#### Eligibility

\* indicates a required field

#### Before you begin

You will require certain information to complete this proposal. To assist this process you may need the following documentation:

- Certificate of Incorporation
- ΔRN
- Latest Audited Financial Statements that are provided to Office of Fair Trading
- Evidence of a Management Committee meeting approving the proposal or flying minute of Executive Committee approving the proposal
- Certificate of Currency for \$20 million Public Liability insurance
- Draft building layout and site plan including measurements

If you have any questions for our Commercial and Leasing team please contact us on 1300 79 49 29 during business hours or email enquiry@frasercoast.qld.gov.au

on 1300 79 49 29 during business hours of email enquiry@n	asercoast.qru.gov.au
Have you read and understood the guidelines? *  O Yes If you have not read the guidelines, please read them before commencing there.	his application by clicking
Organisation Name: * Organisation Name	
Type of organisation - please select from the below: *  Incorporated Association Registered with Australian Charities and Not-for-profits Commiss None of the above If you are a community organisation that is not an Incorporated Association Australian Charities and Not-for-profit Commission, your proposal will need information click <a href="here">here</a> . Before progressing further, please consult with an el make a proposal on your behalf.  Organisation ABN:	or registered with the to be auspiced. For furthe
The ABN provided will be used to look up the following information. check that you have entered the ABN correctly.	Click Lookup above to
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	5: *
Address Line 1, Suburb/Town, State/l Australia	Province, Postcode, and Country are required. Country must b
<b>Organisation Postal Address:</b> Address	*
Address Line 1, Suburb/Town, State/l Australia	Province, Postcode, and Country are required. Country must b
Organisation Primary Phone I	Number: *
Must be an Australian phone number	
Organisation Primary Email: *	
Must be an email address.	
Organisation Website:	
Must be a URL.	
Incorporated Association	Number
Organisation Incorporated As	sociation Number: *
to look up your IA number click <u>here</u> .	
Financial Position	
Is your organisation financial  O Yes	ly solvent? *

 $\bigcirc$  No

Solvency is the ability to meet long term debts and financial obligations. Please attach the latest audited financial statements in the in the "Supporting Evidence" section of this proposal.

Evidence of approval from Management Committee to lodge the proposal

Please attach evidence of a Management Committee meeting approving the proposal or flying minute of Executive Committee approving the proposal. * Attach a file:
A minimum of 1 file must be attached. If submitting a flying minute it should contain • the necessary background information in relation to the matter(s) being canvassed; • a form of motion proposed in relation to the matter(s) or the suggested outcome(s); • and a section which is to be completed by all members of the Executive Committee and returned by the specific deadline which states that they agree or not agree.
Organisation Applicant Contact Details  Organisation Contact Person: *
Title First Name Last Name
Contact Person's Position: *
Contact Person's Phone Number: *
Must be an Australian phone number.
Contact Person's Email: *
Must be an email address.
Organisation Overview
* indicates a required field
Please provide an overview of the community organisation
Describe your organisation's purpose, objectives and goals: *
Word count: Must be no more than 500 words.
MUSE DE NO MOLE CHAN SOU WOLDS.

What are the primary areas of focus for	this project/program? *			
No more than 5 choices may be selected. You can select items from any area of the list – all want to be more specific. In this question we want health), rather than the types of people it will affe				
Who do you expect to benefit from this do Children/Youth ☐ Disadvantaged groups ☐ People with Disabilities ☐ General Community  At least 1 choice must be selected.	facility? *  ☐ Seniors ☐ Aboriginal and/or Torres Strait Islander people ☐ Multicultural Communities ☐ Other:			
Current Adult Members: *	Current Junior Members: *			
Must be a number.	Must be a number.			
Describe the organisation's current sources of funding and capacity to obtain additional funds: *				
Word count: Must be no more than 500 words. This may include income from membership fees, local/state/federal grants, etc.				
Proposal Details				
* indicates a required field				
Please provide details on the propo benefit the community	osal which demonstrate how it will			
Outline the intended use of the land and	d building: *			
Word count: Must be no more than 250 words.				

Describe why your proposal is not currently able to be met by an existing facility

or land: \*

Word county	
Word count: Must be no more than 250 words.	
Will your property committee about division of the James	l /la ! l al ! .a a.
Will your proposal commit to shared use of the land utilisation? How? *	i/builaing
Word count:	
Must be no more than 250 words.	
Describe how your proposal will provide a benefit to	the com
Word count: Must be no more than 250 words.	
How does your proposal support broad community popportunities? *	participa
Word count:	
Must be no more than 250 words.	
Additional Information	
Provide any further, relevant information to suppor	t your pi

#### Supporting Evidence and Execution

\* indicates a required field

**Draft building layout and site plan including outside measurements: \*** Attach a file:

A minimum of 1 file must be attached.				
Latest Audited Financial Statements - as provided to the Office of Fair Trading: * Attach a file:				
A minimum of 1 file must be attached.				
Certificate of Currency for \$20 million Public Liability Insurance: * Attach a file:				
A minimum of 1 file must be attached.				
Execution				
I hereby certify that I am the authorised representative of my organisation and that I have authority to complete this proposal and agree that:				
<ul> <li>to the best of my knowledge the statements made in this application are true</li> <li>a lease will be offered on an as is/where is basis and the community organisation will be responsible for undertaking all due diligence</li> <li>the community organisation will be required to meet all costs associated with obtaining the necessary survey plan, lease preparation and Titles registration</li> <li>the community organisation will be responsible for funding and obtaining all approvals certification and construction costs associated with building works</li> <li>the community organisation will obtain Building and Contents insurance to the \$ value of the building and contents if successful. *unless specified in the lease that insurance covered by Council</li> </ul>				
I agree to the above statements: *  O Yes				
Authorised Person: * Title First Name Last Name				
Authorised Person's Position: *				
Authorised Person's Phone Number: *				
Must be an Australian phone number.				
must be all Australian phone number.				