

2026-27 Australia Day Community Event Grant

Form Preview

Overview of Program and Preliminary Steps

* indicates a required field

Australia Day Community Event Grant

The 2026/27 Australia Day Community Event Grant is delivered as part of Community Grants Program - Thriving Communities Grant Stream.

Please read the

1. Australia Day Community Event Grant Guidelines at [North Burnett Regional Council - Community Grants Program](#)
2. North Burnett Regional Council's [Community Grants Policy](#) prior to completing this grant application form.

For further information or assistance, please phone Council on **1300 696 272** to speak to the Community Development Team or email communities@northburnett.qld.gov.au.

Application Information

- This is a competitive grant round and not all applications will be funded.
- It is recommended that you save this document every 5 minutes to avoid losing your work.
- You can 'Save Progress' of your application and come back to it at a later time without losing your information.
- Once you submit your application you will receive a confirmation email and a PDF copy of your submission, for your records.
- You will be unable to make amendments to your application once submitted.

Information Privacy and Right to Information Statement

North Burnett Regional Council is committed to handling your personal information in accordance with the *Information Privacy Act 2009 (QLD)*.

The information collected on this form and supporting documentation will be used to process your Community Grants Program application.

Your personal information will be accessed by persons who have been authorised to do so including the grant selection panel which may include parties external to Council. The information will not be disclosed to any other person or agency external to council without your consent, unless required by or authorised by law.

By submitting an application, you consent to Council publishing your organisation's name, project and funding information on our website and in Council publications. This information may also be used by Council for advertising and promotional purposes and statistical reporting.

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I have read and understood the Information Privacy and Right to Information Statement and agree to the use and disclosure of information as outlined in the Statement *

☐ I agree

Initial Criteria

Eligibility Criteria

Is your organisation:

- ☐ An incorporated not-for-profit community organisation, based in the North Burnett, with your own ABN
- ☐ A not-for-profit community group, based in the North Burnett region, that is being auspiced by another eligible organisation.
- ☐ None of the above

No more than 1 choice may be selected. Refer to Community Grants Policy.

Ineligible

Sorry, based on your last answer, you are not eligible to apply for this funding. Please refer to the [Community Grants Policy](#) for further explanation on eligibility.

Auspicings

Auspicings Organisation Details

Auspice Organisation Name

Organisation Name

Auspice Postal Address

Address

Auspice Primary Email

Must be an email address.

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

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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.

Auspice Project Contact

Organisation Name

Auspice Position

Auspice Primary Phone Number

Must be an Australian phone number.

Auspicing Agreement

Access Auspicing Agreement **here**.

Upload completed Auspicing Agreement here.

Attach a file:

Applicant Details

* indicates a required field

Name of Community Organisation *

Organisation Name

Address *

Address

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

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.

Website or Facebook Page Link

Must be a URL.
(if applicable)

Certificate of Currency Public Liability Insurance *

Attach a file:

Note: if your application is auspiced, please upload Auspice Organisation's Certificate of Currency here.

Best contact person for this application

Contact Details *

First Name

Last Name

Position in Organisation *

Postal Address *

Address

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

Phone Number *

Must be an Australian phone number.

Mobile Phone Number *

Must be an Australian phone number.

Email address *

Must be an email address.

Event Details

* indicates a required field

Select the town you will be hosting your event? *

☐ Biggenden ☐ Eidsvold ☐ Gayndah ☐ Monto ☐ Mount Perry ☐ Mundubbera

At least 1 choice must be selected.

Event name *

Name of Venue *

Event address *

Address where event will be held

Event Date *

Must be a date and no later than 26/1/2027.

What time will your event start? *

Please note: The grant guidelines notes the Australia Day Awards Ceremony must occur prior to 11.30am

Brief description of your event. What are you going to do? *

Must be no more than 250 words.

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Provide a short description of your event and activities:

Number of anticipated attendees *

Must be a number.

Will your event be free to attend?

- ☐ Yes
☐ No

A Thriving Community

In this section please outline how your event will benefit your community. In your response, you may like to consider how your event will:

- improve community spirit, community connection and wellbeing
- activate community spaces and facilities
- be inclusive of all community members and visitors
- provide a platform for local talent and creatives and an economic stimulus to local small businesses and community groups

Community Benefits

Partnerships and Collaboration

Are you partnering with other community organisations to deliver your event?

- ☐ Yes
☐ No
☐ Unsure at this stage

Detail who you will be partnering or collaborating with and how will they be assisting with event delivery? *

Word count:

Must be no more than 300 words.

Council looks favourably upon events that are run in conjunction with other local groups and organisations.

Budget

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* indicates a required field

Please list all expected income and expenditure for your event and in-kind support.

Event Income

Examples include:

- Applicants' cash co-contribution
- Fundraising raffles
- Catering sales (estimate)
- Sponsorship funds, donations, grants from other sources

Note: Any in-kind support for your event should be listed under the in-kind support heading below.

Income and revenue item Amount \$

You can change the labels in the table. These are examples only		
	\$	
	\$	
	\$	

In-Kind Contribution

In-kind support refers to any non-cash contribution provided to the event. Instead of giving money, an organisation, business or individual may provide goods, services or resources that have a dollar amount and these can be listed in this section.

Examples include:

- Volunteer labour (e.g. \$47.84 per hour for 1 x volunteer)
- Talent / Entertainment: Singers, choirs, musicians
- Supply / hire of equipment
- printing and stationery, promotion and advertising

In-kind support

Estimated \$ Value

You can change the labels in the table. These are examples only	Must be a whole dollar amount (no cents).
	\$
	\$
	\$

Event Expenses

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List all expenses involved with your event and include which eligible expenses you would like funded by Council.

Instructions

- 1st column: record your expenses eg catering, venue hire, entertainment and talent fees, decorations, equipment hire etc.
- 2nd column: write the total amount for this expense item.
- 3rd column: If an expense item will be paid using grant funds, record the amount here for each item. Note: maximum amount funded is \$500.

Examples include:

- Talent / Entertainment: Singers, choirs, musicians
- Hire of equipment
- Catering
- Venue hire

1. Expenditure	2. Total Amount	3. Grant Funds Requested for this Item
You can change the labels in the table. These are examples only	Must be a whole dollar amount (no cents).	Must be a whole dollar amount (no cents).
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Budget Totals

Total Income *

\$

This number/amount is calculated.

Total In-kind contribution *

\$

This number/amount is calculated.

Total Income (Cash + Inkind) *

\$

This number/amount is calculated.

Total Event Cost *

\$

This number/amount is calculated.

Total Grant Funds Requested from Council *

\$

This number/amount is calculated.
Maximum \$500

Income - Expenditure

\$

This number/amount is calculated.

Acknowledgement and Declaration

* indicates a required field

Acknowledgement

If our application is successful, we agree to:

1. Schedule the event on 26 January
2. the inclusion of an Australia Day Awards ceremony to be held prior to 11.30am with the awards presented by the divisional Councillor (or delegate).

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- 3.The event will be open to all members of the public and free to attend.
- 4.Acknowledge Council's contribution through appropriate media coverage, including promotional material and acknowledgement at the event.
- 5.Cover all legal and financial responsibilities associated with the event. Council does not accept any liability or responsibility for the project or event.
- 6.Obtain all necessary permits/approvals prior to commencement of the event.
- 7.Obtain appropriate insurances for the event.
- 8.Meet all relevant Workplace Health and Safety standards.
- 9.Provide an outcome report within six weeks of the event to acquit the grant amount provided by Council.
- 10.Refund all funds to Council in the instance that the event is cancelled.
- 11Not utilise the community events grant to promote any political agenda.

Declaration *

- ☐ I confirm that we will meet the above requirements

Declaration and agreement

By submitting this application, I confirm that *

- ☐ I am authorised by my group / organisation to complete this form
- ☐ All statements are lawfully true and correct
- ☐ Our organisation has no outstanding debt to Council

At least 3 choices must be selected.

Name of authorised person submitting this application *

Position of authorised person *