

# Old Form- 2020-21 Community Grants - Rapid Response Form Preview

## Eligibility

\* indicates a required field

### Before you Begin

You will require certain information to complete this application. To assist 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 project you want to carry out was identified
- Evidence of consultation of planning / building permissions required to complete the project if applicable
- Copies of quotes
- Owners Consent

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.

**Which Divisional funds do you wish to access \***

### Incorporation

**Is your organisation 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](#)

### Financial Position

**Is your organisation financially solvent? \***

Yes

No

# Old Form- 2020-21 Community Grants - Rapid Response

## Form Preview

Solvency is the ability to meet long term debts and financial obligations, please attach latest audited financial statement or other proof in section 6

### Applicant Information

\* indicates a required field

#### Organisation Name \*

Organisation Name

#### 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

#### Organisation Primary Address \*

Address

  

Suburb/Town, State/Province, and Postcode are required.

#### Organisation Postal Address \*

Address

  

Suburb/Town, State/Province, and Postcode are required.

#### Organisation Phone Number \*

# Old Form- 2020-21 Community Grants - Rapid Response

## Form Preview

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 the Grant application

### Contact Person's Position \*

### Contact Person's Phone Number \*

Must be an Australian phone number.

### Contact Email \*

Must be an email address.

## Auspice Information

\* indicates a required field

### Name of Organisation applying for Grant \*

### Auspice Organisation Name \*

Organisation Name

# Old Form- 2020-21 Community Grants - Rapid Response Form Preview

## 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	<a href="#">More information</a>
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 Primary Address \*

Address

  

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

## Auspice Organisation's Postal Address \*

Address

  

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

## Auspice Organisation's Phone Number \*

Must be an Australian phone number.

## Auspice Organisation's Email \*

Must be an email address.

# Old Form- 2020-21 Community Grants - Rapid Response

## Form Preview

### Auspice Organisation's Website

Must be a URL.

### Auspice Bank Account \*

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

## Project Details

\* indicates a required field

### Project Title \*

no more than 15 words

### Project Description \*

Word count:

Provide a short description of your project (10 word minimum, 50 word maximum)

### Start Date \*

Must be a date and between 4/1/2021 and 4/1/2022.

### End Date \*

Must be a date.

### Total Amount Requested \*

Must be a dollar amount and at least 500.

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

### Project Need - Why is this project needed, and outline the benefit to the wider community? \*

Word count:

Describe the specific issue / need you are addressing. How was this identified? (200 words maximum)

# Old Form- 2020-21 Community Grants - Rapid Response

## Form Preview

### Who do you expect to benefit from this project? \*

- |  |  |
|--|--|
| <input type="checkbox"/> Disability access and inclusion | <input type="checkbox"/> Arts and culture                              |
| <input type="checkbox"/> Disadvantaged groups            | <input type="checkbox"/> Health and wellbeing                          |
| <input type="checkbox"/> Children/youth                  | <input type="checkbox"/> Aboriginal and Torres Strait Islander peoples |
| <input type="checkbox"/> Seniors                         | <input type="checkbox"/> Multicultural communities                     |
| <input type="checkbox"/> General community               | <input type="checkbox"/> Other: <input type="text"/>                   |

No more than 3 choices may be selected.

### Are you willing to collaborate (work) with other groups on this project?

- Existing collaborations  Willing to collaborate  No

No more than 1 choice may be selected.

### Please provide details of existing or possible collaboration

Must be no more than 100 words.

### Do you have the land or building owners consent to undertake this project? \*

- Yes  No  N/A

You must provide evidence of owners consent to undertake this project.

## Project Budget

\* indicates a required field

### Have you previously sought funds for this project from Fraser Coast Regional Council? \*

- Yes  No

### Please provide information in relation to previously sourcing funds from Fraser Coast Regional Council?

When did you request the funding, were you successful in obtaining funding and if so what has lead to the request of further funding.

## Supporting Evidence

\* indicates a required field

**Latest Audited Financial Statement \***  
Attach a file:

**Quotes**  
Attach a file:

**Owners Letter of Consent (if applicable)**  
Attach a file:

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## Form Preview

A minimum of 1 file must be attached.  
This file can be

Please add as many as required

A maximum of 1 file may be attached. Scan all letters into one PDF, for help click [here](#)

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

## Certification

I am authorised by my group/organisation to complete this form and 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 provide proof of successful co-funding (other grant sources) within six months of notification
- 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.