2026-27 Micro Grant Program Application Form
Form Preview

Micro Grant 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:

- Public Liability Insurance
- Proof of not-for-profit status (e.g., Certificate of Incorporation or Certificate of Registered Charity, Constitutions or model rules)
- Quotes

Collection Notice

Council is collecting your (Applicant organisation, the primary contact for the applicant organisation and where applicable, the auspice organisation and its representative) personal information (name, address, phone number and email), for the purposes of conducting an eligibility check, providing outcome notifications, sharing acquittal reports to be completed by the applicant and for Council Officers to discuss the application with the applicant's primary contact. This information will only be accessed by authorised Council officers and will be handled in accordance with Council's Privacy Statement governed by the Information Privacy Act 2009. Visit https://www.bundaberg.qld.gov.au/privacy for further information.

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.

Please confirm that you have read and understood the Micro Grants Program Guidelines *
○ Yes

Have you received financial assistance from any of the following programs in the current financial year? *
☐ Financial Assistance Program ☐ Fee Waiver Program ☐ Community Services Program ☐ Micro Grant ☐ Sports Championship Funding ☐ Regional Arts Development Fund (RADF)
Other

☐ No

Did you receive financial assistance from Council through any of the above programs, or other avenues, in the previous financial year? *
☐ Yes ☐ No
e.g., Non-grant related sponsorship

Did the event, activity or proposal being applied for receive any Council funding in either of the following (regardless of applicant)? *

☐ Current financial year ☐ Previous financial year ☐ Past 3-5 years ☐ Never

Are majority of your members based in Bundaberg LGA? *
☐ Yes ☐ No

Notice if the applicant organisation received funding or the same event received funding in the previous financial year

Due to having received Council funding in the previous financial year, applicants should understand that applications from organisations not funded in the previous financial year and new projects will take priority.

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

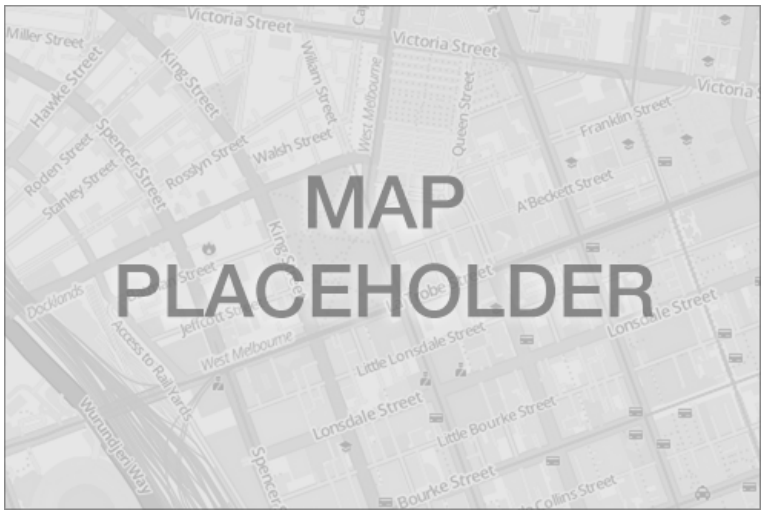
Applicant Details

Applicant *
○ Individual ○ Organisation
Organisation Name

Title | First Name | Last Name

Make sure you provide the same name that is listed in official documentation.

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.

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

New Section

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.
Must be an ABN

Applicant No ABN - Section

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.

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

Max 25mb

Incorporation Details

Do you have an Incorporation number? *
☐ Yes

☐ No

What is your incorporation number?

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

Auspice Information

* indicates a required field

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

○ Yes ○ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

Auspice Organisation Details

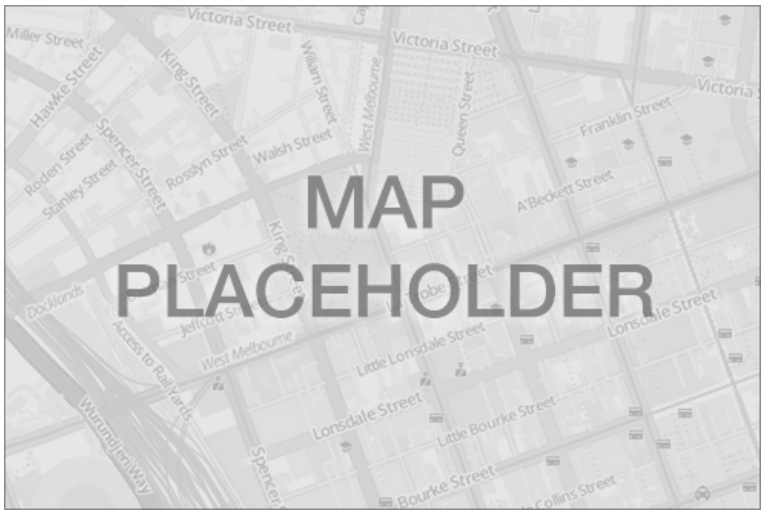
Auspice organisation name *

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

Project/Event Details

* indicates a required field

Project 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 *

Anticipated start date *

Anticipated end date *

Please provide a full description of the project/event you are seeking funding for? *

Word count:
Must be no more than 300 words.
Please describe who your project is targeting? What it aims to deliver? How you plan to do it? Why it is important to Bundaberg Region community?

Expected participation number? *

Number of volunteers who are involved in the planning and delivery of this project/event? *

Project Detail

Briefly outline the nature of your group/organisation and its primary purpose? *

Word count:
Must be no more than 250 words.
Include how many members and types of programs/services

Please select the category/s that best describe your type of organisation
☐ Sport and Recreation

☐ Arts
☐ Community Service Provider
☐ Social Club
☐ Advocacy
☐ Progress/ Show Association
☐ P&C/ Not-for-profit Education
☐ Religious
☐ Community Events
☐ Multicultural
☐ First Nations
☐ Other:

Please select the target groups that best aligns with your group/organisation? *
☐ Women ☐ Men ☐ Youth ☐ Senior ☐ People Living with a Disability ☐ Aboriginal and Torres Strait Islander ☐ Culturally & Linguistically Diverse ☐ LGBTIQAP+ ☐ Other

Is your organisation listed on Council's Community Directory? *
☐ Yes ☐ No

Describe how you identified the need for the project? *

Word count:
Must be no more than 300 words.
For example: Survey results, statistics, support from other organisations, feedback, incidents, etc.

Upload letters of support (where applicable)
Attach a file:

Describe how your project/event aligns with Council's Community Development Strategy or Bundaberg Region Sport and Recreation Strategy? *

Word count:
Must be no more than 300 words.
Refer to www.bundaberg.qld.gov.au to view the Community Development Strategy and the Sport and Recreation Strategy.

Funding Request & Project Budget

* indicates a required field

Budget

Total Grant Amount Requested *

Must be a number.

Total Project/Event Budget *

Must be a number.

Budget

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 item.

Example, in **Income Source** could include the Council Micro Grant, ticket sales, company X sponsorship, or Club Funds.

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

In any column, if there is no figure to be included please enter 0.

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)	Income Amount (excl. GST)	Item to be purc hased	Cost of Item (ex cl. GST)	Amount to be fu nded by grant
	Must be a dollar amount.			Must be a number.

Budget Totals

'Income - Expenditure' must be 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.
This must equal $0

Required Documentation

* indicates a required field

Quotes

Please attach formal itemised quotes of the items for which the funding is requested. *
Attach a file:

Funding will not be provided for budgeted items without a formal quote | Screenshots are not acceptable

Public Liability

Please attach a copy of your organisation current Public Liability Insurance. *
Attach a file:

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:

Additional Documentation

Please attach any additional documents
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 group/organisation (may be different to the contact person listed earlier in this application form).

The following section confirms your organisation's endorsement of this application:

- **I certify that I have been authorised to prepare and submit this application on behalf of the above mentioned group/organisation and to the best of my knowledge, the statements made in this application are true and correct.**
- **I understand that if Bundaberg Regional Council approves a grant, I will be required to accept and comply with the terms and conditions of the grant as provided upon grant approval by Bundaberg Regional Council.**
- **I consent to the information contained within this application being disclosed to or by Bundaberg Regional Council for the purposes of assessing,**

administering and monitoring current and further Bundaberg Regional Council grant applications.

- **I acknowledge that Bundaberg Regional Council is collecting my personal information for the purposes of assessing this application. My personal information may be accessed by employees, contractors, and/or Councillors of Bundaberg Regional Council. My personal information will be handled in accordance with the Information Privacy Act 2009 (Qld) and may be released to other parties where Council is required or authorised by law to do so. For more information on Council's Privacy Policy, see https://www.bundaberg.qld.gov.au/privacy.**
- **I understand that if Bundaberg Regional Council approves a grant, I will be bound by the contents of this application and the terms and conditions as provided upon grant approval to carry out the project as I have described and as required by Council. I understand that this application and its contents will form part of my contractual relationship with Bundaberg Regional Council.**

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.