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 - or financial documentation required by the Office of Fair Trading
- 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.*

Organisation Name Applying for Grant *
Organisation Name

[   ]

Have read and understood the guidelines, including noting that the Program is for outdoor festive decorations only *
○ Yes
Click here to review the Guidelines.

Please confirm that as per the funding guideline requirements that the organisation is based within the Fraser Coast local government area at a township/population centre with less than 10,000 people that includes Bauple, Boonooroo, Brooweena, Burrum Heads, Glenwood, Gundiah, Howard, Maaroom, Poona, River Heads, Tiaro, Toogoom, Torbanlea? *
○ Yes

Incorporation

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 Commision

○   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 *

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 6

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:

A minimum of 1 file must be attached.

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.

Gaming and Liquor Licence Information

Does your organisation hold a Gaming Licence? *

○   Yes
○   No

As per the funding guidelines, organisations with a gaming licence are ineligible for funding through the Small Township Festive Decorations Grant.

Does your organisation hold a Liquor Licence or Permit? *

○   Yes
○   No

Liquor Licence/Permit information

Please indicate which Liquor Licence or Permit is held *

☐   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	

Must be an ABN.

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.

Bank Account Verification *
Attach a file:

Documentation from the bank which includes Bank Name, BSB, Account name and number. Can be screenshot from banking portal, bank statement or bank deposit slip

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

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 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.

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.

Auspice Bank Statement - Verification of Bank Account Details *

Attach a file:

A minimum of 1 file must be attached.

Evidence of 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. *

Attach a file:

A minimum of 1 file must be attached.

Project Details

* indicates a required field

Project Title *

no more than 15 words

Please provide a brief description of your project, the response should be suitable for media use *

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

Project Start Date *

Must be a date and between 20/11/2024 and 1/1/2025.

Project End Date *

Must be a date and between 20/11/2024 and 1/1/2025.
If your event is to be held on one day please re-enter the Project Start Date here.

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 maxiumum)

Who do you expect to benefit from this project? *

☐ Disability access and inclusion
☐ Disadvantaged groups
☐ Children/youth

☐ Arts and culture
☐ Health and wellbeing
☐ Aboriginal and Torres Strait Islander peoples

☐ Seniors
☐ General community

☐ Multicultural communities
☐ Other:

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?

[text field]

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

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 project.

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 project.

Income - Please list all financial contributions to the project.

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

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 *(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 - where funds for the Project are coming from.	$
This should include Council Grant Funding, Organisation Funds, Sponsorships, Donations etc.	
FCRC Grant (total amount requested)	$
	$

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

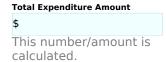| Expenditure Description	$ Amount	Grant Funded?	Purchased locally?
List all the expected project expenditure		choose from the dropdown list	choose from the dropdown list
	$		
	$		
	$		

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

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 Income Amount

$

This number/amount is calculated.

Total 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.

Income	$
	$
	$

Funding and Project Total Amount

Total Project Cost *

This number/amount is calculated.

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.

Supporting Evidence

* indicates a required field

Latest Audited Financial Statement or Balance Sheet (Asset and Liability Statement - as provided to Office of Fair Trading) *
Attach a file:

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

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

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

Please add as many as required, we can except screenshots from websites. We encourage you to seek more then one quote so that the organisation gets the best value for money.

Owners Letter of Consent (if applicable) and other supporting documentation
Attach a file:

Please add as many as required, can include letters of support from the community and any permits or approvals that are required to undertake the project. .

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 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

I agree to the above statements *
○ Yes

Authorised Person's Name *

Title   First Name   Last Name

Authorised Person's Position *

Authorised Person's Phone Number *

Must be an Australian phone number.