

2024-25 Community Grants - Festive Events funding application 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 - or financial documentation required by the Office of Fair Trading
- 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.*

If you have any questions for our Grants Team please contact us on 1300 79 49 29 or email grants@frasercoast.qld.gov.au

Organisation Name *

Organisation Name

Name of Organisation that is applying for the Grant

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 an Incorporated association, P & C Association or Registered with the Australian Charities and Not-for-profits Commission - please select from the list below *

- ☐ Incorporated Association
- ☐ P & C Association
- ☐ Registered with Australian Charities and Not-for-profits Commission
- ☐ None of the Above

If you are a community organisation that is not an Incorporated association, P & C Association or Registered with the Australian Charities and Not-for-profits Commission 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 *

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

Financial Position

Is your organisation financially solvent? *

☐ Yes ☐ No

Solvency is the ability to meet long term debts and financial obligations, please attach latest audited financial statement or other evidence in section 7.

Organisations that are insolvent are not eligible for funding. You will not be able to submit an application. The grants team can be contacted at grants@frasercoast.qld.gov.au or on 1300 79 49 29

Evidence of approval from Management Committee to lodge the Grant Application

Please attach a letter from the Organisation signed by 2 members of the Committee . *

Attach a file:

The letter should contain • the necessary background information in relation to the Grant application including project details, funding amount requested and confirmation of any Organisational funds to be contributed to the project.

Council's Events Advisory Service is available to assist local groups in applying for Temporary Entertainment Event Approvals. This team must be consulted prior to the lodgement of an Event Grant application.

Have you made contact with Council's Events Advisory Service? *

☐ Yes

Please refer to the Assistance, Assessment and Approval Responsibilities section of the Funding Guidelines. If you haven't made contact with Council's Events Advisory Service please do so before proceeding with this application, they can be contacted at Events@frasercoast.qld.gov.au. This will be verified by the Grants team during the eligibility assessment process.

Does your organisation hold a Gaming Licence?

☐ Yes
☐ No

Does your organisation hold a Liquor Licence or Permit.

☐ Yes
☐ No

Liquor Licence/Permit information

If yes, please indicate which Liquor Licence or Permit is held *

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- ☐ Bar Licence - your main business activity is selling liquor for consumption on licensed premises with a maximum seating capacity of 60 patrons
- ☐ Community Club Licence - The community club licence applies to non-proprietary clubs (e.g. sporting clubs, RSL clubs and ethnic clubs)
- ☐ Community other Licence - The community other licence allows for limited trading periods and applies to non-proprietary clubs that are also incorporated associations (such as charities) or unincorporated associations with an individual to hold the licence on the association's behalf.
- ☐ Community Liquor permit - Non-proprietary organisations or certain clubs can apply for a community liquor permit to serve alcohol at a one-off event, such as a festival, sporting event or fete.
- ☐ Restricted Liquor Permit - Non-proprietary organisations or clubs whose profits are used to promote the club and not distributed to members can apply for a restricted liquor permit if they wish to trade for a maximum of 10 or 25 hours a week for a period of 3 or 6 months.

At least 1 choice must be selected.

Please state the liquor trading hours each week *

how many hours per week is alcohol for sale at your premises?

Applicant Information

* indicates a required field

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	

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

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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.

Bank Statement - Verification of Bank Account Details *

Attach a file:

A minimum of 1 file must be attached.

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

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 *

Must be an Australian phone number.

Auspice Organisation's Email *

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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.

Auspice Bank Statement - Verification of Bank Account Details *

Attach a file:

A minimum of 1 file must be attached.

Evidence of Incorporated Organisation's approval to Auspice this application. This application should be developed with a representative of the Auspice Organisation. *

Attach a file:

A minimum of 1 file must be attached.

This can be a letter from the Auspice Organisation outlining their support for the lodgement of this application.

Event Details

* indicates a required field

Event Name *

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no more than 15 words

Event Start Date *

Must be a date and between 15/11/2024 and 1/1/2025.

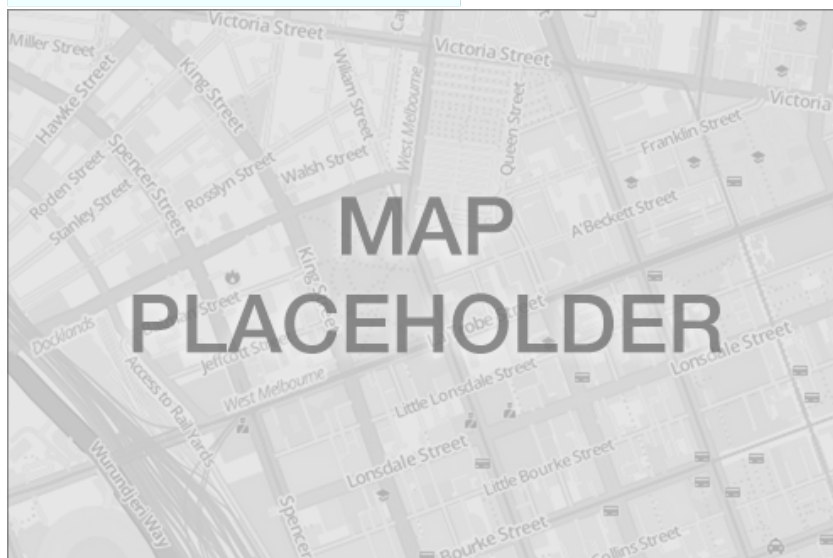
Event End Date *

Must be a date and between 15/11/2024 and 1/1/2025.

If your event only runs for the one day please select the same date as the Event start date.

Event Location *

Address



Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia. 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. For example inaugural, one-off, annual, bi-annual etc.

Criteria

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

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Must be between 20 and 200 words.

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

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

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 during the Event. (200 words recommended)

What are the expected positive outcomes of the planned activity or project and how these will be measured? *

Describe three things you want the project to achieve in terms of benefits for participants and/or others (200 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](#) to view the Creating inclusive and accessible events guide.

Is your event plastic free? *

☐ Yes

Queensland's Single-Use Plastics Ban starts September 1 2021, click [here](#) to access online resources.

Have you submitted to Fraser Coast Regional Council an Application for Operation of an Event or Activity form? *

☐ Yes

☐ No

To begin the process of applying for an Event Approval please complete an Application for Operation of an Event or Activity form found [here](#). Please forward the application form to events@frasercoast.qld.gov.au

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

☐ Yes

☐ No

Council's Events Advisory Service can assist in identifying collaborations between your organisation and other Events.

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). ***

Must be at least 20 words.

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

Marketing and Media Exposure

* indicates a required field

How will your organisation publicly acknowledged Fraser Coast Regional Council as a funder of your project or activity if you are successful in getting funding *

☐ Organisation Website ☐ Social media post e.g. Organisations Facebook page ☐ Media Release e.g. Local newspaper/magazine article ☐ FCRC Banners (available for loan)
Other

At least 1 choice must be selected.

Fraser Coast Regional Council Banners are available for loan free of charge, contact Council's Communications team for further information on 1300 79 49 29.

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 and participants 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

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

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 including Council? *

☐ Yes

☐ No

This can include Fee Waivers, Donations, Sponsorships etc. This assists Council in understanding if an event has broader support.

Provide details of other funding *

Cash Budget

Please provide details of any project income (funds received) and project expenditure (funds spent)

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

If your organisation is **not registered for GST** all costs used in these calculated amounts are to be provided **inclusive of GST**

Income Description - where funds for the \$ Amount Event are coming from.

This should include Council grant funding, Organisation funds, Sponsorships, Donations etc.	
FCRC grant (total amount requested)	\$
Organisation funds	\$
Other funding sources	\$

Please note: Purchased locally means from a business that is based within the Fraser Coast Region.

Expenditure Description

\$ Amount

Grant Funded?

Purchased Locally?

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List all the expected project expenditure e.g. advertising	Must be a dollar amount.	choose yes or no	choose yes or no
	\$		
	\$		
	\$		

Please provide an explanation as to why you are not able to use a supplier based on the Fraser Coast? *

Word count:

Must be at least 5 words.

If you have provided an answer 'no' to the local buy question against any grant expenditure in the budget table above you will need to provide a reason. This will be taken into consideration by assessors. e.g. item are not available locally.

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 \$46.62 per hour.** Please record in-kind labour as No. of volunteers x No. of hours x \$ cost per hour used.

Description

\$

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Funding and Event Total Amount

Total Project Cost

\$

This number/amount is calculated.

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

Funding Requested *

\$

Must be a dollar amount and between 500 and 2000.

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

Organisation In-Kind Contribution

\$

This number/amount is calculated.

Organisation Cash Contribution

\$

This number/amount is calculated.

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Supporting Evidence

* indicates a required field

Latest Audited Financial Statement - or documentation required by the Office of Fair Trading *

Attach a file:

A minimum of 1 file must be attached.

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

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 over \$1,000. Purchases must be made with a Fraser Coast supplier unless the items are not available locally in which case you need approval from Council. Please note: you may be asked to provide quotes under \$1,000.

Attach a file:

Please add as many quotes as required, these can be in the form of screenshots from websites. Council encourages you to seek more than one quote for products and services so that the organisation gets the best value for money.

Certification

I am authorised by the 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 Event
- The Event 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 Event
- If successful, the Organisation will ensure that acquittal requirements are met within 6 weeks of the nominated Event 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

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.