Community Grants Application Form - July 2026
Form Preview

Eligibility

* indicates a required field

Program

This field is read only.

Applicants: please note

Before submitting an application:

- Please read the **Community Grant guidelines;**
- Please discuss your proposal with a grants officer first;
- Please note that applications are open for projects commencing from **1 January 2027;**
- Please do not apply for events or projects which have commenced before **1 January 2027** or have already taken place;
- Applicants to this round must choose one of two funding tiers: up to $5,000 or from $5,000 to $10,000; and
- 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. It is crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any outstanding Clarence City Council grant acquittals from previous projects, you will not be eligible to apply this round.

If you have any questions in regard to the eligibility criteria, please contact the Clarence City Council grants team on 03 6217 9515 or via email at **grants@ccc.tas.gov.au.**

If you do contact us throughout the application process, please quote the application number below:

Application Number

This field is read only.

Confirmation of Eligibility

Eligibility criteria

For an application to be assessed for grant funding by Council, the application must comply with the following criteria:

1. The grant application:

a) must be complete and include all required supporting documentation;

b) must be received within the grant application period, late applications will not be considered;

d) must be submitted by an authorised person of the organisation or entity and provide evidence of that authorisation; and

e) must not be for an activity that has a start date which occurred prior to the grant round or that has already taken place.

f) must not be for an activity which leads to a conflict with council's legislative obligations, including competitive neutrality (that is the requirement that activities compete fairly in the market and on equal terms to other businesses), and must not expose council to any unreasonable financial, legal, reputational or other risks.

2. The activity must be undertaken within the Clarence municipality or demonstrate that it will benefit the City of Clarence.

3. The Applicant must not submit more than one application across council's available grant rounds.

4. The Applicant must be an eligible entity for the given grant stream;

5. The Applicant must not owe any reports or money to Council as a result of previous funding or grants.

7. The applicant/s must have appropriate insurance coverage and have relevant workplace health and safety and risk management policies.

9. The Applicant is not:

a) a government agency or department of Local Government;

b) State or Federal levels of Government;

c) an organisation with gaming machines;

d) a political party or an organisation whose core purpose is political lobbying, including the lobbying of councillors;

e) a current council employee and/or councillor (this does not preclude irregular casual council employees whose work does not conflict with the grant activity or committees or organisations that councillors or staff participate on. All applications which involve council employees or councillors in any capacity must be declared as part of the grant application and will be subject to an eligibility conflict assessment by Council).

If you have any questions in relation to eligibility please contact grants@ccc.tas.gov.au before applying.

Please select below: *

○ Yes ○ No

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

Category of Applicant *

☐ Not-for-profit organisation
☐ Registered charity organisation
☐ Community or resident group
☐ Sporting club
☐ Incorporated association

Evidence of Eligibility

Evidence of Eligibility

Before applying, please ensure you have authority to apply, and upload the relevant documentation, as outlined below:

Organisations and other entities

Organisations (including not-for-profit organisations, registered charities, incorporated organisations, sporting groups and community or resident groups):

- to provide evidence of authority to enter into the agreement, for example: Minutes of a meeting of the board ***or*** Organisation body authorising the application; ***and***
- provide a copy of the organisation's Constitution and office bearers.

Auspiced applications:

- a letter of support duly signed by the organisation auspicing body (please note this may mean you need a decision of their board and to ensure the letter is duly signed)
- a copy of their Constitution and office bearers

I**nsurance**

- Applicants must provide evidence of appropriate insurance coverage and relevant workplace health and safety and risk management policies with this application.

Conflict declaration:

Please outline any potential conflict you have with council. This includes but is not limited to:

- the applicant being an employee or councillor;
- if the applicant is an irregular employee of council (an employee of council on a casual basis without consistent hours and whose work does not relate to the grant activity)
- In the case of an organisation, if any members of the organisation are council employees or councillors and if so, any steps that have been taken to mitigate a conflict.

Please outline any potential conflict you have with council here

Eligibility Documentation *
Attach a file:

Please upload relevant documents here, such as your current rule book/Constitution, copies of current insurances, and other evidence as it relates to you the Applicant, and as outlined above.

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the Australian Privacy Principles (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012.*

The personal information on this form is required by council for the General Grants Program. We will only use your personal information for this and related purposes. If this information is not provided, we may not be able to deal with this matter. You may access or amend your personal information at any time. How we use this information is explained in our Privacy Policy which is available here.

Applicant Details

Please use this section to provide details of you the Applicant, and contact details of the person who is authorised to complete and submit the application in accordance with your Constitution.

You can provide the Project Contact details further down.

Applicant 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.

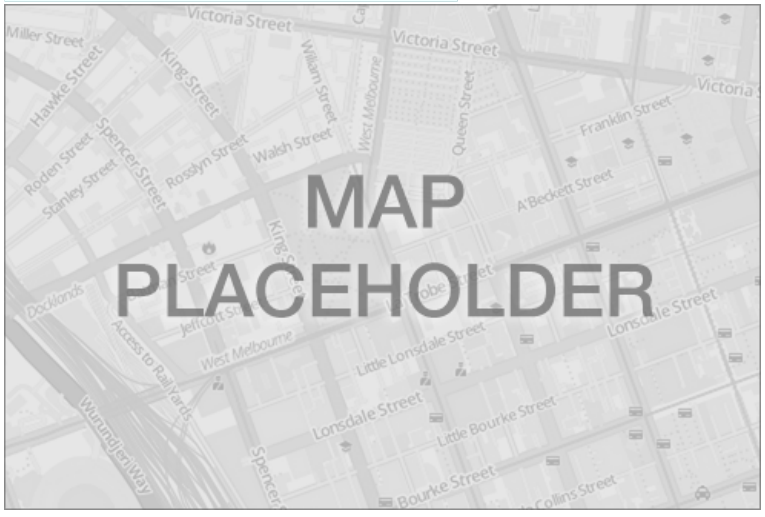
Applicant Primary contact *
Title First Name Last Name

This is the person we will correspond with about this grant.

Position held in organisation *

e.g., Manager, Secretary, Treasurer, Board Member or Fundraising Coordinator.

Applicant's primary address
Address



Applicant postal address
Address

Applicant's primary phone number *

Must be an Australian phone number.

Applicant's email address *

Must be an email address.

Applicant website

Must be a URL.

Project Contact Details

This section is for the Project Contact, if different to the above.

Applicant Project Contact
Title First Name Last Name

Applicant Project Contact Postal Address
Address

Applicant Project Contact Mobile Phone Number

Must be an Australian phone number.

Applicant Project Contact Primary Email

Must be an email address.

Organisation Details

* indicates a required field

What is your group/organisation's purpose or mission?

Please outline your organisation / group's mission, and include how your organisation / group provides benefit to the community

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.

If you do not have an ABN and your organisation or group is being auspiced for the purpose of this application, please continue to the next page on Auspice Information.

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

Max 25mb per file uploaded

Auspice Information

* indicates a required field

Is your organisation auspiced by another organisation for the purpose of this grant? *
○ Yes ○ No

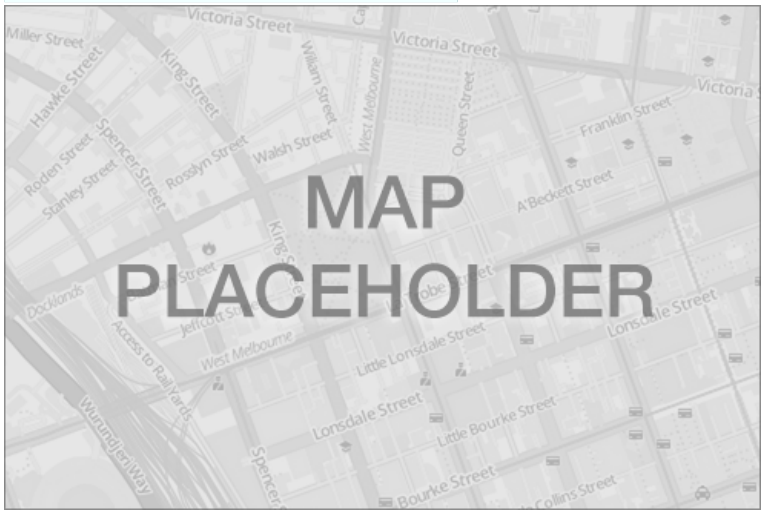
Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

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 email address *

Must be an email address.

Auspice website

Must be a URL.

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 primary phone number *

Must be an Australian phone number.

Auspice primary contact office 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 on company letterhead.

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

Project Details

* indicates a required field

Title of Project/Activity: *

Provide a name for your project/program/initiative. We will ask you to provide a brief summary of this project further down.

Project Start and End Dates

Anticipated start date *

Please ensure date is after 1 January 2027. If unknown, provide your best guess.

Anticipated end date *

If unknown, provide your best guess or leave blank

Funding request

What tier of funding are you requesting? *
☐ $500 - $5,000 Ex GST
☐ $5,000 - $10,000 Ex GST
No more than 1 choice may be selected.
You must only select one of these options

Type of support requested *
☐ Monetary
☐ In-kind
☐ Reduction or waiver of fees

Have you previously received funding from Council? *
☐ Yes
☐ No

Previous funding

Please tell us the year you received funding from Council, and the amount received.

Year received *

Amount received

Is this activity/program/event funded in any capacity by another grant? *
☐ Yes
☐ No

Other funding

Please outline how this funding will maximise dollars spent and community benefit, in addition to the grant you've already received.

Project Detail

Brief Project Outline *

Please provide a brief but clear summary of your project in 100 words or less. This description is for the assessors and will be used by Clarence City Council for publicity purposes, if your project is successful.

Project outline (Extended)

This is where you can go into more detail. Please outline the planned activities, and when they will take place, as well as any collaborators or partners you are working with.

What are the expected outcomes of the project?

Use bullet points to describe up to three things you want the project to achieve in terms of benefits for participants and/or others in Clarence community (under 200 words recommended)

Please list how you will spend the grant if successful. *

List how you plan to use council's grant funding, and what components of your activity will be funded by this grant.

Where will your activity take place? *

You can list more than one location, if relevant. Separate with commas

Activity Location confirmed?

Please indicate if you have confirmed locations/venues for your activity.

Has this event/activity been held previously; and if so, how will the funding support a new component of this existing event? *

If Yes, please demonstrate how the funding will be used to deliver a new component of an existing event.

Describe how your proposed activity or event will benefit the community of Clarence, and why it is needed *

Please detail how the community will benefit from your activity, including who, and why it is needed. Evidence of how you propose to market and promote your activity, and how you have identified the need or a gap in the market is important to mention here.

Please describe which priority of the Community Wellbeing Strategy 2022-2032 your project is aligned to? *

https://assets.ccc.tas.gov.au/uploads/2023/11/Clarence-City-Council-Community-Wellbeing-Strategy-2022-2032.pdf

How will you know if you've been successful?

These are your measures of success - Describe up to three changes you will see if the expected outcomes of the project occur (150 words recommended)

If your project aligns with more than one of council's adopted strategies, then please tick any that apply: *

- ☐ Active Living Strategy
- ☐ City Future Strategy
- ☐ Community Infrastructure Strategy
- ☐ Community Wellbeing Strategy
- ☐ Cultural Creative Strategy
- ☐ Digital Strategy

You can choose more than one if there is alignment across strategies

How do you plan to acknowledge council's support?
☐ Letter of thanks to councillors
☐ Invite councillors to relevant event
☐ Acknowledgement at event/activity
☐ Provide photos to council
☐ Acknowledgement in the media
☐ Other (please specify)

Community Benefit continued

Because you answered yes to the Tier 2 Funding option of requests from $5,000 - $10,000, we would like to know how your project aligns with more than one of the priorities/objectives of the Community Wellbeing Strategy 2022-2032, and how your project will demonstrate strategic long-term investment for the community.

Please list here which additional priorities your project aligns with, and how your project demonstrates a long-term investment for the community, and value for money.

Evidence of Community Support

What evidence do you have that this project/program has community support? *

Evidence of community support/demand is highly desirable, and can strengthen an application. Please outline any project partners and stakeholders who support the planned activities, and upload evidence below.

Please upload letters of support (if available/relevant)
Attach a file:

These can be emails or letters. A maximum of 5 files can be attached. This is highly desirable to showcase community demand and support, and evidence of strategic partnerships.

Staff, Volunteers, Participants

This section is for people or groups who are actively involved in the delivery of the activity. These could be trainers, performers, speakers, artists, creative practitioners, stallholders, staff, contractors and volunteers. If the answer is zero for any of these questions, simply enter a '0'.

The Total Project Participants field is automatically calculated based on your answers above.

Total number of paid staff/artists/contractors *

Must be a number.

Total number of volunteers *

Must be a number.

Total number of other participants *

Must be a number.
These might be people who will participate in the project/program, such as an audience, but are not actively delivering it. They are neither volunteer nor paid directly through the grant.

Total Project Participants

This number/amount is calculated.

Key Personnel

Please list who's involved in your project/activity/initiative and their roles. This should include any responsible officers such as creative leads, key collaborators, site managers, trainers, project managers, artists, facilitators, for example. Please include a short summary of their experience. If additional lines are required please click the 'Add More' button on the bottom right side of the table.

Key personnel - full name	Role	Paid or volunteer?	Experience in delivering this kind of activity
	What is their role in the proposed program	Answer 'Paid' or 'Volunteer'	Please provide a very brief summary of experience

Budget

Total Amount Requested

$
What is the total financial support you are requesting from council in this application?

Total Project/Program Cost

$
What is the total budgeted cost (dollars) of your project?

Budget

- **Please be mindful of your GST registration status when asking for funds** - some amounts may need to be EX GST or inc GST.
- As a general rule, you should enter the amounts you will be out of pocket for if GST applies**.**

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns.

- Examples of income could include 'council community grant', other grants and earned income.
- Examples of expenses could include 'wages and salaries - part time staffer x 40 hours', 'contractor fees', 'project production costs', 'equipment purchase', 'material costs'.
- Please do not include contingencies, as council will not fund unplanned/unbudgeted items.
- Please make sure that your request is an accurate picture of what your project will cost. We don't want you to end up being out of pocket or have unspent funds.

Use the 'Notes' column for any additional information you think we should be aware of.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures – e.g. type $1000 not $1,000 – this will ensure your figures for each table total correctly.

Income Description	Income Type	Confirmed Funding?	Income Amount ($)	Notes
			$	
			$	
			$	
			$	

Expenditure

This section is to demonstrate how you intend to spend the income above. It may include marketing costs, photography, project material costs, salaries and wages/artist fees.

Item	Expenditure Amount ($)	Purpose	Funding source	Notes
	$			
	$			
	$			
	$			
			Please use this column to show	

			which expenses will be allocated to the grant. The total here will have to match the Income total above, and demonstrate how you will allocate council funds	

Budget Totals

The totals below are calculated. The Income-Expenditure field must balance.

Total Income Amount

$

This number/amount is calculated.

Total Expenditure Amount

$

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.
This must equal zero

Please attach quotes for expenditure over $3000
Attach a file:

For purchases $3,000 - $10,000 two written quotes are required to be sought. For purchases $1,000-$2,999 you are required to seek two oral quotes.

Applicant Capacity

Please provide us with confidence that you can complete the work you've described in this application by outlining your ability to undertake the work.

Include in this section how you will complete this project/program within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work. Provide links to further explanatory material if available/relevant.

Certification and Feedback

* indicates a required field

Certification

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/ 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.

Signed by the Applicant who confirms by signing this Application that they have authority to act on behalf of the organisation/group.

I agree *

○ Yes ○ No

Name of authorised person *

Title First Name Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. President, Secretary, CEO, Treasurer)

Contact phone number *

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

Contact Email *

Must be an email address.

Date *

Must be a date