2024 Small Township Festive Decorations application form

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 <u>here</u> 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? *

O 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 \ast

- Incorporated Association
- P & C Association
- O Registered with Australian Charities and Not-for-profits Commision

O 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 <u>here</u>
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? * O 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 *

Applicant Information

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

* 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 Busil	ness 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
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 Num	ber *	
Must be an Australian phone number	r.	
Contact Email *		
Must be an email address.		
Auspice Information		
* indicates a required field		
Auspice Organisation Name * Organisation Name		
Auspice Organisation ABN *		
The ADN properties of well because of the		Cliate Landous above to
check that you have entered the	look up the following information. ABN correctly.	Click Lookup above to
Information from the Australian Bus	iness 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 Incorp	oorated Association Number *	
to look up your IA number click <u>here</u>		
Auspice Organisation's Prima	rv 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 descripti for media use *	ion of your project, the response should be suitable
Word count: Provide a short description of your proj	ect (10 word minimum, 50 word maximum)
Project Start Date *	
Must be a date and between 20/11/202	24 and 1/1/2025.
Project End Date *	
Must be a date and between 20/11/202 If your event is to be held on one day p	24 and 1/1/2025. Dlease re-enter the Project Start Date here.
Project Need - Why is this projecommunity? *	ect needed, and outline the benefit to the wider
Word count: Describe the specific issue / need you a	are addressing. How was this identified? (200 words maxiumum)
Who do you expect to benefit for □ Disability access and inclusion □ Disadvantaged groups □ Children/youth	Arts and cultureHealth and wellbeingAboriginal and Torres Strait Islander
☐ Seniors☐ General community	peoples Multicultural communities Other:
No more than 3 choices may be selected	ed.
Are you willing to collaborate (v ☐ Existing collaborations ☐ Willi No more than 1 choice may be selected	
Please provide details of existing	ng or possible collaboration *
Must be no more than 100 words.	
Do you have the land or buildin ☐ Yes ☐ No ☐ N/A You must provide evidence of owners of	ng owners consent to undertake this project? *

Project Budget

* indicates a required field

Have you previously sought funds for thi Council? *	s project from Fraser Coast Regional	
○ Yes	○ No	
Please provide information in relation to Coast Regional Council?	previously sourcing funds from Fraser	
When did you request the funding, where you succe to the request of further funding.	essful in obtaining funding and if so what has lead	
This section of the application form is designe understanding of the overall cost and to deter		
The budget is one of the most important asperaccurate and supported by quotes for items of applicant's contribution and any other income project.	ver \$1,000. It must also demonstrate the	
Income - Please list all financial contributions t	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 obe provided exclusive of GST.	costs used in these calculated amounts are to	
If your organisation is not registered for GST all costs used in these calculated amounts are to be provided inclusive of GST (<i>This is to ensure that there is not an unexpected shortfall in funding for the event</i>)		
Please ensure that any items flagged for funding by grant monies are eligible expenditure (check program guidelines)		
When you have completed your budget the To Income.	otal Expenditure should equal the Total	
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)	<u> </u>	
. ,	t	

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		choose from the	choose from the
project expenditure		dropdown list	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	Total Expenditure Amount	Balance *
\$	\$	\$
This number/amount is calculated.	This number/amount is calculated.	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 *	Funding Requested *	Organisation In-Kind Contribution	Organisation Cash Contribution
		\$	\$
This number/amount is calculated.	Must be a dollar amount and between 500 and 2000. What is the total financial support you are requesting in this application?	This number/amount is calculated.	This number/amount is calculated.

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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 see 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 of 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 a	gree	to	the	above	statements	k
0	Yes					

Authorised Person's Name *					
Title	First Name	Last Name			
Authorised Person's Position *					
Author	ised Person's P	hone Number *			
Must be	an Australian phon	e number.			