

2026-2027 Emergency Relief Fund

Form Preview

Overview and Eligibility

Overview

The Emergency Relief Fund allows Council to provide financial assistance to fundraising appeals that respond to crisis or disaster, new community-led initiatives, or individual hardship requests that address an emerging or unexpected need where action is time critical. A total of \$50,000 is available annually at the discretion of Council within the adopted Council budget.

Eligibility

To be eligible to apply you must - provide proof of the emergency expenses- demonstrate that you are unable to meet the expenses- not be eligible to apply for another Council grant or funding program- reside or be delivering services in the Cumberland LGA

Applicant Details

* indicates a required field

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

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ACNC Registration
Tax Concessions
Main Business Location

Must be an ABN.

Applicant Position

Applicant Primary Address

Address

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.

About Your Organisation

* indicates a required field

What does your organisation do? *

Word count:

Must be no more than 200 words.

What is your connection to the Cumberland LGA and who is your target group?

Word count:

Must be no more than 200 words.

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Your Application

* indicates a required field

Total Amount Requested *

\$

Must be a dollar amount.

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

Project Start Date *

Must be a date.

Project End Date *

Must be a date.

Successful grants must be spent within 12 months of receiving funds.

What will your project achieve? *

Must be no more than 200 words.

Describe three things you want the project to achieve in terms of benefits for participants and/or others (200 words recommended)

Who will benefit from the funds? Include details of the participants benefiting from this project including the percentage of your target group that are from the Cumberland LGA. *

Word count:

Must be no more than 200 words.

Budget

Provide a detailed breakdown of each expenditure items.

Expenditure Description	Amount in '\$'
	\$
	\$
	\$

Budget Totals

Total Expenditure Amount

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\$

This number/amount is calculated.

Quotes

Please attach any supporting documentation

Evidence of expenditure e.g. bills or quotes etc.

Attach a file:

Evidence of hardship e.g. bank statement or concession card etc.

Attach a file:

Additional evidence e.g. incident report or insurance claim etc.

Attach a file:

Privacy and Declaration

* indicates a required field

Privacy Statement

Some information that Cumberland City Council (Council) is collecting from you is personal information for the purposes of the Privacy and Personal Information Protection Act 1998 ("PIIP Act"). The supply of the information by you is voluntary. If you do not provide the information Council may not be able to accept your application for funding. The information will be retained by Council and stored in Council's Central Records System and will not be made publicly available. You may make an application for access or amendment to your personal information. You may make a request that Council suppress your personal information from a public register. Council will consider any such application in accordance with the PIIP Act. Cumberland City Council is to be regarded as the agency that holds the information. For more information about your privacy please contact Cumberland City Council. Complaints or concerns regarding the use of your personal information can be made to Council's Privacy Contact Officers.

Declaration, Consent, and Authority

This **MUST** be completed by the applicant or organisation.

- I certify that to the best of my knowledge the statements made in this application are true.
- I understand that if Council approves the application, 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 contractual agreement with Cumberland City Council.

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- I understand that the information provided on my grant application and in any related documentation/discussions may be provided to members of the assessment panel in order to assist Council in processing your grant application. Members of the assessment panel may include Council and non Council representatives.
- I consent to the information contained within this application being disclosed to or by the Council for the purpose of assessing, administering and monitoring my current and any future Council grant applications.
- By submitting an application I consent to Council publishing the applicant's name, project description and amount funded on our website, this information may also be used for promoting the Cumberland Community Grants Program.
- I am authorised by the Applicant to submit this application, to make the above **Declaration** and provide the above **Consent**. I understand that this is an application only and may not necessarily result in funding approval.

Name *

Title

First Name

Last Name

Position

Email *

Must be an email address.

Phone Number *

Must be an Australian phone number.

Date *

Must be a date.