

Seniors Month Application Form 2026

Form Preview

Important Notes

* indicates a required field

Before submitting an application, please ensure you read Redland City Council's Redlands Coast [Seniors Month Funding guidelines](#).

If you have any enquiries or would like more information about eligibility or completing this form, please contact:

Redland City Council

P: 07 3829 8999

E: Robyn.Lawrence@redland.qld.gov.au

Discounts and Waivers of Fees

To apply for discounts or fee waivers for a Temporary Entertainment Event Approval, Venue Hire or Traffic Permit, contact the relevant Council departments below. An application does not guarantee discounts or fee waivers. Please take this into consideration when developing the project, event or activity budget.

For more information regarding a Temporary Entertainment Event Approval, please contact Environment and Health Unit on (07) 3829 8999.

For more information regarding venue and/or hall hire, see [Halls and Venues](#), or alternatively please contact City Sports and Venues on (07) 3829 8999.

For more information regarding traffic permits, please see - [Permits and Licensing - Roads and marine](#), or alternatively please contact Roads and Drainage Maintenance on (07) 3829 8999.

Consultation

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

- Yes
- No

I have read and understood the Redlands Coast Seniors Month funding guidelines. *

- Yes
- No

The guidelines are available at www.redland.qld.gov.au/seniors. Please read prior to making a submission.

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Applicant Details

* indicates a required field

Applicant Organisation Details

Organisation Name *

Organisation Name

Organisation Primary Address *

Address

Suburb State Postcode

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

Organisation Postal Address *

Address

Suburb State Postcode

Must be an Australian postcode.

Organisation Phone Number *

Must be an Australian phone number.
e.g (07) 1234 5678

Organisation Primary Email *

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

Organisation / Project, Event, Activity Website *

Must be a URL.

Is the Applicant Organisation Incorporated? *

- Yes
 No

Applicant must be incorporated not-for-profit or auspiced by an incorporated not-for-profit organisation

Is the Applicant Organisation Not-for-profit? *

- Yes

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No

Applicant must be incorporated not-for-profit or auspiced by an incorporated not-for-profit organisation

Incorporation Number / Australian Company Number *

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](#)

Please enter the contact details of the person who will be managing the project, event or activity.

Contact Name *

Title

First Name

Last Name

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Mobile Number *

Must be an Australian phone number.
e.g 0412 345 678

Phone Number *

Must be an Australian phone number.
e.g. (07) 1234 5678

Email *

Must be an email address.

Auspice Details

Auspice must be Incorporated Not-for-profit organisation

Written confirmation must be provided from Auspice Organisation accepting financial responsibility for the grant and project activities on behalf of the applicant

Auspice Full Legal / Incorporated Name *

Organisation Name

Auspice Organisation Incorporation Number/Australian Company Number *

Auspice 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 | |
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| ABN | |
| Entity name | |
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Main business location

Must be an ABN.

Auspice Organisation 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

| | | |
|--|--|--|
| | | |
|--|--|--|

Position *

Office Phone Number *

Must be an Australian phone number.
e.g (07) 1234 5678

Mobile Number *

Must be an Australian phone number.
e.g. 0412 345 678

Email *

Must be an email address.

Project Details

* indicates a required field

1. Name of the proposed event or activity *

2. What is the type of event or activity? *

- Lifestyle event
- Intergenerational event
- Culturally inclusive event
- Other:

3. Provide a short description of the project, event or activity *

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Must be no more than 150 words.

4. Project Start Date *

Must be a date no earlier than 01/10/2025

5. Project End Date *

Must be a date no later than the 31/10/2025

6. Project, event or activity location *

Address

Must be in Redland City

7. Is it occurring on land owned or managed by Council or a third party? *

- Yes
 No

To book a Council venue go to <https://www.redland.qld.gov.au> or phone Council on 3829 8999

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

Attach a file:

9. Who is the target audience for the project? *

Word count:

Must be no more than 100 words.

10. Estimated number of attendees: *

- 0-50 people
 51-100 people
 101-250 people
 250 people or more

11. Will bookings be required for the event or activity? *

- Yes
 No

Note: Event or activity must be free to be eligible for this funding. Applicants will need to manage their own bookings.

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12. Please provide a Project Plan or Event Management Plan *

Attach a file:

The plan you provide will be used to assess your ability to deliver the event or activity.

A [Project Plan Template](#) can be found on Council's webpage.

13. How will this event or activity provide opportunities for older residents to connect with each other and the community? Will it create opportunities for participation beyond Seniors Month? *

Word count:

Must be no more than 300 words.

14. Describe the planned partnerships with other organisation/s to deliver the event and/or promote the activity. *

Word count:

Must be no more than 300 words.

15. Describe how you will evaluate the success of the project, event or activity. What methods will be used? *

Word count:

Must be no more than 100 words.

Funding Request

* indicates a required field

Funding

16. Please indicate what amount of funding you are applying for? *

- \$500
- \$1,000
- \$1,500
- \$2,000
- Other

17. Total cost of project, event or activity: *

\$

This is the total budgeted cost (dollars) of the initiative and includes all other grants and contributions.

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Budget

Applicants must provide an itemised budget for the event or activity including all income, expenditure and in-kind costs. A detailed budget is recommended as the budget will assist in assessing value for money.

Budget Tips

- 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).

18. 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.

Certification

* indicates a required field

To be acknowledged by the Accountable Officer of the organisation.

I consent to the information contained within this application being disclosed to or by Redland City Council for the purpose of assessing, administering, monitoring and reporting current and any future Redland City Council applications *

Agree

I understand that if Redland City Council approves the funding, 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. *

Agree

I understand that if Redland City Council approves funding, I will be required to accept the terms and conditions of the grant in accordance with Redland City Council's contractual agreement. *

Agree

I understand that Redland City Council reserves the right to publish successful applicant details *

Agree

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I certify to the best of my knowledge that the statements made in this application are true *

Agree

Full Name and Position Title *

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. 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.

Mandatory and Supporting Material

Last audited financial statement or annual Treasurer's report. *

Attach a file:

Public liability covering the project, event or activity date. *

Attach a file:

Please attach a copy of your current Public Liability Certificate

Additional information in support of the initiative (optional)

Attach a file:

eg: Letters of Support

Written confirmation from Auspice accepting financial responsibilities for grant on behalf of applicant *

Attach a file: