

2020-21 Community Grants Events R2

Form Preview

Eligibility

* indicates a required field

Before you begin

You will require certain information to complete this application. To assist in this process you may need the following documentation:

- Certificate of Incorporation
- Latest Audited Financial Statement
- Bank Statement identifying bank account details
- Details of how the need for the event was identified
- Copies of quotes for items over \$1,000

Needed for groups that are not incorporated

- Details of an incorporated organisation willing to lodge this application on your behalf. (an auspice organisation). *This application should be developed with a representative of the auspice organisation.*

Have you read and understood the guidelines *

Yes

If you have not read the guidelines, please read them before commencing this application

Is your Organisation currently Incorporated *

Yes No

If you are a community organisation that is not incorporated your application will need to be auspiced for further information click [here](#) Before progressing further, please consult with an eligible incorporated body to make application on your behalf.

Please provide your Incorporated Association Number *

to look up your IA number click [here](#)

Approval of Management Committee

Has the management committee or your organisation endorsed this grant application *

Yes No

At least 1 choice must be selected.

Yes, I do have the endorsement of the management committee for this application

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Please include text from the committee minutes endorsing the this grant application, or attach a copy of the minutes *

Attach copy of meeting minutes here

Attach a file:

No, I do not have the endorsement of the management committee for this grant application

Comment *

to be eligible for the rapid response grants the applicant is required to have the endorsement of the committee for the application

Applicant Information

* indicates a required field

Organisation Name *

Organisation Name

Name of Organisation that is applying for the Grant

Organisation 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	

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If your organisation does not have an ABN and your grant is successful, you are required to complete a 'Statement by Supplier' form when you claim your grant. Click [here](#) to obtain the form.

Organisation Primary Address *

Address

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

Organisation Postal Address *

Address

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

Organisation Phone Number *

Must be an Australian phone number.

Organisation Email *

Must be an email address.

Organisation Website

Must be a URL.

Organisation Bank Account *

Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Organisation Applicant Contact Details

Organisation Contact Person *

Title First Name Last Name

Person completing Grant application

Contact Person's Position *

Contact Person's Phone Number *

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Must be an Australian phone number.

Contact Email *

Must be an email address.

Auspice Information

* indicates a required field

Name or Organisation applying for Grant *

Auspice Organisation Name *

Organisation Name

Auspice Organisation 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.

Auspice Organisation's Incorporated Association Number

to look up your IA number click [here](#)

Auspice Organisation's Phone Number *

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Must be an Australian phone number.

Auspice Organisation's Email *

Must be an email address.

Auspice Organisation's Primary Address *

Address

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

Auspice Organisation's Postal Address *

Address

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

Auspice Organisation's Website

Must be a URL.

Auspice Organisation's Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Event Details

* indicates a required field

Event Name *

no more than 15 words

Bump in Start Date *

Set up start Date

Event Start Date *

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Event End Date *

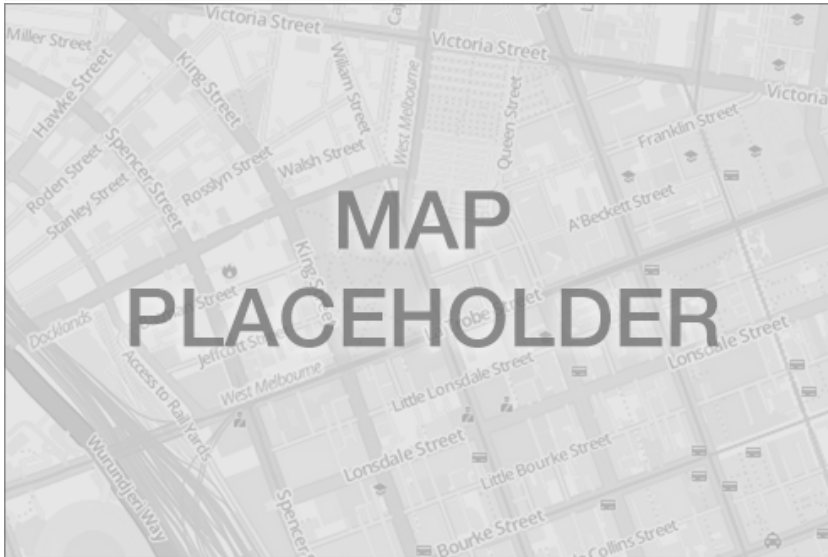
If your event only runs for the one day please select the same date as the Event Start Date

Bump out End Date *

Date you expect to have the event packed up by

Location of your Event *

Address



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

We need to know the location so we can ensure we have no clashes with any works being undertaken and to ensure that if you require an area controlled by Council, there are no other bookings for this area.

How often is your event held? *

Please share with us the frequency of your event. If your event is transferable, please include the rotational cycle. Please indicate if you are planning a one off event.

Criteria

Event Need - Why is this Event needed and how was the need identified? *

Word count:

Must be between 20 and 200 words.

Describe the specific gap / need you are addressing. How was this identified?

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

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No more than 3 choices may be selected. Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, 'Universal - no particularly targeted beneficiaries'

What are the planned activities? *

Briefly list (bullet points) the specific activities that will take place and where they will take place (200 words recommended)

What are the expected outcomes of the project? *

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

How will you know if these outcomes have been achieved? *

Describe three changes you will see if the expected outcomes of the project occur (150 words recommended)

Does your event incorporate best practice principles for inclusiveness and accessibility? *

Yes

It is a condition of Council funding that events incorporate best practice principles for inclusiveness and accessibility click [here](#) for further information.

Have you submitted to Fraser Coast Regional Council an application for operation of an event or activity form? *

Yes No N/A

Please complete Application for operation of an event or activity then go to <https://www.frasercoast.qld.gov.au/hold-an-event> and click on submit an enquiry about your event and upload the completed Application for operation of an event or activity form.

Would it be possible to combine your event with another event that is being held on the Fraser Coast? *

Yes

No

We understand your event is important to you and we would like to identify any opportunity to grow community events. To view the event calendar for the Fraser Coast Region click [here](#)

Please explain why your event cannot be combined with another event. *

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Please provide details of existing or possible event collaborations. *

Tell us about your organisation's ability to plan and deliver this event. (Organising committee structure; work force/volunteers; previous events held). *

Word count:

at least 20 words

Briefly tell us about your structure and workforce required for the event. We understand that volunteers are important to community events and can assist in spreading the word if more volunteers are needed.

Marketing and Media Exposure

* indicates a required field

Is your event a championship event? *

Yes No

We love to celebrate winners and participants as well. Indication of the level of your event will assist us in promoting your event via Council's established media network.

How will you promote your event to attendees or competitors? *

Social Media Newspaper/print Television Radio

Other

At least 1 choice must be selected.

Which of the below options would you expect to gain media exposure from for your event? *

International National State Local

At least 1 choice must be selected.

How many attendees or competitors are expected to attend your event? *

This information is to assist us to establish how we can support you in marketing your event.

Do you expect your event to attract attendees from outside the Fraser Coast Region? *

Yes No

How many attendees do you estimate will attend your event that are from outside the Fraser Coast Region. *

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Where do you expect these visitors to come from and what do you think their method of travel would be? *

Event Budget

* indicates a required field

Have you sought funds for this event from any other sources? *

Yes No

This is not compulsory but assists Council to understand where an event has broader support.

Provide details of other funder *

Cash Budget

Is your organisation registered for GST? *

Yes No

Organisation is registered for GST

All calculations listed in your income and expenditures must exclude GST

Organisation is NOT Registered for GST

When completing your budget and calculating your grant amount, use GST inclusive figures (where applicable) from the quotes used in your project calculations

This section of the application form is designed to provide Council with a clear understanding of the overall cost and to determine the feasibility of the proposed event.

The budget is one of the most important aspects of the application and must be detailed, accurate and supported by quotes for items over \$1,000. It must also demonstrate the applicant's contribution and any other income sources (donations etc.) that apply to the event.

Income - Please list all financial contributions to the event, including revenue raised from ticket, food, beverage and other items to be sold.

Expenditure - Please list the items required for your event and the cost of each item.

if your organisation is **registered** for GST all costs used in these calculations amounts are to be provided exclusive of GST.

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If your organisation is **not registered** for GST all costs used in these calculations amounts are to be provided inclusive of GST (This is to ensure that there is not an unexpected shortfall in funding for the event)

Please ensure that any items flagged for funding by grant monies are eligible expenditure (check program [guidelines](#))

When you have completed your budget the Total Expenditure should equal the Total Income.

**Income - Description \$
ie where funds
for the project
are coming from.
This will be FCRC
Grant and possibly
Organisation Funds,
Sponsorship,
Donation**

**Expenditure - \$
Description ie
itemising what the
requested funds
will be spent on to
deliver the project**

	\$		\$

Cash Budget Totals

Total Cash Income Amount

\$

This number/amount is calculated.

Total Cash Expenditure Amount

\$

This number/amount is calculated.

Balance

\$

This number/amount is calculated.

Must equal \$0

In-Kind Support

This Description should show the source of the in-kind support and then demonstrate the value of the support. **In-kind labour can be calculated at \$27.45 per hour.** Please record in-kind labour as No. of volunteers x No. of hours x \$ cost per hour used.

Description

\$

Funding and Event Total Amount

Total Project Cost

\$

This number/amount is calculated.

Total Cash Expenditure +
In-Kind amount.

Funding Requested *

\$

Grant Amount, must be
no more than \$5000

Total In-Kind Amount

\$

This number/amount is
calculated.

Organisations Cash Contribution

\$

This number/amount is
calculated.

Supporting Evidence

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* indicates a required field

Latest Audited Financial Statement *

Attach a file:

A minimum of 1 file must be attached.

If you do not have an Audited Financial Statement please explain why.

Bank Statement - Verification of Bank Account Details *

Attach a file:

A minimum of 1 file must be attached.

Letters of Support from Community

Attach a file:

A maximum of 1 file may be attached. Letters of support, evidence of other events. Scan all documents into one PDF to attach

Quotes for Items over \$1,000

Attach a file:

Please add as many as required

Certification

I am authorised by my group/organisation to complete this form and I agree that:

- I certify that to the best of my knowledge the statements made in this application are true.
- all necessary permits/approvals will be obtained prior to the beginning of the project
- the project will be covered by appropriate insurance
- all relevant health and safety standards will be met
- if successful, the organisation will be required to accept the terms of the grant in accordance with council requirements
- council does not accept any liability or responsibility for the project
- if successful, the organisation will ensure that acquittal requirements are met within 6 weeks of the nominated project completion date
- if successful, the organisation will ensure that funds are claimed within three months of notification, except where there is a co-funding requirement
- if successful the organisation will complete the project within twelve months of receiving council funding

I agree to the above statements *

Yes

Authorised Person's Name *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Authorised Person's Position *

Authorised Person's Phone Number *

Must be an Australian phone number.

