Donation Application Form

Form Preview

Community Donation Program

* indicates a required field

The Community Donation Program provides flexible support to assist community organisations and defined cohorts where small financial and non-financial contributions can have a meaningful and immediate impact.

Council provides the following financial and non-financial support through the Community Donations Program:

- *Cash Donations* - small financial contributions to support community events/activities, minor project or operational costs, participation and access initiatives.
- *In-kind support* - provision of Council resources including use of Council facilities, staff or technical support, equipment/materials, waste/traffic or infrastructure support.
- *Fee waivers/concessions* - reduction or waiver of Council fees and charges including facility hire fees, permit or application fees, food/local law/trade waste licence fees.

The Program is open for applications over 3 rounds during the 2026/27 Financial Year.

- Round 1 is open from 1 July to 30 September for eligible activities between 1 November to 28 February
- Round 2 is open from 1 November to 31 January for eligible activities between 1 March to 30 June
- Round 3 is open from 1 March to 31 May for eligible activities between 1 July to 31 October

Applications must be received prior to the event/activity taking place. Applications for events that have already occurred will not be considered.

The Community Donations Program is delivered in accordance with Council's Community Support Policy.

Important Information

Before completing this application form, you should have read the program 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.

If you have any questions regarding the eligibility criteria or application process, please contact the Sport, Recreation & Community Development team on 1300 972 753.

Please have your application number on hand when contacting Council regarding your grant application.

Application Number

This field is read only.

Confirmation of Eligibility

Before proceeding, please confirm the following:

- you have read and understood the program guidelines
- you are able to demonstrate alignment between your project and the aims of this program
- your organisation is a not-for-profit organisation
- your organisation is a community club or volunteer group
- your organisation is a school or learning institution (for activities that are not curriculum based and the benefit is for the wider community)
- your organisation is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- your organisation is located in (and/or supplies services to) the Whitsunday Regional Council area
- your organisation does not owe any reports or money to Whitsunday Regional Council
- your organisation has the appropriate type and level of insurance for the activities that are the subject of this grant
- you are not an individual

You must confirm that all statements above are true and correct. *
☐ Yes

Contact Details

* indicates a required field

Privacy Notice

Queensland has privacy legislation that applies to the Queensland public sector - the Information Privacy Act 2009. The Act contains privacy principles that set out how agencies may and must handle personal information. Personal information means any information about an identifiable person. Our Privacy Notice refers to details of the types of personal information that we hold and how we handle this information.

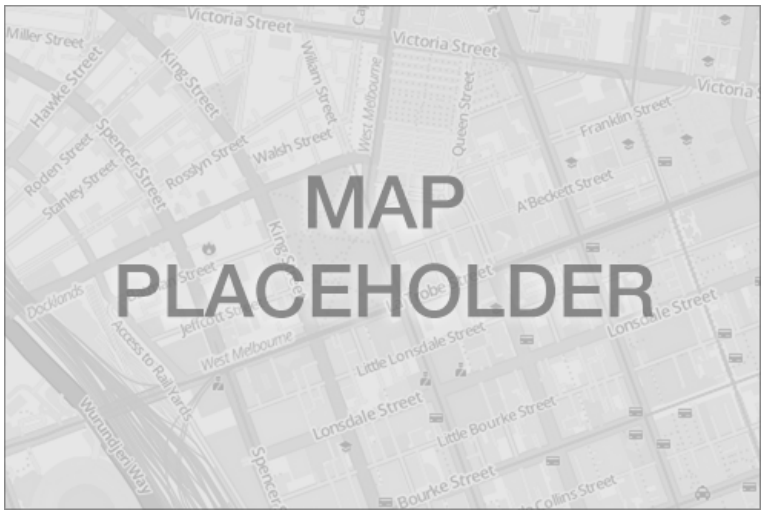
To view our privacy statement, go to Whitsunday Regional Council - Information and Privacy

Applicant Details

Applicant *
Organisation Name

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

Applicant Primary Address
Address



Applicant Postal Address
Address

Applicant Phone Number *

Must be an Australian phone number.

Applicant Email Address *

Must be an email address.

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 Phone Number *

Must be an Australian phone number.

Primary Contact Primary Email *

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

Organisation Details

* indicates a required field

What type of organisation are you? *

○ Community not-for-profit
○ Health & Wellbeing not-for-profit
○ Business/Corporate entity
○ Sport & Recreation not-for-profit
○ Educational institution
○ Other:
○ Arts & Cultural not-for-profit
○ Religious or faith-based institution

Please choose the option that best applies to your organisation.

What is your organisation's annual revenue? *

○ Less than $50,000
○ $50,000 or more, but less than $250,000
○ $250,000 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

What is your organisation's legal structure? *

○ Unincorporated association
○ Incorporated association
○ Cooperative
○ Indigenous corporation, association or cooperative
○ Trust
○ Other:
○ Company

If your organisation is unincorporated. it must have an auspice organisation.

Does your organisation have an ABN? *

○ Yes
○ No

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

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.

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

Max 25mb per file uploaded

What is your incorporation number? *

Incorporated Association or Australian Company Number

Auspice Information

* indicates a required field

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

○ Yes ○ No

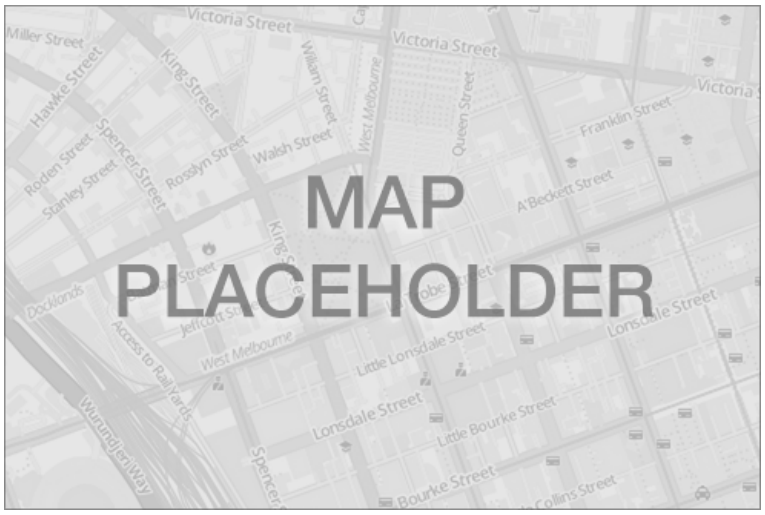
Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

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 Primary Email *
Must be an email address.

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 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

Donation Request

* indicates a required field

Support Category

Donation Application Form
Form Preview

Which donation category best describes the funding or support being requested *
☐ Cash Donation (up to $5,000)
☐ In-kind Support
☐ Fee Waiver / Concession
At least 1 choice must be selected.

Summary of Event / Activity

Is the donation request for an event / activity? *
○ Yes ○ No

What is the name of your event / activity? *

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

What is the preferred date of your event / activity?

Must be a date.

What is the preferred start time & finish time of your event / activity? *

What is the location of your event / activity?

Summary of Event / Activity

Briefly describe who this project is intended for, what activities will be delivered, and the expected outcomes or benefits of the event/activity *

Event frequency
☐ Inaugural event
☐ Reoccurring event

What is the predicted total cost of the event / activity? *

Must be a dollar amount.

Have you received any sponsorship or grant funding from Whitsunday Regional Council this financial year? *

○ Yes ○ No

If yes, please outline below what sponsorship or grant funding you have received

Are you receiving funding for this event / activity from any other sources? *

If yes, please provide information of funding source and amount received.

How will Council be acknowledged for providing support to the event / activity? *

Cash Donation

Small financial contributions to support:

- Community events/activities
- Minor project or operational costs
- Participation and access initiatives

What is the amount of Cash donation being sought? *

Must be a dollar amount.

If successful, what would the Cash donation be used for? *

In-kind Donation

Provision of Council resources, services or materials can include:

- Use of Council facilities/venues
- Staff time
- Technical support
- Equipment, plant or materials
- Waste, traffic or infrastructure support

What is the amount of in-kind donation being sought? *

Must be a dollar amount.

If successful, what in-kind donation support would be required? *

☐ Use of Council facility/ venue
☐ Staff time
☐ Technical support
☐ Equipment
☐ Materials
☐ Waste
☐ Road Closure
☐ Infrastructure
☐ Other

At least 1 choice must be selected.

Please provide further details of the in-kind support you are requesting and how it will be used *

Examples: select use of facility to include the venue hire fee, request equipment if you need the movie screen/a microphone, select technical support for our team to run the movie screen etc

Fee Waiver

Reduction or waiver of Council fees and charges including:

- Facility hire fees
- Permit or application fees (eg: event or development applications fees)
- Food, Local Law and/or trade waste licence fees

What is the amount of fee waiver being sought? *

Must be a dollar amount.

Fee Waiver Category *

Other:

Supporting Documentation

* indicates a required field

Certificate of Incorporation *
Attach a file:

Certificate of Currency for Public Liability Insurance *
Attach a file:

Financial Statement *
Attach a file:

Additional Supporting Information
Attach a file:

Certification

* indicates a required field

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

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)

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

Email *
Must be an email address.

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.