

2025 Village Events and Activation Grant Application Form

Form Preview

Important Notes

* indicates a required field

Prior to submitting an application:

- Please read the [Village Events and Activation Grant Information Kit](#) to ensure you meet the eligibility criteria
- Ensure your event date is a minimum two (2) months from grant closing date to allow for outcomes to be finalised
- Review the application form and ensure you have all supporting documentation for submission
- Refer to Council's [Events portal](#) for further information and assistance on planning your and any Council approvals that may be required

If you have any enquiries or would like more information, questions regarding eligibility or guidelines, or assistance completing this form, please contact:

Community Grants Team

Redland City Council

P: 07 3829 8999

E: grants@redland.qld.gov.au

Consultation

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

- ☐ Yes
☐ No

I have read and understood the Village Events and Activation Grant (VEAG) Information Kit *

- ☐ Yes
☐ No

Please refer to the [VEAG page on Council's website](#) for further information.

Applicant Details

* indicates a required field

Applicant Details

Organisation Name *

Organisation Name

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Organisation Primary Address *

Address

Suburb State Postcode

Organisation Postal Address

Address

Suburb State Postcode

Organisation Primary Phone Number *

e.g (07) 1234 5678

Organisation Primary Email *

This must be the organisation's main (office) email address

Organisation or Event Website

Must be a URL.

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.

Incorporation Number / Australian Company Number.

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Does the organisation have an ABN? *

- ☐ Yes
☐ No

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.

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](#)

Accountable Officer Contact Details

Please ensure this contact person is an authorised financial officer or financial delegate e.g. CEO, President or Chair

Contact Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

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Primary Contact Phone Number *

e.g (07) 1234 5678

Primary Email *

Project Coordinator

Primary contact for the application and who will be managing the initiative.

Project Contact Name *

Organisation Name

Organisation *

Role *

Primary Phone Number *

Must be an Australian phone number.

Primary Email *

Must be an email address.

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

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

Auspice Primary Phone Number *

Must be an Australian phone number.

Auspice Primary Email *

Must be an email address.

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)

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.

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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 Project Contact *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Auspice Project Contact Position *

Auspice Project Contact Primary Phone Number *

Must be an Australian phone number.

Auspice Project Contact Primary Email *

Must be an email address.

Project Details

* indicates a required field

Project Information

Project title *

What is the type of activity? *

- ☐ Event (e.g. markets, food truck festival)
- ☐ Place activation (e.g. bud lighting, temporary street furniture)

Project overview *

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

Project Start Date *

Must be a date and no earlier than 3/5/2024.

Project End Date *

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Must be a date.

Project must be delivered by 31/12/2025.

Which centre will the activity take place? *

- ☐ Alexandra Hills
- ☐ Birkdale
- ☐ Capalaba
- ☐ Cleveland
- ☐ Mount Cotton
- ☐ North Stradbroke Island (Minjerribah): Dunwich or Point Lookout
- ☐ Redland Bay
- ☐ Southern Moreton Bay Islands: Russell Island, Macleay Island or Lamb Island
- ☐ Victoria Point
- ☐ Wellington Point

Activity must be delivered in one of the defined centres

Address location of the activity *

Address

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

Who is the landowner where the activity will occur? *

- ☐ Council
- ☐ Private property
- ☐ State Government
- ☐ Applicant Organisation

Please provide written consent from the land owner / manager. *

Attach a file:

Venue booking or land owners consent can be obtained by contacting City Sport and Venues on 3829 8999 or citysportvenues@redland.qld.gov.au

Will the activity be held;

- ☐ Indoors
- ☐ Outdoors
- ☐ Both

Does this venue have easy access for all potential participants? *

Eg. Is there disability access?

Please describe the benefits of this venue and how it activates the village centre?. *

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e.g. is there easy access for participants, is there visibility from the street, is there sufficient parking?

Has this activity occurred before? *

- ☐ Yes
☐ No

How many times has the activity occurred previously? *

What have been the previous outcomes and achievements of the activity? *

Word count:

Must be no more than 200 words.

(eg: numbers of attendees/participants in past and growth in attendees/participant, improved format, lasting benefits to the community, other financial support and other outcomes)

What are the goals/ objectives of the activity? *

e.g. increased visitors and local expenditure, increased local employment, enhance vibrancy of the area

How will these goals/ objectives be met? *

e.g. use of local business, forming local partnerships, community engagement

Who is your target audience? *

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> Youth | <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Aboriginal and Torres Strait Islanders |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Island Community | <input type="checkbox"/> Business / Corporate |
| <input type="checkbox"/> Families | <input type="checkbox"/> Multicultural Community | <input type="checkbox"/> Other: <input type="text"/> |

Event Details

What is the estimated attendance of the event? *

- ☐ 0-100 people
☐ 101-500 people
☐ 501 - 5000 people
☐ over 5000 people

Where do you anticipate your target audience will come from? *

- ☐ Local Village Centre

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- ☐ Redland City suburbs
- ☐ Greater Brisbane area (e.g. Logan, Brisbane, Gold Coast, Sunshine Coast)
- ☐ Interstate
- ☐ Overseas
- ☐ Other:

Select all that apply

Is the event ticketed? *

- ☐ Yes
- ☐ No

What is the cost for attendees? *

If there is no charge, indicate as free.

Where will the profits from ticket sales go? *

Are any of the below Council approvals required? (check all that apply) *

- | | |
|---|--|
| <input type="checkbox"/> Venue / Park Booking | <input type="checkbox"/> Bud lighting and associated permits |
| <input type="checkbox"/> Traffic Control Permit | <input type="checkbox"/> None required |
| <input type="checkbox"/> Temporary Entertainment Event Permit | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Food Business Licence | |

For further information, visit Council's [Events portal](#) or contact the events team on (07) 3829 8999 or via email at events@redland.qld.gov.au.

Please attach confirmation of venue bookings, approved permits or evidence of permit application submission *

Attach a file:

Any relevant permits or bookings must be obtained, or in the process of being obtained, prior to payment of grant funding.

Place Activations

For activities requiring installation of fixed or temporary lighting/ furniture/ installations; who will be responsible for maintenance and final removal of the project?

Word count:

Must be no more than 100 words.

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. If the place activation does not require longer term maintenance, please note here.

For installations that are planned to remain longer than 6 months (grant project period); please identify who will have responsibility for the project and its maintenance and final removal. Council may request evidence of agreement.

Project Outcomes

What are the direct social/ economic benefits of the activity? *

Word count:

Must be no more than 200 words.

e.g. increased local employment, creating a sense of 'place', increased capacity of trader groups, community engagement

How you will evaluate the success of the activity? What methods will be used? *

Word count:

Must be no more than 150 words.

e.g. online surveys, attendance numbers, increase in customer numbers, event debrief report

Do you have an example of a similar project that your organisation has delivered in the past? Was it successful?

Word count:

Must be no more than 200 words.

Provide an example to demonstrate your organisation has the capacity to deliver the activity

Planning and Communications

Please provide a Project Plan or Event Management Plan *

Attach a file:

Please include key tasks, dates and responsible person/s. A Project Plan Template can be found [here](#)

Please provide a Marketing / Communication Plan *

Attach a file:

A marketing or communication plan for events should include a promotional schedule that captures branding through brochures, posters, newspaper/magazine advertisements, websites, newsletters, event programs, certificates, direct marketing (emails/letters), project launch and media arrangements. A sample template can be found [here](#).

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For place activation, please note how you plan to raise awareness of the activation and draw visitors to the space.

Program Priorities and Partnerships

Partnerships

Please list any confirmed partners or providers for the activity and their role or contribution.

Partners may include trader groups, sponsors, community groups etc. and provide either in-kind or monetary support.

Additional rows can be added as required.

List the confirmed partners	What is the partner's contribution?

Local Suppliers

Please list the local suppliers you intend to engage and what they will provide.

Suppliers should have the appropriate level of experience or be suitably qualified, where applicable.

Additional rows can be added as required

Name of Local Supplier	What will they be providing?

Budget

*** indicates a required field**

Total Amount Requested *

\$

Must be a dollar amount and no more than 12000.
What is the grant amount you are requesting?

Total Project Cost *

\$

What is the total cost of your activity? Can include estimated in-kind expenditure

Have you requested or received funding from any other sources for this activity? *

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- ☐ Yes
☐ No

There must be no duplication of expenditure across separate funding sources

If yes, please provide details

e.g. amount and funding source (other grants, sponsorship)

Budget

Applicants must provide an itemised budget for the activity including all income, expenditure and in-kind costs.

Provide a breakdown of the costs essential for the delivery of the project. Don't forget to include applicable permit and licensing fees. Refer to Council's [2023-24 Register of Fees](#) for further information.

Budget Tips

- Please indicate which item/s are to be funded by the grant
- **One (1) written quote for each grant expenditure item is required** - please upload at end of application form
- If your organisation is registered for GST, 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 will need to list the amount **including GST** (if applicable) for each requested item.

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 [Program Guidelines](#).

Please provide an itemised budget *

Attach a file:

Budget should include details of other funding that has been confirmed and/or applied for including cash and in-kind contributions.

An event budget template can be found [here](#) to assist in developing the project budget.

Certification

* indicates a required field

To be acknowledged by the Accountable Officer of the application

Information Privacy Act 2009

Redland City Council is collecting your personal information in order to process this application. Your participation is voluntary. The information will only be used by authorised Council Officers for the purpose of Sponsorship and ensuring our records are accurate.

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Your information will not be given to any other person or agency unless you have given us permission or we are required by law to do so.

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 funding 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, event or activity as I have described and my application will form part of my contractual agreement with Redland City Council.
- ☐ I understand that if my application is approved, I will be required to accept the terms and conditions 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.

Please check all boxes

Name and Position Title *

Mandatory Documentation

Incorporation, company registration certificate or any other documentation demonstrating the organisations legal status. *

Attach a file:

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

Attach a file:

Strategic or Business plan (if the organisation has one)

Attach a file:

Current public liability insurance Certificate of Currency with minimum \$20 million coverage *

Attach a file:

Must show a minimum cover of \$20 Million

Quotes (One quote per expenditure item) *

Attach a file:

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Additional information in support of the application

Attach a file:

Letters of support, evidence of partnerships etc.

Please provide confirmation of auspice agreement *

Attach a file: