2025-26 Community Services Program Application Form
Form Preview

Community Services Program

* indicates a required field

Before you begin

As part of your submission, we will require certain documentation to assess your application. The following documents may be required to be submitted:

- Quotes (formal and itemised, screenshots are not eligible)
- Public Liability Insurance
- Certificate of Incorporation, Certificate of registered Charity, Constitution, By-Laws, Model Rules, or similar as proof of not-for-profit status
- Audited Financial Statement - if revenue is above the relevant thresholds for your organisation type
- Meeting minutes confirming the decision to seek financial assistance and expend funds on the specific project

To be eligible to apply, groups/organisation's are required to:

- Have acquitted any previous Bundaberg Regional Council grant satisfactorily.
- Be a Bundaberg Regional Council based legal not for profit organisation, or registered charity.
    - Or, have an eligible auspice.

Please confirm that you have read and understood the Community Services Grants Program Guidelines *

○ Yes

Please read the Community Services Funding Program guidelines before commencing this application.

Have you received financial assistance from any of the following programs in the current or previous financial year? *

○ Financial Assistance Program ○ Fee Waiver Program ○ Community Services Program ○ Micro Grant ○ Regional Arts Development Fund (RADF) ○ Sports Championship Funding ○ No

If you ticked any of the above boxes you are not eligible to apply for further financial assistance in accordance with the Community Grants policy.

Did this event, activity or proposal receive any Council funding in the previous financial year (regardless of applicant)? *

○ Yes ○ No

If you ticked 'yes' you are not eligible to apply for further financial assistance in accordance with the Community Grants Policy.

Have you received any other financial assistance from Council in the current or previous financial year?

○ Yes ○ No

For example, fee waiver or non-grant related sponsorship

Please outline what type of financial assistance was provided and when *

Ineligibility

Bundaberg Regional Council advises that as you have indicated that you have received financial assistance from the programs listed above, you are ineligible to apply in this round.

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012.* To view our privacy statement, go to Privacy – Bundaberg Regional Council

Applicant Details

Applicant *
○ Individual ○ Organisation
Organisation Name

Title | First Name | Last Name

Make sure you provide the same name that is listed in official documentation | If applying as an individual, under 'organisation name' enter the Auspice organisations name

Applicant primary address
Address

Applicant postal address
Address

Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Applicant website

Must be a URL.

Primary Contact Details

Primary contact *

Title | First Name | Last Name

This is the person we will correspond with about this grant.

Position held in organisation *

e.g., Manager, Director or Fundraising Coordinator.

Primary contact primary phone number *

Must be an Australian phone number.

Alternate phone number

Must be an Australian phone number.

Primary contact email address *

This is the address we will use to correspond with you about this grant.

ABN Information

Does your organisation have an ABN? *

- ○ Yes
- ○ No

ABN Details

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	

Statement of Supplier - Australian Tax Office Requirement

Please upload completed Statement of Supplier Form.
Attach a file:

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. Max 25mb per file uploaded

Incorporation Details

Do you have an incorporation number from the Office of Fair Trading? *
☐ Yes
☐ No

What is your incorporation number?

Incorporated Association or Australian Company Number

Please confirm what proof of not-for-profit status you will be providing

E.g., Constitution, ACNC certification, etc.

Auspice Information

* indicates a required field

Is your organisation auspiced by another organisation for the purpose of this grant? *

○ Yes ○ No

Organisations that are not 'not for profit' applying for a grant must be auspiced by a not for profit organisation as per the guidelines. If you do not have an auspice you should not apply for this grant.

Have you confirmed the auspice organisation is NOT auspicing another organisation/ individual in this grant round? *

☐ Yes
☐ No

Note: Policy amendments adopted 24 June 2025, allow auspice organisations to support only one (1) application per grant round.

Auspice Organisation Details

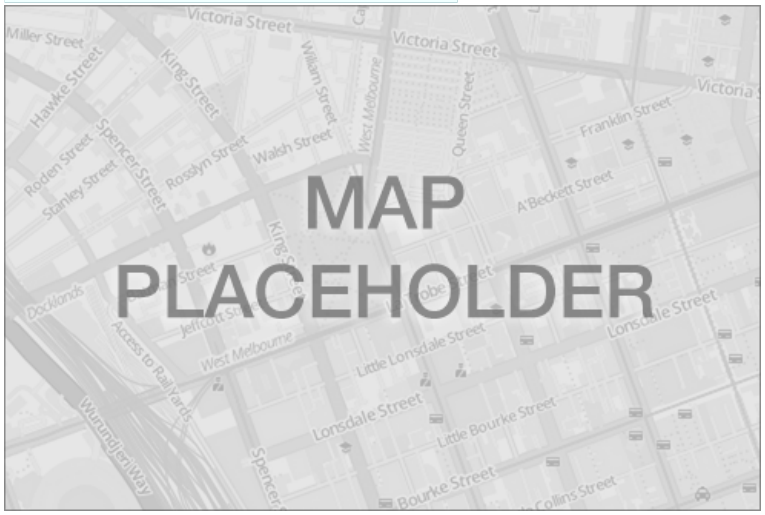
Auspice organisation name *

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.

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.

Primary contact person at auspice organisation *

Title First Name Last Name

We may contact this person to verify that the auspice arrangement is valid and current.

Position held in organisation *

e.g., Manager, Board Member or Fundraising Coordinator.

Auspice primary contact primary phone number *

Must be an Australian phone number.

Auspice primary contact office phone number

Must be an Australian phone number.

Auspice primary contact email address *

Must be an email address

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.

Does the auspice organisation have an ABN? *

○ Yes ○ No

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.

As the auspice organisation does 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 of Supplier Form: *
Attach a file:

Max 25mb per file uploaded

Organisation Details

* indicates a required field

What is your organisation's purpose or mission? *

Word count:
Must be no more than 300 words.

Please select the category/s that best describe your type of organisation *
- ☐ Sport and Recreation
- ☐ First Nations
- ☐ Community Services
- ☐ Arts
- ☐ Social Club
- ☐ Advocacy
- ☐ Progress/ Show association
- ☐ PNC/ not-for-profit in Education
- ☐ Religious
- ☐ Community events
- ☐ Multicultural
- ☐ Other:

What is your organisation's annual revenue? *
- ○ Less than $50,000
- ○ $50,000 or more, but less than $250,000
- ○ $250,000 or more, but less than $1 million
- ○ $1 million or more, but less than $10 million
- ○ $10 million or more, but less than $100 million
- ○ $100 million or more

Your revenue includes grants, donations, and other fundraising activities, fees for services, sale of goods, interest, royalties and in-kind donations that have been included in your accounts as 'revenue'. The Australian Charities and Not-for-profits Commission (ACNC) has more detailed information here: https://www.acnc.gov.au/tools/topic-guides/revenue

Project Details

* indicates a required field

Project Title/Name *

Word count:
Must be no more than 25 words.
Provide a name for your project/program/initiative. Your title should be short but descriptive

Location the project will be delivered *

Anticipated start date *

Anticipated end date *

Please provide a brief description of the project/event *

Word count:
Must be no more than 300 words.
Briefly describe the project/event for which funding is requested. Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

Number of people involved in the planning and delivery of this project ? *

Please select the target audience for your project

☐ Women ☐ Men ☐ Youth ☐ Senior ☐ People living with a disability ☐ Aboriginal & Torres Strait Islander ☐ Culturally & Linguistically Diverse ☐ LGBTIQAP+
Other

Consider specific demogrpahics, such as, domestic and family violence, homelessness, people experiencing ill mental health, or even, Single mums, etc.

Expected number of people to benefit from the project/event? *

Selection Criteria

How did your group/organisation identify the need of the project/event? *

Word count:
Must be no more than 300 words.
What inspired this project? How the need was determined?

Attach evidence to support the need for the project
Attach a file:

E.g., Letters of support, research or local data.

Selection Criteria

Please select the grant category you would like to be assessed against *
☐ Community Development - Community Development Strategy 2024-28
☐ Community Events - 2025-2030 Corporate Plan
☐ Sports & Recreation - Sport and Recreation Strategy 2018-2028

Outline the need for your project/ event and how it aligns with the relevant strategy of the category you selected above *

Word count:
Tell us why your initiative is needed, and why you believe the activities you propose will produce the outcomes you seek. Provide statistics/evidence (where available) of both the need and the link between the work you will do and the outcomes you seek. Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

How will your project benefit the Bundaberg Region Community? *

Word count:
Must be no more than 400 words.
What inspired this project? How the need was determined?

How will your group/organisation deliver the project?

Do you have a Project Plan? *

○ Yes ○ No

Showing your project has been planned from booking in performers, to developing runsheets, risk assessments required, timelines for marketing, etc, highlights the ability of your organisation to deliver the proposed project/ event.

Please upload your project plan *

Attach a file:

Please outlining the steps and tasks you will undertake to successfully deliver your project

Note: Project plans form part of our assessment against the guidelines criteria under organisational capacity.

Step and/ or task	Lead person/ agency	Completion date

Funding Request & Project Budget

* indicates a required field

Funding Request & Budget

Total Grant Amount Requested *

$

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

Total Project/Program Cost *

$

What is the total budgeted cost (dollars) of your project?

Budget (GST exclusive)

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST exclusive.

Provide clear descriptions for each budget.

In **Income Source**, examples could include Council Community Grant, ticket sales, company X sponsorship.

In **Expenditure Description** examples could include advertising and promotion, hire of equipment, entertainment, office equipment.

In Amount to be funded by grant, if there is no figure to be include please enter 0.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures – e.g. type $1000 not $1,000 – this will ensure your figures for each table total correctly.

Income Source (e.g. BRC Grant, Club Funds, tick et sales, etc)	**Income Amount (excl. GST)**	**Item to be purc hased**	**Cost of Item (ex cl. GST)**	**Amount to be fu nded by the gra nt**
	$			
	Must be a dollar amount.		Must be a dollar amount.	

Budget Totals

Note: Income - expenditure MUST equal zero (0)

Total Income Amount
$
This number/amount is calculated.

Total Expenditure Amount
$
This number/amount is calculated.

Income - Expenditure
This number/amount is calculated.

Required Documentation

* indicates a required field

Required Documentation

Please attach official itemised quotes for the requested funding? *
Attach a file:

A proper quote reflects the suppliers business details, total cost, breakdown of cost, quote expiry date etc. Website snippets of the items with the price submitted for quote is not acceptable.

Public Liability Insurance

Please attach a copy of your organisation's current Public Liability Insurance *

Attach a file:

This must be the public liability of the organisation delivering the project

Not-For-Profit Status

Please attach a copy of your organisation’s Certificate of Incorporation, Certificate of registered Charity, Constitution, By-Laws, Model Rules, or similar as proof of not-for-profit status. (Note: not-for-profit clause must highlight how the organisation’s assets and income are to be used and distributed. Further information can be found at https://www.acnc.gov.au/for-charities/start-charity/not-for-profit) *
Attach a file:

Audited Financial Statement

Please attach your organisation's latest audited financial statement *
Attach a file:

If designated a small organisation by Office of Fair Trading (OFT), Australian Charity & Not-For-Profit Commission (ACNC) or Office of the Registrar of Indigenous Corporations (ORIC) please upload your respective statements or reports

Meeting Minutes

Please attach a copy of the minutes confirming the decision to seek financial assistance and expend fund on the specific project *
Attach a file:

Additional Information

If required:

- A letter of support from the landowner is required for capital works on leased land (this includes land owned by Council)
- For minor capital works - relevant approvals from Council or state government

Upload here:
Attach a file:

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval, and any special conditions assigned.

I agree *
☐ Yes

Name of authorised person *
Title | First Name | Last Name
Must be a senior staff member, trustee or appropriately authorised volunteer

Position *
Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *
Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *
Must be an email address.

Date *
Must be a date

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.