# Major Community Grants Application - Round 1 2026/2027
Form Preview

## Eligibility

* indicates a required field

### Applicants: please note

Before completing this application form, you should have read the **Community Grants Program** guidelines, which are available at **Community Grants Guidelines**

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact **Council's office on 1300 005 872.**

### Confirmation of Eligibility

**I confirm that the applicant ...**

- has read and understands the program guidelines
- is able to demonstrate alignment between their project and the aims of this program
- is a not-for-profit organisation (includes schools and kindergartens parent and citizens association)
- is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- is located in Lockyer Valley Regional Council area
- is able to demonstrate financial viability
- does not have any outstanding acquittals
- has the appropriate type and level of insurance for the activities that are the subject of this grant

**Does your organisation meet this criteria** *
- ○ Yes
- ○ No

If you are unsure please contact Council on 1300 005 872 before proceeding with this application

**Have you applied for a Council grant previously?** *
- ○ Yes
- ○ No

**If you answered yes to the above question, have you contacted Council to see if you have an outstanding acquittal?**
- ○ Yes
- ○ No

If you have any outstanding acquittals, you will NOT receive any funding until these are complete. Please call 1300 005 872 to speak with the Grants Officer

## Contact Details

* indicates a required field

### Privacy Notice

**Lockyer Valley Regional Council** pledges 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 Lockyer Valley Regional Council's Privacy Policy

### Organisation Details

**Organisation name** *
Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

**Primary address** *
Address

Suburb State Postcode

If your organisation operates in multiple locations or from multiple offices, please pick one as your primary address.

**Postal address (if different to above)**
Address

Suburb State Postcode

We may send mail to this address.

**Primary contact person** *
Title First Name Last Name

This is the person we will correspond with about this grant

**Position held in organisation** *

e.g. Manager, Board Member, Fundraising Coordinator

**Primary phone number** *

**Secondary phone number**

**Contact person's email address** *

Must be an email address. This is the address we will use to correspond with you about this grant.

**When did your organisation commence**

## Organisation Details

* indicates a required field

**Does your organisation have an ABN?** *

○ Yes ○ No

**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 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: https://www.ato.gov.au/uploadedFiles/Content/MEI/downloads/Statement%20by%20a%20supplier.pdfhttps://www.ato.gov.au/uploadedFiles/Content/MEI/downloads/BUS38509n3346_5_2012.pdf

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

Max 25mb

**Please upload your auspicing association's Certificate of Incorporation** *
Attach a file:

Max 25mb

**Is your organisation endorsed as a Deductible Gift Recipient (DGR)?**
○ Yes ○ No
If you're unsure you can look up your DGR status at http://abr.business.gov.au/AdvancedSearch.aspx

**Is your organisation registered with the Australian Charities and Not-for-Profits Commission (ACNC?)**
○ Yes ○ No
If you're unsure, you can check your registration at the ACNC website: http://www.acnc.gov.au/

**What is your incorporation number?**

Incorporated Association or Australian Corporation Number

## Auspice Information

* indicates a required field

**Is your organisation auspiced by another organisation for the purposes 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

**Name of auspicing organisation** *
Organisation Name

**Auspicing organisation's primary (physical) address** *
Address

Suburb State Postcode

**Auspicing organisation's postal address (if different to above)**
Address

Suburb State Postcode

**Auspicing organisation's website**

**Primary contact person at auspicing organisation** *
Title First Name Last Name

**Position held in organisation**

**Contact person's primary phone number** *

**Contact person's secondary phone number**

**Contact person's email address** *

**Please attach a letter from the auspicing organisation confirming this arrangement is valid and current** *
Attach a file:

Letter must be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and must include, name, position, signature and date.

**Does the auspicing organisation have an Australian Business Number (ABN)?** *
○ Yes ○ No

**ABN of auspicing organisation**

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 auspicing 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: https://www.ato.gov.au/uploadedFiles/Content/MEI/downloads/BUS38509n3346_5_2012.pdf

**Please upload a completed Statement of Supplier form**
Attach a file:

Max 25mb

## Project Details

* indicates a required field

**Project/program title** *

Your title should be short but descriptive

**Please provide a short summary of your project or program** *

Be descriptive, but succinct. You may use this format to compose your answer (though feel free to use your own format): Through this project we seek to [insert expected outputs, outcomes and impacts]. We will achieve this by [insert activity].

## Project dates

**Anticipated start date**

If you are not sure, please pick an approximate date or click 'unknown' below

○ Unknown

**Anticipated end date**

If you are not sure, please pick an approximate date or click 'unknown' below

○ Unknown

**Why does this work need to be done?** *

Word count:
Describe the specific issue or need you want to address (200 words recommended)

**What outcomes do you expect to result from this project/program?** *

Outcomes are the (usually medium-term) effects that a project/program has on the people, businesses, community or environment that are involved in or acted upon by a particular intervention. If you need help understanding what outcomes are, read the help sheets at www.ourcommunity.com.au/evaluation

**If applicable, how will your project be made available for use by other community groups?** *

Is it a hireable or a multi-use asset

**Describe how the project aligns with your strategic priorities (see the Hints section below for examples).** *

Increasing financial sustainability, having up-to-date technology, increase in organisation membership etc.

## Budget

* indicates a required field

**Total Amount Requested** *

$

Must be a dollar amount and between 1000 and 4000.

**Total Project/Program Cost** *

$

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

### GST

**Is your organisation registered for GST** *

- ○ Yes
- ○ No

### Budget

Examples of Project income - Own contribution, LVRC community grant, Fundraising, In-kind assistance, Donations.

**Please provide quotes for all items that you are seeking funding for or you risk not being funded**.

| Project Income | $ | Project Costs | $ |
|---|---|---|---|
| | $ | | $ |
| | $ | | $ |
| | $ | | $ |
| | $ | | $ |
| | | | |

## Budget Totals

**Total Income Amount**

$

This number/amount is calculated.

**Total Expenditure Amount**

$

This number/amount is calculated.

**Income - Expenditure**

$

This number/amount is calculated.

## Finances

**What major expenses does your organisation anticipate in the next 12-24 months?** *

**Will the project incur ongoing expenses (e.g. maintenance costs, annual fees), and if so, what is your strategy to manage these costs?** *

**Is your organisation retaining funds for any particular purpose?** *

- ○ Yes
- ○ No

**Can you please list the items in which you are retaining funds for?**

**Is your club saving funds to contribute towards a large-scale project?**

- ○ Yes
- ○ No

**Can you please provide information of what your club plans to contribute your saved funds towards.**

## Bank Details

* indicates a required field

### Account Details

**Bank Name** *

**BSB Number** *

**Account Number** *

**Account Name** *

**Email for Remittance** *

## Additional information

* indicates a required field

### Council Assistance

**Have you received financial support from Council in the last 3 years** *

- ○ Yes
- ○ No

Support could be - Grants, Fee Waivers, Donations, Event Assistance

**Please list support**

**Please describe your fundraising activities including but not limited to any non-Council grants obtained over the past 12 months and how much you have raised.** *

**Please provide details of any grant-writing workshops or training your committee members have attended over the past 12 months.** *

**How will you acknowledge council's grant funding contribution towards your event/project?** *

## Mandatory Information

**Please attach a copy of the required information.**

**Audited financials statement/Treasurer's report from last AGM** *
Attach a file:

Please provide a full copy, not just profit and loss statement

**Quotes for project** *
Attach a file:

You must provide a quote for any funding you are requesting through this program

**Have you obtained quotes from local suppliers where possible?** *
- ○ Yes
- ○ No

## Other Information

**Certificate of Incorporation or proof of not-for-profit status**
Attach a file:

**Letters of Support**
Attach a file:

**Other**
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.**

**I agree** * ○ Yes ○ No

**Name of authorised person** * Title | First Name | Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

**Position** *

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

**Contact 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.

**How did you hear about this grant opportunity?**

**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 minutes

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**