Community Grants Application 2026
Form Preview

Section A

* indicates a required field

Introduction

This form should be used when your organisation is seeking funding to purchase items outright. If you are holding an event or ongoing program, please use the Sponsorship Application Form.

You must read the guidelines in conjunction with completing this application.

Checklist for inclusions required for your application:

- Proof of Not-For-Profit Status (Incorporation certificate, registration certificate or charity etc)

- Certificate of Currency for Public Liability ($20m)

- Latest Audited or Verified Financials (dated within last 12 months) dependent on assoc. size

- Quotations for the item/s you wish to purchase

- Information on the items to be purchased. e.g images of the item, area to be installed, design drawings etc.

If you require any assistance, please contact Council's Community Development Officer prior to submission or the closing date.

Information about the applicant

Name of Organisation (as per incorporation certificate, charity register or other) *
Organisation Name

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

Word count:

Organisation's Physical Address *

Organisation's Postal Address *
Address

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

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.

Individual Contact Details

Please fill out the below information.

Applicant Contact Person *

Title | First Name | Last Name

What is your role in the organisation? *

Other:

Applicant Project Contact Primary Address

Address

Applicant Project Contact Primary Phone Number

Must be an Australian phone number.

Applicant Project Contact Primary Email

Must be an email address.
A copy of this application will be sent to the email associated with this account.

Registered for GST

Is your organisation registered for GST? *
- ○ Yes
- ○ No

Is your organisation an incorporated 'not for profit' organisation or a company limited by guarantee that has been endorsed by the Australian Taxation Office as a charity, tax exempt fund or deductible gift recipient? *
- ○ Yes
- ○ No

Incorporation Certificate of Australian Taxation Office Endorsement

Please attach a copy of your Incorporation Certificate of Australian Taxation Office Endorsement as a charity tax exempt fund or deductible gift recipient *
Attach a file:

Public Liability Insurance of $20 million

Does your organisation hold public liability insurance of $20 million? *
- ○ Yes
- ○ No

Public Liability Insurance and Audited Financials

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

Please attach your organisations latest audited financials (including income and expenditure, P&L and balance sheet) *
Attach a file:

Overdue Debt to Council

Does your organisation have any overdue debts (example general rates, excess water) owing to Council? (Organisations with overdue debt without an approved payment plan are ineligible) *
- ○ Yes (please provide further details in Section 9)
- ○ No

Please provide details of the overdue debt below

*

Previous Council Grant Recipient

Has your organisation received a previous Council grant? *
- ○ Yes
- ○ No

Previous Council Grant Recipient Information

What was the date of the grant *

Must be a date.

Please describe the project that was funded *

Acquittal of Council Grant

Has your organisation acquitted the Council grant? *
- ○ Yes
- ○ No

Acquittal of Council Grant Information

If no, please provide details below *

Section B

* indicates a required field

Project Details

What is your project name? *

What is the location of the project? (where will the project occur) *

Please outline the project details including items covered by the grant, the beneficiaries of the project and the need. Please attach any relevant supporting documentation or further information as required (e.g. photos, quotes etc). *

Word count:
Must be no more than 200 words.

Please outline how this funding will benefit your organisation and the community. *

Word count:
Must be no more than 200 words.

Please outline how often the item funded will be used (if applicable)? (calendar year estimate) *

Word count:
Must be no more than 200 words.

Total Project Cost (including all expenses) *

Must be a dollar amount.
What is the total budgeted cost (dollars) of your project?

Attach quotations for items to be covered by the grant funds
Attach a file:

Grant Amount Requested (Cannot exceed $5,000) *

Must be a whole dollar amount (no cents).
What is the total financial support you are requesting in this application? N.B Amounts will have GST added if your organisation is registered for GST

Expected Project Commencement Date (Must not be before funding approval is received) *

Must be a date.
Please check guidelines for approval timelines

Expected Completion Date (Must be within 12 months of commencement) *

Must be a date.

Attach any other evidence or paperwork regarding the project here
Attach a file:

e.g. photos, plans, designs etc.

Project Permits

Does your project require permits? (if unsure, please contact Council) *
- ☐ Building Approval
- ☐ Temporary Food License
- ☐ Park Hire
- ☐ Other
- ☐ Not applicable

Project Permits Paperwork

Please attach permit paperwork *
Attach a file:

Written Permission

Does your project/event have written permission from the landowner? (N.B. modifications to buildings or addition of infrastructure will require approval if on Council leased land) *
- ○ Yes
- ○ No
- ○ Not Applicable

Written Permission Letter

If yes, please attach a copy of the letter/email *
Attach a file:

More Information

How will your organisation acknowledge Council's contribution to the project should your application be successful? *

Must be no more than 100 words.

How will your organisation fund recurrent expenses in future years? (if applicable) *

Must be no more than 100 words.

Have you applied for funding other than Mount Isa City Council or received funding from any other sources for this project? *

- ○ Yes
- ○ No

If yes, please list the sources and amounts below

Income	$	Has the Funding been accepted?

Budget (N.B. Income and Expenditure columns must be equal)

Income	$	Expenditure	$

Budget Totals

Total Income Amount

This number/amount is calculated.

Total Expenditure Amount

This number/amount is calculated.

Income Less Expenditure (this should be $0)

This number/amount is calculated.

Certification Paperwork

* indicates a required field

Certification by Organisation

The certification must be signed by two (2) executive officers of the organisation, e.g. thepresident/chairperson and another executive officer. In accordance with Section 14 of the *Electronic Transaction (Queensland) Act 2001*, this is equivalent to a wet signature.I certify that:

1. That I am authorised to legally act on behalf of the applicant organisation.
2. To the best of my knowledge the information given in this document is true and accurate
3. If funding is allocated to our program, project or event:

1. 1. I will be required to accept the funding in accordance with the Mount Isa City Council's conditions of funding including any special conditions (refer to Guidelines)
   2. The project report and acquittal form accompanied with acknowledgement evidence and receipts or invoices will be completed and returned to Council within six (6) weeks from the end of the program, project or event.
   3. I understand that if the conditions of funding are not complied with:

1. 1. 1. Council will recover the funds allocated
      2. Future applications for funding from Council may not be considered.

Individual One *

First Name Last Name

In accordance with Section 14 of the Electronic Transaction (Queensland) Act 2001, this is equivalent to a wet signature.

Position *

Date *

Must be a date.

In accordance with Section 14 of the *Electronic Transaction (Queensland) Act 2001*, this is equivalent to a wet signature.

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Individual Two *

First Name Last Name

Position *

Date *

Must be a date.

In accordance with Section 14 of the *Electronic Transaction (Queensland) Act 2001*, this is equivalent to a wet signature.

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Certification by Project Sponsor (if applicable)

The certification must be signed by two (2) executive officers of the sponsor.

1. I declare that should funding be approved, I will take full responsibility for the financial management of the grant on behalf of:

sponsored organisation

I also declare that as the project sponsor I will ensure that:

sponsored organisation

a. Will deliver the project, program or event in accordance with the Mount Isa City Councils conditions and special conditions of funding (refer to the Guidelines)

b. Will deliver the project, program and/or event in accordance with the Mount Isa City Councils conditions of funding (refer to the Guidelines)

c. Will complete and return to Council the required project report and acquittal form accompanied with acknowledgment evidence and receipts or invoices within six (6) weeks from the end of the project, program and/or activity

3. I understand that if the conditions of funding are not complied with:

a. Council will recover the funds allocated b. This will jeopardise our organisations elegibility to apply for or auspice (sponsor) future applications

Individual One

First Name Last Name

In accordance with Section 14 of the Electronic Transaction (Queensland) Act 2001, this is equivalent to a wet signature.

Position

Date *

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Individual Two

First Name Last Name

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Position

Date *

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Creditor Details

Please download, fill out and upload the below form.

Creditor Details Form - Mount Isa City Council

Creditor Form Upload

Attach a file: