Community Grants Program 2024-25 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
- ABN Number
- Latest Audited Financial Statement or Balance Sheet that is provided to 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
- Land Owners Consent if applicable
- Evidence of approval from Management Committee to lodge the Grant Application. Grants applications under \$5,000 require a letter from organisation signed by 2 members of Committee. Grants applications over \$5,000 require a copy of minutes of management committee meeting approving grant application or flying minute of executive approving application

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 during business hours or email grants@frasercoast.qld.gov.au

Organisation Name Applying for Grant *
Organisation Name

Have you read and understood the guidelines? *

Yes

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

Click here for guidelines

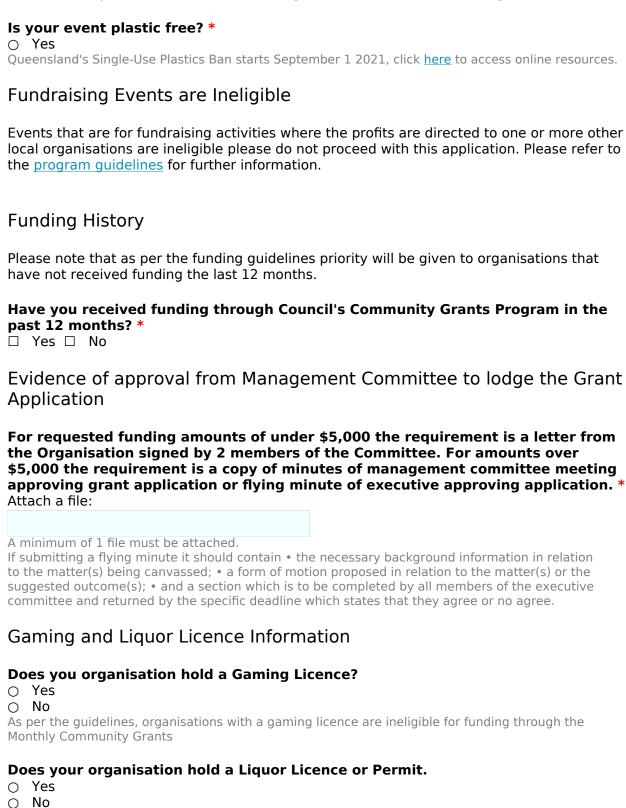
Is your organisation an Incorporated association, P C Association or Registered with the Australian Charities and Not-for-profits Commission - please select from the list below *

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

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.
Incorporated Association Number
Please provide your Incorporated Association Number *
to look up your IA number click <u>here</u>
Financial Position
Is your organisation financially solvent? * O Yes O No Solvency is the ability to meet long term debts and financial obligations, please attach latest audited financial statement or balance sheet (statement of assets and liabilities) in the supporting evidence section of this form.
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 07 4197 4328
Is the project you are seeking funding for an Event? * ○ Yes ○ No
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? *
O Yes If you haven't contacted Council's Events Advisory Service please do so before proceeding with this application, they can be contacted at Events@frasercoast.qld.gov.au or by phone on 1300 79 49 29. This will be verified by the Grants team during the eligibility assessment process.
Is your Event for fundraising activities where the profits are directed to one or more other local organisations? □ Yes □ No
Is your Event ticketed? ☐ Yes ☐ No
Does your event incorporate best practice principles for inclusiveness and accessibility? * O Yes

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It is a	condition of	of Council	funding that	events in	corporate	best p	oractice	principles	for inclusi	veness
and a	ccessibility	. Click her	re to view the	e Creating	inclusive	and a	ccessible	e events g	uide.	



If yes, 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?
If you are unsure if you will require land or building owners consent please contact Council's Grants team on 1300 79 49 29.
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.
Owners Letter of Consent (if applicable) and other supporting documentation Attach a file:
Applicant Information
* indicates a required field
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 page
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.		J
Organisation Primary Addres	· · · *	
Address		
Address Line 1, Suburb/Town, State	/Province, and Postcode are required.	
Organisation Postal Address	*	
Address		
	/Province, and Postcode are required.	
allow you to enter the address in ma	to the box and then select 'Can't find yo anually	ur address?' this will then
Organisation Phone Number	*	
Must be an Australian phone number	er .	
Please include area code for land lin		
Organisation Email *		
Organisation Eman		
Must be an email address.		
Organisation Website		
Must be a URL.		
Must be a OIL.		
Organisation Bank Account * Account Name		
Account Name		
BSB Number Account Numb	per	
7.CCOUNTE IVUITE		
Must be a valid Australian bank acc	ount format.	
Dank Assault Vauldintin		
Bank Account Verification * Attach a file:		

Documentation from the bank which includes Bank Name, BSB, Account name and number. Must be a statement header no more than 3 months old.

Organisation Applicant Contact Details

ACNC Registration

Organisation Title Firs	n Contact Pe	rson * Last Name		
Title Firs	t Name	Last Name		
Person complet	ing the Grant a	nnlication		
r erson complet	ing the Grane o	ррпеасіон		
Contact Pers	son's Positio	n *		
Contact Pers	son's Phone	Number *		
Must be an Aus Please include		umber. Ind line numbers.		
Contact Ema	nil *			
Must be an em	ail address.			
Auspice Ir	nformation	1		
* indicates a i	equired field			
Auspice Org	anisation Na	ıme *		
Organisation	Name			
Auspice Org	anisation AE	8N *		
		· 		
		sed to look up the	following information. :ly.	Click Lookup above to
Information fro	m the Australia	an Business Registe	r	
ABN				
Entity name				
ABN status				
Entity type				
Goods & Servi	ces Tax (GST)			
DGR Endorsed				
ATO Charity Ty	/pe	More inform	ation	

Tax Concessions
Main business location
Must be an ABN.
Auspice Organisation's Incorporated Association Number *
to look up your IA number click <u>here</u>
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. Please include area code for land line numbers.
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.
Bank Account Verification * Attach a file:
A minimum of 1 file must be attached. Documentation from the bank which includes Bank Name, BSB, Account name and number. Can be

bank statement or bank deposit slip

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.

Project Details

* indicates a required field

Project Title *

no more than 15 words

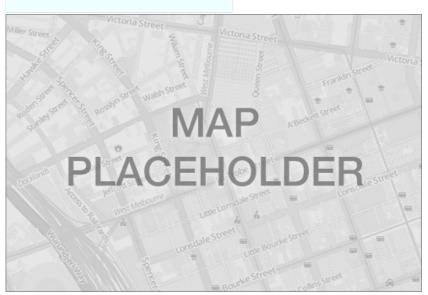
Please provide a brief description of your project, the response should be suitable for media use *

Word count:

Must be between 10 and 50 words.

Project/Event Location Address *

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.

Eligible Project Dates	
Round 1	
Start 1 November 2024	
End 1 May 2025	
Round 2	
Start 18 December 2024	
End 18 June 2025	
Round 3	
Start 7 April 2025	
End 7 October 2025	
Round 4	
Start 9 June 2025	
End 9 December 2025	
Project Start Date - Please check above dates. *	ve table for eligible project start and end
Must be a date. Project is to be completed within 6 months from writing and approved by Council).	n approval date (unless a variation has been sought in
Project End Date *	
Must be a date. If project is to be carried out in one day please	enter the Project Start Date field.
Who do you expect to benefit from the	is 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.	
	ded, 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)

How many attendees and partievent?	icipants are expected to attend you	ır
Number of attendees from within the Fraser Coast *	Number of attendees from outside of the Fraser Coast Ro	egion *
Must be a number.	Must be a number.	
Where do you expect these visitors they bring to the Fraser Coast *	s to come from and what economic benef	it will
Expected Outcomes		
What are the expected positive out how these will be measured? *	tcomes of the planned activity or project	and
Describe three things you want the project tothers (200 words recommended)	to achieve in terms of benefits for participants and,	/or
Are you willing to collaborate (work ☐ Existing collaborations ☐ Willing to No more than 1 choice may be selected.	k) with other groups on this project? * o collaborate No	
Please provide details of existing of collaborate with other groups pleas	or possible collaborations, if it is not poss se provide explanation *	sible to
Must be no more than 100 words.		
If your application is successful how provided by Council * Social Media post e.g. facebook Organisations Website Traditional Media e.g. TV, Radio and Verbally e.g speech at opening of ex Flyers or Leaflets Council's Banners at events Signs or Plaques Other:		fundin
At least 1 choice must be selected.		

The degree of acknowledgement should commensurate with the level of funding provided.

Click <u>here</u> for funding acknowledgement fact sheet and examples

Project Budget - Co-contribution is not a requirement for this

grant program, however projects financial contribution will be high	where the applicant is making a ply regarded.
* indicates a required field	
Have you sought funds for this project frother funding sources? * ○ Yes	om Fraser Coast Regional Council or any
Please provide information in relation to	
riease provide information in relation to	other fullding sources
Word count: Must be at least 3 words. When did you request the funding, where you succ to the request of further funding.	essful in obtaining funding and if so what has lead
Will the project proceed as planned if pa by Council. This is likely to occur if the fu ○ Yes	
Please explain how the project scope wo approved *	uld vary if only partial funding is
Word count: Must be between 10 and 50 words. If the Organisation is holding funds for other priorit	y projects please identify these.
Please upload any relevant supporting de Attach a file:	ocuments eg. Organisation Strategic Plan
A maximum of 3 files may be attached.	
Please note when completing the b	elow the maximum amount of

funding an organisation can receive during a financial year (since 01 July 2023) through the Community Grants Program is \$15,000

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Total Amount Requested - If the organisation is registered for GST this amount must exclude GST *

Must be a dollar amount and between 500 and 15000. What is the total financial support you are requesting in this application?

Funds received from ticket purchases must be included in your income budget.

Cash Budget

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 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**. You may wish to use the Government's GST Calculator to assist in checking your figures - https://moneysmart.gov.au/work-and-tax/gst-calculator

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 project)*

Please ensure that any items flagged for funding by grant monies are eligible expenditure (check program <u>guidelines</u>)

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

Income Sources for Project/Event	\$
List should include Council Grant Funding,	Must be a number.
Organisation Funds, Ticket Sales, Sponsorships,	
Donations etc.	
Council Grant Funding	
Organisation Funds	
Ticket Sales (for events that are ticketed only)	
Other Funds	

Expenditure

Expenditure	\$ Amount	use grant funds?	Fraser Coast based
Description			Supplier?
List all the expected project expenditure Must be at least 1 word.	Must be a dollar amount.	choose from the dropdown list	choose from the dropdown list

If grant funds are not going to be spent locally please prov	vide a reason. *

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

Please upload evidence of attempts made to purchase the items with a Fraser Coast based supplier

Attach a file:	• •	
Eg. email corresp	ondence	

Cash Budget Totals

Total Income Amount	Total Expenditure Amount	Income - Expenditure *
\$	\$	\$
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated. Must equal \$0

In-Kind Budget

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	\$
Must be at least 1 word.	Must be a dollar amount.
	\$
	\$
	\$

Budget Totals

tal In-Kind Amount	Total Project Cost *
	\$
s number/amount is calculated.	This number/amount is calculated. What is the total budgeted cost (dollars) project?

Supporting Evidence and Certification

* 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.
If you do not have an Audited Financial Statement please explain why.
Other Supporting Documents Attach a file:
Example, project plan, letters of support, project budget
Please attach a minimum of 1 quote * Attach a file:
A minimum of 1 file must be attached. Please add as many as required, we can accept screenshots from websites. We encourage you to seek more then one quote so that the organisation gets the best value for money. Please note: you may be asked to provide quotes for all project costs 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.
Please attach a minimum of 2 quotes *

A minimum of 2 files must be attached.

Please add as many as required, we can accept screenshots from websites. We encourage you to seek more then one quote so that the organisation gets the best value for money. Please note: you may be asked to provide quotes for all project costs 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.

Certification

Attach a file:

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 60 days 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 six months of receiving council funding

l agree t	to the above sta	tements *	
Authoris	sed Person *		
	First Name	Last Name	
Authoris	sed Person's Pos	sition *	
Authoric	and Dougon's Dhe	ma Numban*	
Authoris	sed Person's Pho	one Number *	
Must be a	n Australian phone r	number.	