Sport & Recreation Club Grant Application Form
Form Preview

Sport & Recreation Club Grant Program

* indicates a required field

The Sport & Recreation Club Grant is available annually to grassroots sport and recreation clubs to support the club's general operations and functions.

To be eligible, a club must meet the following criteria:

- is an incorporated not for profit organisation
- has the appropriate level of Public Liability Insurance ($20 million)
- provide confirmation of club membership numbers
- provide a signed Statutory Declaration confirming the accuracy of the participation data

The level of funding available to clubs is based on a progressive scale, the higher the number of active members, the greater the support available to the club.

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

The Sport & Recreation Club Grant 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
- your organisation is a not-for-profit organisation
- your organisation is incorporated
- your organisation is located in the Whitsunday Regional Council local government area
- your organisation does not owe any reports or money to Whitsunday Regional Council
- 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

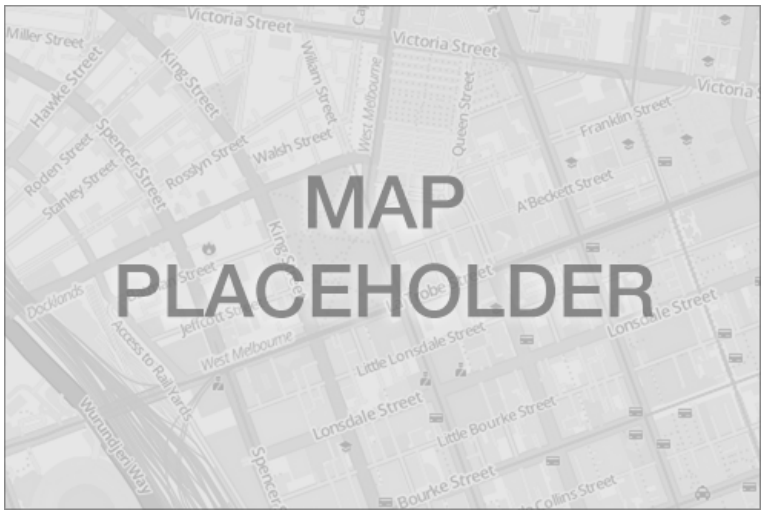
Applicant Details

Applicant *
Organisation Name

Make sure you provide the same Club name that is listed on the Certificate of Incorporation

Applicant Primary Address
Address

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Applicant Postal Address
Address

Applicant Phone Number *

Must be an Australian phone number.

Applicant Email Address *

Must be an email address.

Name of the State/National Governing 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

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 Email *

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

Club Details

* indicates a required field

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Sport Category *

- ○ Football (Soccer)
- ○ Rugby League
- ○ Rugby Union
- ○ Touch Football
- ○ Australian Rules Football (AFL)
- ○ Netball
- ○ Swimming
- ○ Tennis
- ○ Basketball
- ○ Cricket
- ○ Athletics
- ○ Boxing / Martial Arts
- ○ Golf
- ○ Cycling / Mountain Biking
- ○ Equestrian
- ○ Motorsports
- ○ Lawn Bowls
- ○ Fishing
- ○ Sailing
- ○ Other:

Club Location *

- ○ Airlie Beach
- ○ Bowen
- ○ Cannonvale
- ○ Collinsville
- ○ Proserpine
- ○ Other:

How many junior members (under 18 years of age) are currently registered with the club? *

Must be a number.

How many senior members are currently registered with the club? *

Must be a number.

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

Supporting Documentation

* indicates a required field

Certificate of Currency for Public Liability Insurance *

Attach a file:

A minimum of 1 file must be attached.

Certificate of Incorporation *

Attach a file:

A minimum of 1 file must be attached.

Signed Statutory Declaration *
Attach a file:

A minimum of 1 file must be attached.
A signed Statutory Declaration is required to confirm that the membership information provided is true & correct.

Additional Supporting Documentation
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

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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.