

RADF Expression of Interest 2026-27

Form Preview

RADF Expression of Interest Form

* indicates a required field

Form assistance

Before filling in this form, please read the [RADF Guidelines](#) on our website.

Funding Category

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- ☐ Professional Development
- ☐ New Work - Creation
- ☐ New Work - Presentation
- ☐ Project

Please choose one option that best fits your proposal.

Applicant *

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

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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	

RADF Expression of Interest 2026-27

Form Preview

Main Business Location

Must be an ABN.

Is your organisation (or auspicer if being auspiced) registered for GST?

- ☐ Yes
- ☐ No
- ☐ N/A

Applicant Primary Address *

Address

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

Applicant Primary Phone Number

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Applicant Primary Website

Must be a URL.

Applicant Postal Address

Address

Applicant Mobile Phone Number

Must be an Australian phone number.

Applicant Other Phone Number

Must be an Australian phone number.

Applicant Other Email

Must be an email address.

Grant History

RADF Expression of Interest 2026-27

Form Preview

Has the applicant, group or individual to be funded previously applied for an arts/cultural grant (including RADF, CAS or CCASF)?

- ☐ Regional Arts Development Fund (RADF)
- ☐ Cultural and Art Support Fund (CAS)
- ☐ Other Toowoomba Council Cultural Grant or donation

Proposed activity

Project Title *

Short project description *

Provide a short description (100 words recommended) of your project - what are you out to do?

Start Date *

Must be a date.

Cannot be before 1 February 2027

End Date *

Must be a date.

May be approximate.

Working with children and young people

If your project / event will involve working with children and / or young people, please determine whether staff and / or volunteers are required to hold a 'Working with Children and Young People Blue Card' or exemption card. To find out whether this applies please see the [Queensland Government regulations](#).

Will your project / event involve working with children or young people? *

- ☐ Yes
- ☐ No

For more information visit the Child Safe Organisations Act 2024.

If yes, I confirm that my organisation will maintain responsibility for ensuring all staff, volunteers and / or contractors working with children and / or young people hold a current Blue Card or exemption card, and it will be valid for the duration of the project / event.

- ☐ Yes

Location

RADF Expression of Interest 2026-27

Form Preview

What is the location for your activity/project? e.g. Oakey, Millmerran, Yarraman etc. For projects in Toowoomba, preference should be given to using the suburb name. e.g. Centenary Heights, Glenvale, Wilsonton etc. *

Activity/project/event must occur within the Toowoomba Regional Council area.

Address where activity/project will occur. Answer as per example provided and don't include suburb/locality/township or city. *

e.g. 123 Smith St

Venue and address where the event will occur. Answer as per example provided and don't include suburb/locality/township or city.

e.g. Queens Park, Margaret St

Outline

This form is an expression of interest only. Please include all known information as selection of applications to proceed to the next stage will be made on the details you provide in this form.

Who will make this project happen? *

Please provide a list of all personnel necessary to make your activity happen. Include names in roles where these are known.

How did you identify the need and how will it benefit the community? *

Describe the specific issue or need you want to address (200 words recommended)

What are the expected outcomes and benefits of the activity/project? *

Word count:

What do you want the activity/project to achieve in terms of benefits for participants and/or others

How does your project meet the grant funding objectives? *

RADF Expression of Interest 2026-27

Form Preview

Word count:

Refer to RADF Guidelines <https://www.tr.qld.gov.au/community-business/grants-funding/apply-by-category/12409-regional-arts-development-fund-radf#guidelines>

On what aspects of the proposed project will the funds be spent. *

Where is other funding coming from?

Anticipated support material *

Will you be able to bring Letters of support, funding confirmation, evidence of other funding sought etc. if your expression of interest is selected to be presented to the Committee?

Amount requested

Total Amount Requested from RADF for this activity *

\$

Must be a dollar amount.

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

Total Project Cost *

\$

Must be a dollar amount.

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

All applications are required to show a co-funding contribution in the budget.

How much is the proposed co-contribution? *

\$

This could be in the form of: applicant cash contributions grants from other funding bodies fundraising, sponsorship and partnership contributions in-kind support.

Document upload

Support material you consider necessary to the assessment of your EOI

Attach a file:

A maximum of 3 files may be attached.

Reference

RADF Expression of Interest 2026-27

Form Preview

Please attach a statement from a referee to indicate your experience and knowledge. Your reference must support your suitability for consideration for this funding.

Reference *

Attach a file:

A minimum of 1 file and a maximum of 2 files may be attached.

Applicant certification

- I certify to the best of my knowledge that the statements made in this application are true and correct.
- I understand that if this expression of interest is selected to progress to the next stage, I will be required to present to a meeting of Toowoomba Regional Council's RADF Advisory Committee in November of the relevant financial year.
- I understand that I will need to present a detailed budget at the time of my presentation.
- I understand my presentation will then be subject to review by the RADF Committee and my application may not be funded.
- I understand that the Toowoomba Regional Council does not accept any liability or responsibility for the proposal in this application and that it is the responsibility of the applicant to provide the appropriate insurance cover.

Declaration

I understand and acknowledge that:

- I have read and understood the [TRC RADF guidelines](#).
- The information provided in this application is true and complete to the best of my knowledge.
- Council may refuse this application if it becomes evident that any information or supporting documents provided are incomplete or false.
- I approve of the information that has been provided in this application.
- I acknowledge Queensland State Laws will accept this communication as containing my signature within the meaning of the [Electronic Transactions \(Queensland\) Act 2001](#).

Signature

Agreement with certification *

- ☐ I agree with the applicant certification above.

Agreement with Declaration *

- ☐ I agree with the declaration above

Applicant's full name

Date

RADF Expression of Interest 2026-27

Form Preview

Must be a date.

Form process

After submitting this form a Council officer will contact you (using the details provided in this form) to progress your request, advise if your application has been successful and discuss further arrangements with you.