

Councillor Discretionary Funds 2026/2027

Form Preview

1. Councillor's Discretionary Funding Application

* indicates a required field

Before you continue:

You will need to fully understand the guidelines for the Councillor Discretionary Funds to make sure your organisation's application has the best chance of getting funded.

Please review the [Councillor Discretionary Funds Guidelines on the Community Funding and Support](#) website before commencing your application. You may also like to look at the resources '[Grant Writing Tips](#)' and '[Sample Budget Fact Sheet](#)' available on Council's Funding and Support webpage.

1.1 Is the applicant a Not-for-Profit organisation / Group / Club or Registered Charity (includes Churches and School P&Cs) *

☐ Yes

☐ No

As you answered No to Q1.1 - your organisation is INELIGIBLE for funding.

Please contact the Community Funding and Support Team at communityfunding@ipswich.qld.gov.au or phone (07) 3810 6648 to discuss further.

1.2 Name of Organisation *

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the Australian Business Register, Australian Charities and Not-For-Profit Commission or Australian Tax Office.

2. Project Details

2.1 Project Title *

Provide the title for your project/event. Your title should be short but descriptive.

TELL US ABOUT YOUR PROJECT

- What will you do and what activities are involved?
- Who will be involved?

2.2 Please provide information about your project (answering the above questions). *

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Please include details of what you will do (i.e. what activities are involved), and the outcomes you expect your project to achieve. Go to the Funding Centre's Answers Bank at <https://explore.fundingcentre.com.au/help-sheets/answersbank> if you need some ideas about how to frame your response.

Any other supporting documentation

Attach a file:

2.3 Is your project a facility upgrade? (If only purchasing equipment that will not be installed as a permanent fixture of the facility, tick No) *

☐ Yes ☐ No

2.4 What are the primary areas of focus for this project/program? *

No more than 3 choices may be selected.

You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)

2.5 Who are the primary beneficiaries of this project/program? *

No more than 3 choices may be selected.

Please choose only the group/s that are at the very core of this project/program

2.6 Approximate number of participants or people who will benefit from the project *

Must be a number.

2.7 Which key theme/s of Council's strategic plan, iFuture, does your project align to? *

- | | |
|---|---|
| ☐ Vibrant and Growing | ☐ Natural and Sustainable |
| ☐ Safe, Inclusive and Creative | ☐ A Trusted and Leading Organisation |

Tick as many as applicable. Please refer to the [iFuture : Corporate Plan](#) for more information on the key themes.

2.8 Project Dates

Projects must not start until after funding has been **approved**.

Notification of approved/declined/ineligible applications will generally occur within four (4) weeks of the application submission date.

If funding is approved, the project must be completed within 12 months of the funding approval date.

Start Date *

End Date *

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If your project is an event, this is the date of your event or the first day of your event if being held over more than 1 day.

If your project is an event, this is the date of your event or the last day of your event if being held over more than 1 day. If successful, an Acquittal will be due one month after this date (but no later than 12 months from the funding approval date)

2.9 Where will the project take place? *

Address

If purchasing equipment, where will the equipment be stored?

2.10 Which Council Division will the project be held in? *

☐ Division 1

☐ Division 3

☐ Multiple areas across the Ipswich LGA

☐ Division 2

☐ Division 4

If purchasing equipment, where will the equipment be stored? PLEASE NOTE: Projects / Events must be conducted within the Ipswich LGA to be eligible for funding.

Not sure which division the project will be held in?

Find out on the [Electoral Commission of Queensland website](#) (go to the webpage and type in the event address).

2.11 Is your project being held in a Council park or property? *

☐ Yes

☐ Not Applicable - purchase of equipment only

☐ No

PLEASE NOTE: purchase of equipment only does not include equipment that will be installed as a permanent fixture of the facility.

Please attach proof of permission to use Council's park or facilities (park booking permit, lease agreement, etc.) *

Attach a file:

If you are planning an event in a Council park, reserve or facility you will need to apply for a permit or licence. Some other events, even those held on your own or private property, may also require an additional permit or licence, e.g a Temporary Entertainment Event Licence (or TEEL). Please refer to [permit and licence](#) requirements or contact ICC Applications on 3810 6666 for further assistance.

Risk Management Form

2.13 Do you have a Risk Management Form for your project? *

☐ Yes

☐ No

PLEASE NOTE: You are not required to provide a copy of your Risk Management Form on this application, however you may need to provide one if you are required to apply for any type of Permit or Licence for your project / event.

Please refer to the following links for information which will assist your organisation to develop a risk management plan, including pre-populated checklists.

[Volunteer Now - Risk Management Templates](#)

[Our Community - Risk Management Help for Not for-Profits](#)

2. Project Details Continued

* indicates a required field

Facility Upgrade

2.14 Who owns the facility that is being upgraded? *

- ☐ State Government facility - approval documentation required
- ☐ Federal Government facility - approval documentation required
- ☐ Local Government facility - approval documentation required
- ☐ Privately Owned facility - approval documentation required
- ☐ Your organisation's facility- approval documentation not required
- ☐ Other:

Approval Documentation

If your organisation is not the owner of the facility that is being upgraded, you must provide documentation from the owner showing their support for the project and evidence of your current tenure.

If you are a sporting club with a lease / seasonal permit for a Council owned facility, please contact the Sport and Recreation team at sportrecreation@ipswich.qld.gov.au or phone 3810 6666 before submitting your application.

2.15 Attach proof of permission from the owner of the property *

Attach a file:

PLEASE NOTE: Approval from the owner of the property does not replace any Development Application that may need to be submitted and approved for the works to proceed.

2.16 Is your building covered by a heritage overlay? *

- ☐ No
- ☐ Yes - Please seek advice from Council's Planning and Regulatory Services Department on 07 3810 6666 prior to completing your application
- ☐ Unsure - Please seek advice from Council's Planning and Regulatory Services Department on 07 3810 6666 prior to completing your application

2.17 Does your project have the necessary approvals? *

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- ☐ Not relevant - no approvals are required
- ☐ Yes - approvals are attached below

Property development may require an appropriate approval. Please contact Council's Planning and Regulatory Services Department on 3810 6666 for further information prior to submitting this application to confirm whether an approval is required.

If approvals aren't required, please explain how you came to this decision. For example, you have contacted Council's Planning and Regulatory Services Department (noting the name of the Officer) and have been notified that approvals are not required. *

Attach approval *

Attach a file:

3. Budget

* indicates a required field

Please include GST in all amounts listed below. We will not add the GST to the amount allocated if you are registered for GST. It must be included in the total amount requested.

Your budget **MUST** balance i.e. Total Income = Total Expenditure.

For Income please include any of the following:

- The funding amount you are seeking (Councillor's Discretionary Funds) - to a maximum of \$10,000.00 (each Councillor can allocate up to a maximum of \$2,000.00)
- Cash / In-kind contribution from your organisation, e.g., staff costs, direct payment of goods/services, printing costs, administration support
- Voluntary contributions (ICC recognises the contribution of volunteers at \$40.35 per hour. This amount can be claimed as your organisations in-kind contribution to the project costs)
- Other Guaranteed Income - this may be from other grants/sponsorship received, etc.

For Expenditure

- Please list **all** costings for the project - each supplier or item must be listed separately.
- Attach current quotes for each item Council funding will be used towards. Wherever possible goods and services should be purchased from Ipswich based providers.
- ATTACH CURRENT QUOTES ONLY - **DO NOT ATTACH INVOICES**. Please attach files below.

PLEASE NOTE: The In-Kind Assistance Program has now closed. You can apply for funding towards the hire of bins and/or portable toilets through Councillor Discretionary Funds.

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3.1 Income Table

Income Description	\$ Funds coming in
Councillor's Discretionary Fund (funding amount requested)	\$
Applicant organisation financial contribution (if applicable)	\$
Organisation in-kind contribution (if applicable)	\$
Other Guaranteed Income (if applicable)	\$
	\$
	Must be a dollar amount.

3.2 Expenditure Table

Expenditure Description (list goods and/ or services) \$ Cost of goods/services

	\$
	\$
	\$
	\$
	\$
	\$

3.3 Budget Totals

The budget totals are automatically populated from the tables above. These amounts should be the same.

Contact the Community Funding Team at communityfunding@ipswich.qld.gov.au if you require assistance with the budget.

Total Amount Requested (up to a maximum of \$10,000) *

\$

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

3.4 Please attach **CURRENT QUOTES ONLY** for expenditure items Council funds will be used towards. The total cost on quote/s provided must be equal to or greater than the amount being requested.

DO NOT ATTACH INVOICES. *

Attach a file:

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Applications must include copies of current quotes received for the goods and/or services Council's funding will be used towards. Wherever possible goods and services should be purchased / hired from Ipswich based providers. You may find an Ipswich based provider at <https://ipswichchamber.org.au/members/> or <https://gscc.com.au/members-directory/>.

4. Acquittal and Project Evaluation

At the end of your project, you must acquit the funding (proving you have spent the money in accordance with this application and provide copies of paid invoices and/or receipts).

The acquittal also requires you to evaluate the project and provide information about the outcomes achieved.ore information about evaluating projects, please refer to [Measuring What Matters Booklet](#).

Measuring the success of a project could include:

- the number of people attending and/or participating in the project
- surveying participants or target groups to gain feedback (this could be an online survey or hard copy surveys)
- undertaking participant or target group interviews
- providing images, photographs and/or videos of your activities

4.1 How will you measure the success of your project?

NOTE: You will be required to provide evidence of how you measured your project, including copies of surveys, photos etc.

5. Organisational Details

* indicates a required field

Contact Details

5.1 Contact person *

Title First Name Last Name

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This is the person we will correspond with about this funding application.

5.2 Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

5.3 Contact Phone Number *

Must be an Australian phone number.

5.4 Contact Email address *

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

5.5 Organisation's Street Address *

Address

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

5.6 Division where your organisation is located. *

- ☐ Division 1 ☐ Division 3 ☐ Outside of the Ipswich LGA
☐ Division 2 ☐ Division 4

Not sure which division you're in?

Find out on the [Electoral Commission of Queensland website](#) (go to the webpage and type in your address).

5.7 Organisation's Postal Address *

Address

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

5.8 Organisation's Email address *

Must be an email address.

5.9 Organisation's Website

Must be a URL.

If applicable

5.10 Organisation's Bank Account *

Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Approved funds will be transferred directly to this nominated bank account.

5.11 Do you have an ABN? *

- ☐ Yes ☐ No

ABN *

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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.

5.12 If your organisation is unincorporated, please attach a copy of your organisation's constitution

Attach a file:

5.12 As your organisation does not have an ABN, please attach a copy of your organisation's Incorporation Certificate or Constitution *

Attach a file:

5.13 Please attach a copy of your current Public Liability Insurance Certificate or Certificate of Currency *

Attach a file:

The minimum cover required is \$20 million and the insurance company must be licensed to operate in Australia. The certificate must be in the name of the applicant.

5.14 Please outline the management structure of your organisation and describe your organisation's ability/capacity to manage community projects *

For example, please note the management committee structure and provide detail on any previous projects / events your organisation has managed.

5.15 Are any Board / Management Committee members Ipswich City Council staff?

*

- ☐ Yes
☐ No

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Council collects this information in accordance with its Related Party Disclosure Policy

List of Board / Management Committee members who are Ipswich City Council staff

Name	Position in your organisation (eg. Secretary, Committee Member, etc)

5.16 Does your organisation adhere to sound Workplace Health & Safety practices? *

- ☐ Yes
☐ No

5.17 Does your organisation comply with all other Australian and Queensland Legislation including accounting and auditing requirements, antidiscrimination laws, privacy, confidentiality and freedom of information laws, registration and accreditation of professional employees, and preparation and dissemination of annual reports? *

- ☐ Yes
☐ No

6. Certification

* indicates a required field

6.1 Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (e.g. CEO, President, Chairperson, Treasurer, Secretary). If the application is not being submitted from the email address of the certifying individual, a letter on the organisation's letterhead confirming their support for the application must be attached.

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 funding, we will be required to accept the terms and conditions of the funding as outlined in the approval notification.

I agree *

- ☐ Yes

Name of Authorised Person *

Title	First Name	Last Name

Must be a person with delegated authority to sign on behalf of the organisation, e.g. chief executive officer, secretary, treasurer, chairperson

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Position *

Position held in applicant organisation (e.g. 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.

Letter of certification (if relevant)

Attach a file:

6.2 Privacy Statement

Ipswich City Council is collecting your personal information so that we can process your request for Councillor Discretionary Funds. We will not disclose your personal information outside of Council unless we are required by law or you have given your consent. However, in order to perform the above functions, we may need to disclose your personal information to relevant Council Committees, which may be recorded in meeting agendas and formal minutes, which are accessible to the public. Further, your personal information, such as your name, may be discussed at the meetings of Council and its committees which are open to the public. Please also note that, as per the [Councillor Discretionary Funds Policy](#), Council will maintain a record of all allocated discretionary funding and will publish this notice on Council's website, including the name of each organisation receiving funds and the amount and purpose of that funding. Discretionary funding allocations will also be reported in Council's Annual Report. By completing and signing this form and returning it to Council, we will consider that you have given us your consent to manage your personal information in the manner described in [Council's Privacy Statement](#), [Personal Information Digest](#) and this collection notice.

7. Checklist and Feedback

*** indicates a required field**

Have you attached copies of all documents as required to support your application?

Incomplete applications will not be considered.

7.1 Checklist - these documents are required *

- ☐ Current Public Liability Insurance Certificate or Certificate of Currency
- ☐ Current QUOTES ONLY for goods and/or services Council funds will be used towards

Checklist - these documents may be required (please attach if applicable)

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- ☐ Applicant organisation's constitution (if applicant organisation is unincorporated)
- ☐ Applicant organisation's Incorporation Certificate and/or constitution (if applicant organisation has no ABN)
- ☐ Park Booking Permit or proof of use of Council's park or facilities
- ☐ Facility Owner's Permission for facility upgrades
- ☐ Any required permit/s or licence/s for facility upgrades

If these documents are required and not attached, your application may not be considered.

7.2 Applicant Feedback

Council invites feedback from applicants to help us to improve future community funding programs and processes. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Out of 5, how would you rate the complexity of this application form.

1 = Very Difficult, 5 = Very Easy

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Would you like to provide any feedback to assist us to improve the application process (including guidelines, timeframes, resources etc) to inform future funding and support programs?

Do not add application specific information here. If you have additional questions/information regarding your application, contact the Community Funding team on (07) 3810 6648 to discuss the appropriate action.

We thank you for your feedback.