Emergent Needs Funding 2026/2027
Form Preview

Contact Details

* indicates a required field

Important Information

The Emergent Needs Funding is assistance which is available outside of the regular funding rounds.

Before applying for this funding, please ensure you have read the **Community-Grants-Guidelines-26_27.pdf**

The Program

The Emergent Needs Funding is to provide rapid response-based support for not-for-profit community groups who are faced with genuine unforeseen expense when planning community events, activities or initiatives. It is important to note that this program is not intended to serve as a recurring source of funding for the same event or activity on an annual basis. Instead, it is a one-off support, mechanism for extraordinary situations, rather than a substitute for a regular or ongoing financial planning for recurring events.
Applicants can apply up to $1,200

Eligibility: Refer to Eligibility Criteria Page in Council Guildlines.

Please allow up to 21 days for a fully completed submission to be reviewed, approved, and processed.

Please select to acknowledge you have read and agree to the above information *
○ I agree to the above information

Contact Details

Applicant
○ Individual ○ Organisation
Organisation Name

Title | First Name | Last Name

Applicant Project Contact Primary Address *
Address

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

Applicant Project Contact Primary Phone Number *

Must be an Australian phone number.

Applicant Project Contact Primary Email *

Must be an email address.

Are you using an Auspice for this application?

○ Yes ○ No

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.

Are you incorporated? *

○ Yes ○ No

Incorporation Number

Do you have current insurance *

○ Yes ○ No

Please upload a copy of your Insurance Certificate of Currency

Attach a file:

Auspicing Details

Please note:

- All individuals who do not have an ABN, groups/collectives or unincorporated organisations must nominate an individual with an ABN or incorporated organisation to take responsibility for any grant that may be offered.

Name *

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○ Individual ○ Organisation

Organisation Name

Title | First Name | Last Name

Address *

Address

Contact Person *

Position of Contact Person

Are you registered for GST? *

○ Yes ○ No

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Event Details

* indicates a required field

Name of Event *

Event Venue *

Venue Address *

Event Commencement *

Must be a date.

Event Completion Date *

Must be a date.

About the Event

Tell us about your event *

Word count:
Must be no more than 200 words.

Who is your target audience? *

Youth, tourism, seniors, families etc

Please explain why this funding is required, please also include any strategies that you have attempted to meet the needs of your project or event before applying for this funding. *

Word count:
Must be no more than 200 words.

Budget

* indicates a required field

Local Suppliers

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

Budget (Budget must be completed)

Income	$	Expenditure	$
	$		$
	$		$

	$		$
	$		$
	$		$
	$		$
	$		$
	$		$

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.

CCRC Cash Request *
$
Must be a dollar amount.
What is the total financial support you are requesting in this application?

Quotes

Please upload all quotes obtained to support your application *
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 t the use and disclosure of information as outline in the Statement.
- To the best of my knowledge, the information given in this document, is true and accurate.
- I understand that Council have 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
- 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.

- 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 (ii) future applications for funding from Council will not be considered.

Please select below to acknowledge the above statements *

○ Yes

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

Where required for promotional material Council will provide the logo along with guidelines for its usage.

I am aware of my obligations to acknowledge funding received from Council. *

○ Yes

EFT Payment Form

Please complete an EFT Payment Form. If you need any assistance please contact community@ccrc.qld.gov.au. Once you have completed this form please upload below.

EFT Payment Form *

Attach a file:

Feedback

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

Applicant Project Contact *

○ Individual ○ Organisation

Organisation Name

First Name Last Name