ☐ Not hold a licence for more than 20 gaming machines;
- ☐ Project is based in Redland City; and
- ☐ Organisation is based in Redland City.

If you have ticked ALL of these items you are ELIGIBLE to apply.

Ineligible Applicants

- ☐ Government or semi-government organisations i.e. hospitals and libraries;
- ☐ Public and private education institutions (i.e. primary, secondary and independent schools or tertiary institutions);
- ☐ For profit businesses;
- ☐ Child care and after-school care service providers;
- ☐ Political parties and political lobby groups; and
- ☐ Industry peak bodies or organisations that as part of their charter do not provide a direct community benefit;.

If you have ticked one of these items you are INELIGIBLE to apply.

Applicants cannot request funding for the below:

- ☐ Day-to-day operational costs for an organisation, including staff wages, rent and insurances (unless there is evidence it is an additional expense incurred by the funded project);

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- ☐ Capital works and fixed structures;
- ☐ Projects that have the same or similar outcome that have been funded under any other Council programs including (but not limited to) operational funds, Sponsorship, Capital Infrastructure, the Regional Arts Development Fund and the Mayor and Councillors Community Benefit Fund;
- ☐ Projects for fundraising purposes where proceeds will be provided to a third party;
- ☐ Projects of a political nature or those which incorporate political activities;
- ☐ Projects operated for commercial purposes;
- ☐ Projects which begin before grants are awarded (no grants will be awarded retrospectively);
- ☐ Payment of debts to any entity including Council;
- ☐ Recurrent projects within the last 5 years;
- ☐ Projects considered the core responsibility of other levels of government;
- ☐ Project costs already supported through other levels of government;
- ☐ Events or activities in competition or conflict with Council;
- ☐ Project costs incurred outside the funding period;
- ☐ Purchase of vehicles or large capital items;
- ☐ Purchase of alcohol, prize money or prizes including gift cards;
- ☐ Donations;
- ☐ Requests for administration costs greater than \$500 or 5% of the total project cost; and
- ☐ Requests for equipment.

If you have ticked one of these items you are INELIGIBLE to apply.

Project details

* indicates a required field

Project Title *

Must be no more than 150 characters.
What is the name of the project?

Project Start Date *

Must not start before 1/12/2024

Project End Date *

Must be within 12 months from start date

Is your project activity to be conducted in Redland City?

- ☐ Yes
☐ No

Projects must be conducted in Redland City LGA to be eligible for funding.

Project description *

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Provide a short description (100 words recommended) of your project - what are you planning to do?

Why is the project needed? *

How did you identify the need for this project?

Partnership

Applications are assessed on:

- evidence of involvement from other relevant organisations in either the planning or delivery of the project; and
- evidence of partnership contributions either monetary or in-kind.

e.g. local governments, sport/recreation clubs, community organisations and schools.

List the confirmed project partners

What is the partners' contribution to the project?

Please provide a copy of consultant's professional registration AND copy of indemnity insurance *

Attach a file:

Outcomes and Benefits

* indicates a required field

Alignment to RCC Strategic Priorities (Outcomes)

Your activity goals or objectives should align with one or more of our Community Grants program objectives aligning to the Redland City Council strategic goals outlined in [Our Future Redlands - a Corporate Plan to 2026 and Beyond](#).

Please tell us about the outcomes you expect to result from your project. Outcomes are the changes you expect to occur for the beneficiaries (direct, indirect and/or intermediaries) of your project. 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)

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- Social, financial, environmental, physical conditions (these are generally long-term outcomes)

Your outcome goals

Alignment with Council's program objectives

How does your intended outcome link to our outcomes?

What changes do you expect will occur as a result of your project (e.g. Increased volunteer participation) One per row.	Which of our outcome goals will your project contribute to? Choose the most relevant	

Benefits / Opportunities

Priority is given to initiatives that demonstrate one or more of the following:

- project responds to identified needs and emerging local issues;
- project provides positive outcomes and benefits for the community; and
- where appropriate project demonstrates evidence of strategies that enable the project to continue beyond the life of the funding.

What measures will be put in place to ensure the ongoing sustainability of the project? *

Who are the primary beneficiaries of this project/program? *

No more than 5 choices may be selected.

Please choose only the group/s that are at the very core of this project/program

Does the project compliment other projects/services/initiatives addressing the target group? Please provide details *

Budget

* indicates a required field

Total Grant Amount Requested *

Must be a dollar amount and no more than 5000.

What is the total financial support you are requesting in this application?

Total Project Cost *

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\$

Must be a dollar amount.

What is the total estimated cost of your project including cash and in-kind value

Budget

Provide a breakdown of the costs essential for the delivery of the project.

Please indicate items to be covered by Community Grant funding if successful.

Budget Tips

- **TWO (2) written quotes** for each grant expenditure item are required - please upload at end of application form
- 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.
- 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.
- Local suppliers must be used unless items cannot be sourced locally.

Note: If your application is successful and your organisation is registered for GST, Council will add the GST on top of the approved grant amount - this component is declared to the Australian Tax Office (ATO).

Ineligible items are listed in the Community Grants Information Kit.

Grant Expenditure - Please Total cost (\$)
list items the grant will be
used towards

Quotes (TWO quotes per
expenditure item)

	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Please list items that the grant funding will be used for. Eligible items are listed in the Program Guidelines	Must be a dollar amount and equal total grant amount requested.	

Your organisation's cash and in-kind contributions

\$

Cash	\$
In-Kind	\$
List the cash value and in-kind support (\$ value) that your organisation will be providing for the project.	Must be a dollar amount.

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Is funding requested to engage professional services (including accounting, business consultancy, legal services etc) *

- ☐ Yes
☐ No

Copies of consultant's professional registration and indemnity insurances required - please upload at end of application form.

Contributions from other parties

\$

	\$
	\$
	\$
	\$
List the cash value and in-kind support (\$ value) that you will be receiving from other parties towards the project.	Must be a dollar amount.

Community Grant Application Survey

Would you like to participate?

This is not a mandatory requirement. Any feedback is greatly appreciated in the ongoing improvement of the grant program.

Are you willing to complete the Community Grant Application Survey?

- ☐ Yes
☐ No

How would you rate the ease of completing the application form?

- ☐ Very Easy
☐ Easy
☐ Difficult
☐ Very Difficult

If you found the application difficult, please provide further details.

Were the instructions and eligibility criteria clear and easy to understand?

- ☐ Yes
☐ No

If no, what areas did you find needed clarification?

Did the application form allow you to adequately convey the impact and objectives of your project?

- ☐ Yes
☐ No

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If not, what additional questions or fields would help better represent your proposal?

Certification

* indicates a required field

To be acknowledged by the Chair, President or Chief Executive Officer of the applicant organisation **If your organisation is not incorporated, this certification is to be made by the Auspicing organisation.**

Information Privacy Act 2009

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 and other local government acts. 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.

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.

By submitting this application, you consent to Council publishing your name, the project name, project description and Council's funding contribution. We may also use your details for promoting Council's funding program.

I confirm that: *

- ☐ 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.

At least 5 choices must be selected.

Name and Position Title *

Additional information in support of the application

Attach a file:

Letters of support, evidence of partnerships etc.