### Mayor's Community Benefit Fund 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 <a href="here">here</a> . 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 <a href="mailto:Events@frasercoast.qld.gov.au">Events@frasercoast.qld.gov.au</a> 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? $\hfill \square$ Yes $\hfill \square$ No
Is your Event ticketed?  ☐ Yes ☐ No
Does your event incorporate best practice principles for inclusiveness and accessibility? *  O Yes

It is a condition	of Council fundir	g that events in	corporate best	practice principles	for inclusiveness
and accessibilit	y. Click here to v	ew the Creating	inclusive and	accessible events of	juide.

Is your event plastic free? *  O Yes
Queensland's Single-Use Plastics Ban starts September 1 2021, click <u>here</u> to access online resources.
Fundraising Events are Ineligible
Events that are for fundraising activities where the profits are directed to one or more other local organisations are ineligible please do not proceed with this application. Please refer to the <u>program guidelines</u> for further information.
Evidence of approval from Management Committee to lodge the Grant Application
A letter from the Organisation signed by 2 members of the Committee or copy of minutes of management committee meeting approving grant application or flying minute of executive approving application. *  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 no agree.
Gaming and Liquor Licence Information
Does you organisation hold a Gaming Licence?  Yes
<ul> <li>No</li> <li>As per the guidelines, organisations with a gaming licence are ineligible for funding through the Monthly Community Grants</li> </ul>
Does your organisation hold a Liquor Licence or Permit.  ○ Yes  ○ No
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 fo 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
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 <u>More information</u>
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. Cultural Town Chate (Previous and Poster de age required
Address Line 1, Suburb/Town, State/Province, and Postcode are required. To enter in a PO Box simply click into the box and then select 'Can't find your address?' this will then allow you to enter the address in manually
Organisation Phone Number *
Must be an Australian phone number. Please include area code for land line numbers.
Organisation Email *
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. Must be a statement header no more than 3 months old.
Organisation Applicant Contact Details
Organisation Contact Borson *
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. Please include area code for land line numbers.		
Contact Email *		
Must be an email address.		
Auspice Information		
* indicates a required field		
Auspice Organisation Name * Organisation Name		
Organisation Name		
Auspice Organisation ABN *		
The ABN provided will be used to look up the check that you have entered the ABN correct		Click Lookup above to
Information from the Australian Business Register	r	
ABN		
Entity name		
ABN status		
Entity type		
Goods & Services Tax (GST)		
DGR Endorsed		

Must be an ABN.

ATO Charity Type

ACNC Registration
Tax Concessions

Main business location

Auspice Organisation's Incorporated Association Number \*

**More information** 

to look up your IA	number click <u>here</u>	
<b>Auspice Organ</b> Address	isation's Primary Add	ess *
Address Line 1, Su	uburb/Town, State/Province,	and Postcode are required.
<b>Auspice Organ</b> Address	nisation's Postal Addre	ss *
Address Line 1, Su	uburb/Town, State/Province,	and Postcode are required.
Auspice Organ	nisation's Phone Numb	er *
	alian phone number. ea code for land line numbe	·s.
Auspice Organ	nisation's Email *	
March In a second of	and discourse	
Must be an email	address.	
Auspice Organ	isation's Website	
Must be a URL.		
Auspice Bank Account Name	Account *	
BSB Number	Account Number	
Must be a valid Au	ustralian bank account form	at
Must be a valid At	astralian bank account form	at.
Bank Account Attach a file:	Verification *	
A sectories	la secondo la colla de la coll	
Documentation from	le must be attached. om the bank which includes r bank deposit slip	Bank Name, BSB, Account name and number. Can be

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 \*** 

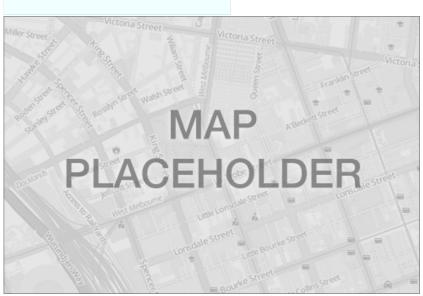
no more than 15 words

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
Start 1 December 2024

End 30 April 2025	
Project Start Date *	
Must be a date and between 1/12/2024 and 30/4/2 Project is to be completed within 6 months from apwriting and approved by Council).	
Project End Date *	
Must be a date and between 1/12/2024 and 30/4/2 If project is to be carried out in one day please ent	
Who do you expect to benefit from this p	project? *
<ul><li>□ Disability access and inclusion</li><li>□ Disadvantaged groups</li></ul>	<ul><li>□ Arts and culture</li><li>□ Health and wellbeing</li></ul>
☐ Children/youth	☐ Aboriginal and Torres Strait Islander
□ Seniors	peoples  Multicultural communities
☐ General community	☐ Other:
No more than 3 choices may be selected.	
Project Need - Why is this project needed	d. and outline the benefit to the wider
community? *	a, and buttine the benefit to the much
Word count: Describe the specific issue / need you are addressi	ng. How was this identified? (200 words maxiumum)
How many attendees and participa event?	nts are expected to attend your
Number of attendees from within the Fraser Coast *	Number of attendees from outside of the Fraser Coast Region *
Must be a number.	Must be a number.
Where do you expect these visitors to co	me from and what economic henefit will
they bring to the Fraser Coast *	

### **Expected Outcomes**

**The objectives of the program are to:**-1. Respond to needs beneficial to the community:- a. Directly or indirectly providing for the relief of poverty, sickness, suffering, distress, misfortune, disability or helplessness to people in the community; b. Directly or indirectly providing relief to people in necessitous circumstances; and c. Planning for and

assisting underprivileged or neglected children and families, people who are unemployed, single parents, people with a disability, the sick, the infirm, the aged and others in need of assistance.2. Assist community organisations and groups in order to pursue charitable purposes and/or other activities beneficial to the community;3. Emergency support situations, including essential food items, emergency accommodation and/or repairs for life threatening situations; and 4. Do anything incidental or helpful to either of the above.

What are the expected positive outcomes of the planned activity or project, how these will be measured and how does the project align with the above program objectives? *
Describe three things you want the project to achieve in terms of benefits for participants and/or others (200 words recommended)
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 collaborations, if it is not possible to collaborate with other groups please provide explanation *
Must be no more than 100 words.
If your application is successful how will you provide acknowledgement of funding provided by Council *  Social Media post e.g. facebook Organisations Website Traditional Media e.g. TV, Radio and Newspaper Verbally e.g speech at opening of event Flyers or Leaflets Council's Banners at events Signs or Plaques Other:
At least 1 choice must be selected.  The degree of acknowledgement should commensurate with the level of funding provided.

Click here for funding acknowledgement fact sheet and examples

### **Project Budget**

\* indicates a required field

Have you sought funds for this project fro	om Fraser Coast Regional Council or any	
	○ No	
Please provide information in relation to	other funding sources *	
Word count: Must be at least 3 words. 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	
Grant Funding Amount		
Please ensure that the total amount requested item of the income budget.	d is the same as the Council Grant Funding line	
Total Amount Requested - If the organisa must exclude GST *	tion is registered for GST this amount	
Must be a dollar amount and between 500 and 500 What is the total financial support you are requesting		
Cash Budget		
This section of the application form is designed understanding of the overall cost and to determ		
The budget must be detailed, accurate and sult must also demonstrate the applicant's contractions 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 <b>registered</b> for <b>GST</b> all to be provided <b>exclusive</b> of <b>GST</b> . You may wis assist in checking your figures -		

Council Grant Funding	
Organisation Funds	
Ticket Sales (for events that are ticketed only)	
Other Funds	

#### Expenditure

Expenditure Description	\$ Amount	use grant funds?	Fraser Coast based 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

#### 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.
	\$

	l¢
	\$
	J <sup>♥</sup>
Budget Totals	
Total In-Kind Amount	Total Project Cost *
\$	\$
This number/amount is calculated.	This number/amount is calculated. What is the total budgeted cost (dollars) of your project?
Supporting Evidence and Certific	cation
* indicator a required field	
* indicates a required field	
Latest Audited Financial Statement or B Statement - as provided to Office of Fair 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 b	udget
Please attach a minimum of 1 quote *	
Attach a file:	
more then one quote so that the organisation gets	reenshots from websites. We encourage you to seek the best value for money. Please note: you may be urchases must be made with a Fraser Coast supplier case you need approval from Council.
Please attach a minimum of 2 quotes * Attach a file:	

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.

### Mayor's Community Benefit Fund Application Form

#### 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 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 O Yes	to the above st	atements *	
Authori	sed Person *		
Title		Last Name	
Authori	sed Person's Po	sition *	
Authori	sed Person's Ph	one Number *	
Must be a	n Australian phone	number.	