

Community Infrastructure Program Stream 2026

Form Preview

Eligibility

* indicates a required field

Before Starting

Before completing this application form, please read the program. [Community-Grants-Guidelines-26_27.pdf\(PDF, 2MB\)](#)

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.

Due to the grant, you have selected you may be asked to provide the following information:

- Proof of public liability insurance
- Letters of support
- Auspicing information
- Quotes for services or items

If you have any questions in regards to these eligibility criteria, please contact **community@ccrc.qld.gov.au** or phone Council on **1300 763 903** and ask to speak with our Community Services team.

About The Program

Our Aspirations

We are enjoying sustainable and responsible growth and development, with plans being actioned to deliver sufficient infrastructure, housing and community facilities, and safe, well-connected places and spaces that support and enhance quality of life for our community.

Available Funding

Program funding for the 2026-2027 financial year is \$225,000 with 1 funding round

Stream A - Minor Community Infrastructure Program Funding is for projects 0 - \$5,000

Stream B - Major Community Infrastructure Program Funding is for projects \$5,001 - \$30,000

- Minor Community Infrastructure Applications from \$0 to \$5,000 are required to demonstrate a 10% co-contribution to the project which can be in-kind and/or financial.
- Major Community Infrastructure Projects applications must be from \$5,001 to \$30,000 per application.
- Major Community Infrastructure Applications are required to demonstrate a 20% co-contribution to the project which can be in-kind and/or financial. A minimum of the co-contribution must be 10% financial contribution.

Community Infrastructure Program Stream 2026

Form Preview

- Minor applications request less detail than major applications.

Community Infrastructure Program

Eligibility: Refer to Eligibility Criteria Page in Council Guidelines.

Confirmation of Eligibility

By proceeding with this application, I confirm that I have read the Program Guidelines [Community-Grants-Guidelines-26_27.pdf](#) and that my organisation is eligible to apply.

Please select below: *

☐ Yes ☐ No

Contact Details

* indicates a required field

Applicant Details

Primary Contact *

☐ Individual ☐ Organisation

Organisation Name

First Name

Last Name

Primary Contact Phone Number *

Must be an Australian phone number.

Primary contact email address *

Must be an email address.

Address

Address

GST Registered? *

☐ Yes ☐ No

Community Infrastructure Program Stream 2026

Form Preview

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.

Organisation

Organisation's web site (must be a url e.g. [www.sampleorg.net.au](#))

Incorporation Number of Organisation

Auspice Information

* indicates a required field

Auspiced Application Please note:

- A not for profit community organisation manages grant funding on behalf of another group
- The auspicing organisation enters into the funding agreement with Council and accepts legal and financial responsibility for the project/initiative the organisation is making application for
- The group seeking the auspice will undertake the work to deliver the funded project or activity

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

☐ Yes

☐ No

Auspice Organisation Details

Community Infrastructure Program Stream 2026

Form Preview

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.

Primary contact person at auspice organisation *

☐ Individual ☐ Organisation

Organisation Name

First Name

Last Name

Auspice postal address *

Address

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

Auspice primary phone number *

Must be an Australian phone number.

Auspice email address *

Must be an email address.

Auspice primary contact primary phone number *

Must be an Australian phone number.

Community Infrastructure Program Stream 2026

Form Preview

Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. *

Attach a file:

Project Details

* indicates a required field

Funding Stream

Please select the Funding Stream that you are applying for *

- ☐ Minor Community Infrastructure Program Funding 0 - \$5000
- ☐ Major Community Infrastructure Program Funding \$5,001 - \$30,000

Project Title *

Anticipated start date *

Must be a date.

Project must start after 1st of November 2026

Anticipated end date *

Must be a date.

Your project should be completed by the end of the current financial year. Please contact Council if you require special consideration or consider breaking the project up into milestones.

Alignment with Program Stream Criteria (20% of assessment)

How does the application meet the criteria? (SEE BELOW CRITERIA) *

Word count:

Project Need (25% of assessment)

Explain the need for the project and how it was identified *

The [name of project] will address [main issues/problems/needs/opportunities] for the purposes of benefitting-[target group/organisation/community]. The project will-[description of activities]. These will bring about-[key changes achieved by your project]. Our organisation can address these challenges because we-[describe unique strengths/position to tackle the issues/problems/needs/opportunities].

Include evidence to support the need (letters of support) *

Community Infrastructure Program Stream 2026

Form Preview

Attach a file:

e.g., letter from state or federal member, peak bodies or other organisations, minutes, petitions, safety reports etc

Project Outcomes (25% of assessment)

Please describe how the project will benefit the Cassowary Coast Community and/or environment

- ☐ to maintain historical, cultural or otherwise significant assets
- ☐ to bring outsiders into the community, or showcase the beauty and diversity of the region to outsiders
- ☐ to encourage sustainable practices, or new ideas to renew, recycle, revegetate, regrow, reuse; either environmentally, economically or socially
- ☐ to increase skills, knowledge and experience within the volunteering community, and encourage this community to grow
- ☐ to address gaps in services in the region that have been identified which would benefit a minority group (First Nations, Seniors, Youth, Women, Homeless / Housing, Vulnerable)
- ☐ to encourage the health and fitness of the community through sporting venues
- ☐ to ensure places and spaces around the community are safe and secure
- ☐ Other:

As per your above answer please explain *

2-3 sentences explaining further

Is the project accessible to the target members of the Cassowary Coast community? *

- ☐ Yes
- ☐ No

If you answered yes to the above please describe how

2-3 sentences explaining

Who will specifically benefit from the project

- ☐ Seniors
- ☐ First Nations People
- ☐ Youth
- ☐ Businesses
- ☐ Micro Businesses
- ☐ Industry Sector
- ☐ Women's Initiatives
- ☐ Accessibility and Inclusivity
- ☐ Other:

Community Infrastructure Program Stream 2026

Form Preview

Will the project utilise local suppliers? (as per Council's Procurement Policy)

<https://www.cassowarycoast.qld.gov.au/policies> *

- ☐ Yes
☐ No

If you answered 'No' to the above, please explain why

1-2 sentences

Does the project collaborate with other organisations within the Cassowary Coast Local Government Area? *

- ☐ Yes
☐ No

If yes, who would this be.

Does the project align with Council's Corporate Plan and Strategies - LINK BELOW? *

- ☐ Yes
☐ No

<https://www.cassowarycoast.qld.gov.au/Our-Council/Publications/Corporate-Plan>

Organisational Capacity (15% of assessment)

How will the project be delivered (e.g. Project Plan)? *

e.g., project plan, who will deliver the project (yourself/project manager/contractors), Milestones, Permits & approvals, licences (if applicable)

Outline relevant experience with delivering similar projects. *

committee/ project manager/ contractor that has delivered something similar

Have you demonstrated the required in kind contribution in accordance with the program guidelines e.g. (labour, donated goods or services) (Not Required for projects under \$2,000)

Upload of documents

Please upload public Liability insurance Certificate of Currency, Lease agreement, proof of ownership or letter of consent from owner (if Council owned), and an [EFT FORM](#).

Community Infrastructure Program Stream 2026

Form Preview

Proof of public liability insurance *

Attach a file:

Proof of ownership or lease agreement of the asset you wish to improve *

Attach a file:

Please upload the EFT form (a new form is required for every application) *

Attach a file:

BUDGET

* indicates a required field

Value for Money (15% of assessment)

- 1 (one) written quote is required from a local supplier where local supplier exists for items between \$0 to \$5000.
- 2 (two) written quotes are required from a local supplier where local supplier exists for items between \$5001 to \$20,999.
- 3 (three) written quotes are required from a local supplier where local supplier exists for items between \$21,000 to \$279,999.
- Where local suppliers are not available, a justification and evidence should be provided to show where applicants have tried to source locally but the product or service was not available.
- Please note quotes are to be a formal written quote that shows the ABN number of the supplier

Total Cost of Project *

\$

Must be a dollar amount.

Do not include in kind hours, only cash component.

Total Amount Requested *

Must be a whole dollar amount (no cents) and no more than 30000.

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

EXPENSES

Please note: Purchased locally means from a business that is based within the Local Government area. Put any in kind or donated *items* into the IN KIND section.

Community Infrastructure Program Stream 2026

Form Preview

Expenditure Description	Amount	Grant Funded	Purchased Locally
List all the Expected project expenditure	Must be a dollar amount	Choose Yes or No	Choose Yes or No
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

INCOME

If you are required to have a 10% financial co-contribution (\$0 to \$30,000) add it in this table

Income	\$
Put in here the anticipated CCRC cash request, any cash from other grants, and organsiation funds. Do not put in donations of items or in kind hours.	

Budget Totals

Total Income Amount

This number/amount is calculated.

Total Expenditure Amount

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.
This amount should be \$0.00

In-Kind Support Goods and Services

This Description should show the source of the in-kind support and then demonstrate the value of the support. In-kind labour can be calculated at the following:

- Volunteers labour is valued at \$59.12 per hour (ABS)
- Professional and contractor in kind services are generally valued at market rates

Please record in-kind labour as No. of volunteers x No. of hours x \$ cost per hour used

Community Infrastructure Program Stream 2026

Form Preview

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- A minimum of the co-contribution is 10% financial contribution, which must be put under the **income section** above

Description	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

In-Kind Support Budget Totals

Total Expenditure Amount

\$

This number/amount is calculated.

Please upload any quotes for any services or products required for your project.

Attach a file:

Certification and Feedback

* indicates a required field

All applicants must agree to the following:

I, the undersigned, certify that:

- 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.
- To the best of my knowledge, the information given in this document, is true and accurate.
- I understand that Council has the right to request a current financial statement for the purposes of assessing grant application.
- I understand that if funding is allocated to our project, event or activity, I will be required to accept the funding in accordance with the Cassowary Coast Regional Council's conditions of funding
- I certify that the project, event or activity will be completed within the allowable time frame

Community Infrastructure Program Stream 2026

Form Preview

- I understand that if Cassowary Coast Regional Council approves the grant, I will be bound by the contents of my application to carry out my project as I have described and my application will form part of my funding agreement with Cassowary Coast Regional Council.
- In order to be successful the Organisation will be required to accept the terms of the grant in accordance with Councils requirements
- I understand the Project Outcome Report Acquittal Form accompanied with receipts and invoices, will be completed and returned to council within eight (8) weeks from the end of the project
- I understand that if the conditions of funding are not complied with Council will recover the funds allocated and future applications for funding from Council will not be considered.

Please tick box if you agree *

☐ Yes

Full Name *

Privacy Statement

Cassowary Coast Regional Council is collecting your personal information in accordance with the Information Privacy Act 2009 (Qld), and other applicable laws. Your information is being collected for the purpose of processing your application and/or responding to your enquiry. It may be used by authorised Council officers and disclosed to other agencies or third parties where required or permitted by law. Providing this information is voluntary; however, if you do not supply the requested information, Council may be unable to provide the requested service. You have the right to access and amend your personal information held by Council, subject to legal constraints. For more information, please view Council's [Privacy Policy](#) on Council's website www.cassowarycoast.qld.gov.au

I acknowledge the privacy statement *

☐ Yes

Acknowledgment of Funding

If you are successful in your application Council requests acknowledgment of contribution in the following ways:

- 1.Acknowledgement in media releases and promotional activities;
- 2.Brand exposure at events or associated functions;
- 3.Opportunities for Council to do onsite promotion during events
- 4.Opportunities for Council participation in formal ceremonies

I am aware of my obligations for acknowledgment of Council should this application be successful. *

☐ Yes

Feedback

Please let us know if there is anything you would change about this process.

