

QLD Community Grant Application Form 2025

Form Preview

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* indicates a required field

Queensland Community Grant Application Form 2025

Please read the [guidelines](#) before starting an application.

If you are unsure if your request meets our guidelines, please contact our Kids Support Team on kidssupport@varietyqld.org.au or 07 3907 9300.

Name of Organisation, Community Group or School *

Organisation Name

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.

Address *

Address

Suburb State Postcode

Must be an Australian postcode.

Phone Number *

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Must be an Australian phone number.

Email Address *

Must be an email address.

Applicant Admin Contact *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Applicant Admin Contact Primary Phone Number *

Must be an Australian phone number.

Applicant Admin Contact Primary Email *

Must be an email address.

Please provide a brief description of your organisation or institution: *

Financial, general, key points, geographical impact.

Please upload a image of your Organisation

Attach a file:

Establishment Date *

Must be a date.

Date organisation or institution was established

What is your mission statement or charter? *

Number of children catered for: *

Age Range: *

Number of children living with disability or disadvantage *

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Eligibility / Disability or Disadvantage *

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Equipment / Assistance Applying For

Type of equipment / assistance required: *

Impact - How will this equipment and assistance be used and how will this benefit the children your organisation supports?

How many children will benefit from the supply of this equipment / assistance? *

Must be a number.

Value including GST and freight *

Must be a dollar amount.

Please attach 3 current quotes. *

Attach a file:

A minimum of 3 files must be attached.

Does your organisation have a Fundraising Department? *

Yes No

If yes, what is your annual revenue from fundraising?

Must be a dollar amount.

Are these funds accessible to your department/project area?

Yes No

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Are you able to make a financial contribution towards the cost

Yes

No

If yes, how much?

\$

Must be a dollar amount.

Has Variety previously assisted your organisation/institution?

Yes

No

If yes, amount of previous assistance?

\$

Must be a dollar amount.

Date of previous assistance:

month and year

Nature of grant

please outline previous assistance received.

Have you approached any other sources for financial assistance?

Yes

No

Please provide or attach details

Attach a file:

Please indicate if your funding is dependent on funding from other organisations:

If your application is approved, how will you acknowledge Variety's contribution?

Newsletters, PR, Website, Social Media

If your application is approved, will you be willing to assist Variety Queensland where possible?

Yes

No

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Our most successful way of raising money is to demonstrate, by way of images and personal accounts, how donations are making a positive impact on the lives of children in need - there is nothing more powerful than seeing the beautiful smiles of the children we strive to assist. Allowing us to tell your story and keep in touch provides our sponsors and supporters with an insight into the work Variety undertake and encourages more donations and support. This then helps us achieve our mission to help sick, disadvantaged and special needs children to live, laugh and learn.

We may wish to use these images in our promotional material.

I, on behalf of the organisation or institution acknowledge that this agreement permits Variety to use the materials in all forms of media including, but not limited to annual magazine, event flyers, brochures, digital, electronic or print media.

I agree

I do not agree

I consent to Variety collecting the information provided on this form. I understand that if I do not provide the information requested, I may be ineligible to receive assistance from Variety. *

Confirm