

Community Development October 2026 Major Grant Application Form

Form Preview

Applicant Eligibility

* indicates a required field

Before you start this application, it is important to read the Community Grant Program [Guidelines](#). The Smartygrants [FAQ](#) page may also answer some of your questions about using Smartygrants.

Organisation name *

Organisation Name

Please ensure your organisation name is the same as the name on your ABN Lookup (on p.5)

Are you a legal entity with not-for-profit status? Please tick which applies: *

- ☐ Yes - Incorporated Association in Queensland
- ☐ Yes - Registered with the Australian Charities and Not for Profits Commission
- ☐ Yes - Australian Public Company, Ltd by Guarantee
- ☐ Yes - Incorporated by Letters Patent (please provide proof that your organisation is a NFP)
- ☐ Yes - Co-operative (please provide proof that your organisation is a NFP)
- ☐ Yes - Trust (please provide proof that your organisation is a NFP)
- ☐ No - Org. is an Unincorporated NFP (you will need to be auspiced - please complete Auspicing section)
- ☐ No - Org. is a Business - NOT ELIGIBLE - Do not fill in this form
- ☐ No - I'm an Individual - NOT ELIGIBLE - Do not fill in this form

If you are a Co-op, Trust or incorporated under a Letters Patent, please upload your constitution/governing documents showing your legal status

Attach a file:

Are you filling in the correct form?

It is important that your application is assessed under the correct category or you may not be successful.

Is your application for a Christmas, New Year, Australia Day, Anzac Day or Remembrance Day event? *

- ☐ No. Please continue to the next question.
- ☐ Yes. Do NOT fill in this form. There is a separate "Festive and Commemorative Events" program for this type of event.

Does your project involve "hands-on" building or repair work on land or buildings (for example, construction, maintenance, or installing permanent fixtures)? *

- ☐ Yes - Do NOT continue filling in this form. Please fill in the Community Facilities application form instead
- ☐ No - please continue, but if you are unsure if you are applying under the correct category, please contact a Grants Officer on 5420 8616 for assistance

Community Development October 2026 Major Grant Application Form

Form Preview

Does your organisation have any overdue acquittals? *

- ☐ No - please continue
- ☐ Yes - you can continue but please ensure you complete the acquittal as soon as possible. Funding will not be paid to any groups with an overdue acquittal
- ☐ I don't know - please email grants@sunshinecoast.qld.gov.au and ask us to check for you

Have you attended a Grants Writing Workshop before? *

- ☐ Yes
- ☐ No

Workshops are held at the beginning of every major grants round. If you haven't attended a workshop before we encourage you to register for one next time.

Project Alignment with the Community Development Grant Category

This form is to be used for **Community Development Category** applications only.

This category supports community-led projects, activities and events that contribute to a strong community (as identified in the Community Strategy).

Which of the following Community Development priorities does your project address? (Select one or more) *

- ☐ Improve physical and mental health and wellbeing
- ☐ Activate community places and spaces
- ☐ Respond to and support places and spaces
- ☐ Respond to and support people experiencing homelessness
- ☐ Contribute to community members feeling valued, respected, welcome and included
- ☐ Support and recognise volunteers and promote volunteering opportunities
- ☐ Encourage community participation and involvement
- ☐ Strengthen social connections and sense of belonging, and reduce social isolation
- ☐ Prepare for, respond and recover from climate risks, disasters and emergencies and enhance community resilience
- ☐ Improve community safety and feelings of safety
- ☐ Work towards preventing domestic and family violence
- ☐ Support our Sunshine Coast Biosphere by promoting sustainable living and travel practices and behaviours
- ☐ Build the skills and capabilities of community organisations to help achieve these priorities
- ☐ For animal management, projects must enhance community safety outcomes, align with the key objectives of Council's Management Plan for Domestic Animals (Cats and Dogs) 2021-2030, and assist in the promotion and advancement of responsible pet ownership practices, eg desexing, microchipping, registration

IMPORTANT: If you are having difficulty aligning your project with the above priorities you may be in the wrong category. Please contact a Grants Officer on 5420 8616.

IMPORTANT : Supporting Documentation Requirements

Before submitting your application, please ensure you have: *

- ☐ Obtained quotes for all requested items equal to & over \$500.
- ☐ Considered and identified any permits, approvals or licences required to undertake the project.

Community Development October 2026 Major Grant Application Form

Form Preview

Due to the high volume of applications received, only projects that demonstrate readiness and include all the required supporting documentation can be fully assessed for funding consideration.

About Your Project

* indicates a required field

Location of Project/Event

What is the SUBURB where your project or activity will take place? *

If more than one suburb, name the main suburb only

What is this suburb's postcode? *

You can find postcodes [here](#).

What is the STREET address (number and name of street) where your project or activity will take place? *

Name of venue (if relevant)

Project/Event Title *

Start Date *

If your project is an event, enter the first date of the event here. Note projects that have started before submission of your application are not eligible. Events that will be held before notification date are also not eligible. Please check the guidelines for notification timeframe.

End Date *

If your project is an event, enter the last date of the event here.

Describe your project/event, ie what are you going to do? *

Word count:

ie. What, where, who and how. Please limit your answer to 250 words.

Why do you think this project, activity or event is worthwhile? Who will benefit? *

Word count:

What is the genuine community need and benefit of this project? What challenges are you facing? What research, facts or figures can you provide? Please limit your answer to 200 words.

Attach documents that support the need and benefit of your project (optional)

Attach a file:

Community Development October 2026 Major Grant Application Form

Form Preview

This may include survey results, needs analysis or photographs of the current situation.

Will your project take place on public space? eg park, beach, street or road *

- ☐ Yes - you will need a permit from Council (link below)
- ☐ No - please proceed to next question

See Council's webpage [here](#) for information about the various types of activities or events that may require a Council permit. You do not have to upload your permit here, but it will be required before you hold your activity.

Is your project an event? *

- ☐ Yes
- ☐ No

Events

NOTE: Events must be scheduled to take place after notification of funding outcomes (approx. 8 weeks after round closes)

Please describe the proposed event program or schedule. *

This box cannot be left blank. If you are uploading a file below instead of inputting data here, please write "see file upload".

Alternatively, upload an event program or schedule.

Attach a file:

How will you promote your event? *

If the event has been held previously, please briefly outline the history of the event. *

Who are the event organisers and what experience do they have? *

EVENT PERMIT

Some events require a permit from council. An application for an [event permit](#) must be submitted to council at least six weeks before the event.

Community Development October 2026 Major Grant Application Form

Form Preview

Is your event on council land or public open space?

- ☐ Yes - please ensure you acquire an event permit (link is above)
- ☐ No - please proceed to next page

If you have a copy of your event permit, please attach it here

Attach a file:

Budget

* indicates a required field

Funding Amounts

Is your organisation (or auspicer if being auspicied) registered for GST? *

- ☐ Yes - Do NOT include GST in the Total Project Cost, Amount Requested, or Budget items (if successful, GST will be added to the amount funded)
- ☐ No - Include GST in the Total Project Cost, Amount Requested and Budget items

To help us understand the full cost of your project, please provide a complete budget that includes all income and expenses, not just the grant portion. Descriptions should be specific, eg. in the Income column, don't just write "Other Grants", write "Gambling Community Benefit Fund" (or whatever it may be). Each expected funding source should be listed on its own line.

I will complete a full project budget - not just the grant portion *

- ☐ Yes

This helps us understand the whole project

I will list all funding sources and grants I expect to receive on its own line in the income section of the budget *

- ☐ Yes

This helps us understand where your income is coming from and will enable us to check the outcome of other applications you have applied for.

Project Budget

Sample Budget - If you would like to see a sample budget, please click [here](#).

When filling in the budget, please ensure you start on the TOP row with the asterisk. If you start on any other row, the system will think you haven't answered the question.

Please complete your **full** project budget in the table below - *not just the grant portion*.

The total income (including the amount you are seeking from council) should equal the total expenditure, ie there is no profit for the project.

Do not use commas, full stops or the "\$" sign in your amounts. There is also no need to add a total - the system will do this for you - see budget totals **below** the table.

Income - list each source of income, eg council grant, other g	Amount of this inc	Expenditure - list ea ch item/service you will be purchasing (	Cost of this item/s ervice
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Community Development October 2026 Major Grant Application Form

Form Preview

grant, own funds, sponsorship, ticket sales

new row for each item)

Council grant	\$	Type here	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Budget Totals

Total Income Amount:	\$	Total Expenditure Amount:	\$
	This number/amount is calculated.		This number/amount is calculated.
		Income - Expenditure	\$
			This number/amount is calculated.

Details of Your Request

What is the total cost of your project? *

\$

This should equal your budget total

What is the amount you are requesting from council? *

\$

This should not be more than the Total Expenditure Amount under the budget

Please list the items from your budget that you are requesting funding for *

Financial Quotes

Please provide quotes for the budget items you want funded that are equal to or over \$500 (Please use local suppliers where available).

Note: Although quotes are not required for budget items under \$500, including them can help the panel better understand your budget and strengthen your application. Please provide **accurate** costs for items if quotes are not required.

Attach quotes

Attach a file:

Community Development October 2026 Major Grant Application Form

Form Preview

Co-Funding Status

Please check the guidelines for details re co-funding requirements.

Please note that where the amount funded has a co-funding requirement, you will need to provide evidence of full project costs in your acquittal. In situations where only part of the planned project is completed some grant funds may need to be returned.

Please indicate the status of any co-funding, including other grants and loans, indicated in your budget above *

- ☐ Secured - co-funding secured and/or received
- ☐ Progressing - applied for funds and awaiting approval/notification
- ☐ Not sought yet - intending to apply for other sources of funds but no application submitted yet
- ☐ N/A - co-funding not required

If you do not get the full amount you asked for (from either Council or other sources), what will you do to cover the remaining costs? *

Word count:

We would like to know if or how the project will proceed if part-funding is offered or other sources of funding do not eventuate. Please limit your answer to 150 words.

Who Is Involved?

* indicates a required field

How many current members does your organisation have? *

Must be a number.

How many volunteers are in your organisation? *

Must be a number.

How many volunteers will be directly involved in your project/event? *

Must be a number.

Please estimate how many people will directly benefit from this particular project, activity or event? *

Community Development October 2026 Major Grant Application Form

Form Preview

Please ensure your answer directly relates to THIS project (not to your organisation as a whole). Direct beneficiaries are those who are directly involved with your project and benefit from it. eg participants in project, attendees at events, users of equipment, service or facility

If there are any other organisations helping you to deliver this project/event, please give details of who they are and their contribution *

Include all groups, individuals, businesses etc that are contributing to the running of your project

Letters of Support. Letters of support are valuable for showing that there is support for your project. The most valuable evidence of support will come either from community members/organisations who will benefit from your project, or from your project partners.

If you have mentioned a partnership with an organisation in your application it is strongly recommended you demonstrate this with a letter of support. Without evidence the panel cannot verify the partnership.

Letters of support are NOT required from the Mayor, Councillors or local MP's.

Please attach letters of support from your project partners or those benefitting directly from your project

Attach a file:

Letters of support are NOT required from the Mayor, Councillors or MP's

Council Division

In which division will your project take place? *

- | | | | |
|---------------------------------|---------------------------------|---------------------------------|---|
| ☐ Div. 1 | ☐ Div. 4 | ☐ Div. 7 | ☐ Div. 10 |
| ☐ Div. 2 | ☐ Div. 5 | ☐ Div. 8 | ☐ Across the whole Sunshine Coast Region |
| ☐ Div. 3 | ☐ Div. 6 | ☐ Div. 9 | ☐ Outside the Sunshine Coast |

Please see below to see which Councillor looks after which Division:

1. Cr Jenny Broderick
2. Cr Terry Landsberg
3. Cr Tim Burns
4. Cr Joe Natoli
5. Cr Winston Johnston OAM
6. Cr Christian Dickson
7. Cr Ted Hungerford
8. Cr Taylor Bunnag
9. Cr Maria Suarez
10. Cr David Law

Community Development October 2026 Major Grant Application Form

Form Preview

Not sure who your local councillor is, or which division you're in? Find out on the [Electoral Commission of Queensland website](#) (go to webpage and type in the address).

Applicant Details

* indicates a required field

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	

Must be an ABN.

Please check that your [ABN](#) details are correct eg ABN name and GST status. You will need to contact the [Australian Business Register \(ABR\)](#) if you need to change your ABN details.

Please authorise Sunshine Coast Council to create an invoice for payment *

☐ I agree to allow Sunshine Coast Council to use the details provided in this application, including the organisation ABN, GST status and address, to create an invoice for payment of the grant funds to my organisation, and that my organisation will not create its own invoice for payment

Statement by a Supplier

Please tick so that we can process your payment *

Community Development October 2026 Major Grant Application Form

Form Preview

☐ The whole of the payment that I (or the supplier that I represent) will receive for the grant is exempt from withholding tax

Contact Details

ORGANISATION CONTACT DETAILS

Organisation's Physical Address (Not Post Office) *
Address

If your address doesn't appear automatically, choose "Can't find my address" and then enter manually

Organisation Phone Number *

Organisation Mobile Phone Number

Organisation Email

INDIVIDUAL CONTACT DETAILS

Contact person *

Title

First Name

Last Name

Position in organisation *

Contact's phone number *

Contact's Mobile Number

Contact's email *

Auspicing Details

* indicates a required field

Auspicing Organisation

If you are a community organisation which is **not** a legally constituted entity **or** recognised by the ATO as a not-for-profit type, your application will need to be [auspiced](#).

It is the responsibility of the organisation being auspiced to ensure that a clear agreement is reached before applying for funding. **An [Auspicing Agreement Form](#) must be filled out and included with the application of any auspiced organisation.**

Please attach a copy of the auspicing agreement

Attach a file:

Auspicing organisation name *

Organisation Name

Please ensure the name is the same as the name on the ABN Lookup below

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.

Community Development October 2026 Major Grant Application Form

Form Preview

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.

Auspicing Contact Details

ORGANISATION CONTACT DETAILS

Auspice Physical Address (Not Post Office) *

Address

If your address doesn't appear automatically, choose "Can't find my address" and then enter manually

Auspice Org Phone Number *

Auspice Email

Auspice Mobile Phone Number

CONTACT PERSON'S DETAILS

Name *

Title

First Name

Last Name

This is the person from the auspicing organisation

Position in organisation *

Contact's Phone Number *

From the auspicing organisation

Email *

From the auspicing organisation

Mobile Phone Number

From the auspicing organisation

Payment Details

* indicates a required field

Bank Details

Should your application be successful, grant payment will be by electronic funds transfer to your nominated bank account.

Community Development October 2026 Major Grant Application Form

Form Preview

If you are being **auspiced** please provide the bank details of your **auspicing organisation**. You will find this information on your auspicing agreement - please transfer these details to the fields below.

Name of your bank *

Bank BSB No. *

Name of Organisation on Bank Account *

Bank Account Number *

A copy of your bank statement header is required for all applicants who have NOT previously received a grant payment (OR current applicants who have changed their bank details). This copy should show the Account Name, BSB and Account No.

Has your organisation previously been paid a grant by SCC into the bank account you nominated above? *

- ☐ No - please attach a copy of your bank statement below
- ☐ Yes - there is no need to attach a bank statement

Attach copy of your bank statement header here (showing the details you provided above)

Attach a file:

You can black out sensitive info. like account balances

Privacy and Certification

*** indicates a required field**

Privacy

Council will use any personal information provided for the purpose of processing your grant application and for remaining in contact with you. Council is authorised to collect this information in accordance with the Local Government Act 2009 and other local government Acts. Your personal information is only accessed by persons authorised to do so.

Please note the information provided on your grant application and in any related documentation/discussions may be provided to members of the assessment panel in order to assist council in processing your grant application.

Community Development October 2026 Major Grant Application Form

Form Preview

By submitting an application you consent to council publishing the applicant's name, project description and amount funded on our website. This information may also be used for promoting council's grant program.

Your personal information is dealt with in accordance with council's [Information Privacy Policy](#).

I agree to the Privacy Statement above *

☐ Yes

APPLICATIONS MUST BE SUBMITTED BY THE DUE DATE AND TIME. VISIT COUNCIL'S WEBSITE FOR DETAILS.

I am authorised by my group/organisation to complete this form and I agree that:

- the statements made in this application are true
- all necessary permits/approvals will be obtained prior to the beginning of the project
- the project will be covered by appropriate insurance
- all relevant health and safety standards will be met
- council does not accept any liability or responsibility for the project
- my organisation has met all acquittal conditions and has no debt to council.

If successful, I will:

- accept the terms of the grant by submitting the online funding agreement within 8 weeks of notification
- provide proof of successful co-funding (other grant sources) within six months of notification (if relevant)
- complete the project within twelve months of receiving council funding
- complete the online acquittal within 8 weeks of the project end date given in the application

I agree to the above *

☐ Yes

Name *

Title First Name Last Name

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Must be a member of the committee

Position *

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Phone Number *

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Additional Support - Contact Details

If you require extra support, please contact the Community Connections team by:

- Phone - (07) 5420 8616 - during business hours 8.30 am to 4.30 pm

Community Development October 2026 Major Grant Application Form

Form Preview

- Email - grants@sunshinecoast.qld.gov.au
- Post - to Grants Officer, Sunshine Coast Council, Locked Bag 72, Sunshine Coast Mail Centre, Qld 4560.

If emailing or posting documents, please quote your application number. **Please do not email or post any documents that you have already attached to this application.**

Reminder

Please read and acknowledge the below statement. *

☐ To ensure your supporting documentation is reviewed by the assessment panel, please upload it directly to your application before you submit. Unfortunately, due to the large volume of applications received, we cannot guarantee that information provided to the Grants Team after submission will be uploaded to your application in time for it to be considered in the assessment. This may affect the outcome of your submission.

Submit

You are now ready to submit. Read and acknowledge message below, then click on “Next page” to review, then Submit. *

☐ You will receive a confirmation email when your application has been submitted. If you do not receive this email then your application has NOT been submitted. Please ensure all questions have been answered and try again. (Check box here to acknowledge that you understand this)