

Application Form

Community Grant – Community Activities & Events

This grant provides funding of up to \$10,000 for **Not-for-Profit** organisations that Supports community not for profit organisations to deliver self-sustainable local community, cultural, sporting, and environmental activities in the Douglas Shire Region. A **co-contribution of at least 20% (of the grant amount being requested) is required toward the total project cost. Contribution can be cash or in-kind.**

SECTION 1 - APPLICANT ORGANISATION DETAILS

Applicant Name:

Organisation Name:

Street Address:

Postal Address:

Contact Name for application:

Email:

Mobile:

Australian Business Number (ABN):

GST registered: Yes No

Public Liability Insurance (Do you have public liability coverage for your facilities project): Yes No

What type of entity are you (You may be required to provide proof of incorporation if applicable):

Incorporated Not-for-Profit Organisation

Auspices Individual

SECTION 2 - PROJECT DETAILS

The project – addresses the funding priorities:	Y/N or N/A
• Support active, vibrant communities	
• Support safe, connected communities	
• Encourage partnerships and collaboration between community groups	
• Contribute to the local and regional economy	
• Demonstrate sound event management principles and planning	
The project - aligns with one or more of the themes or goals in Council's Corporate Plan or a Strategy	Y/N or N/A
• Celebrating Our Communities	
• Fostering Economic Growth	
• Leading Environmental Stewardship	
• Inclusive Engagement, Planning and Partnerships	
• Robust Governance and Efficient Service Delivery	

Project Demonstrates	Y/N or N/A
The project - addresses an identified need in the community	
The project - benefits the Douglas Shire community / is in the public interest	
The project - demonstrates evidence of community support	

SECTION 3 - ACCOUNTABLE OFFICER (President/CEO – Must sign this application)

Full Name:

Position:

Email:

Mobile:

SECTION 4 – FUNDING DETAILS

Funding amount sought (Applicants can only apply for a grant amount of 80% of eligible project costs. Up to \$10,000)
Contribution can be cash or in-kind. Break down your costs in table below

Grant amount sought: \$

Total Amount of Applicant Contribution \$

Applicants may not receive the full amount of funding but rather partial funding.

In this case, can the project proceed without full funding: Yes No

Is the Organisation applying to other funding organisations for this project: Yes No

If yes, what funding program:

A. Earned Income (\$) (Example: event entry fee)	\$	A.Expenditure -Project cost (Example: catering cost, venue/equipment hire, promotional etc.)	\$
B. Sponsorship/Fundraising/Donation (Example: raffle tickets)	\$		
C. 20% Contribution \$ or in-kind (Example; volunteer hours \$45 x hrs)	\$		
Income A+B+C (Inc GST)= TOTAL	\$	Expenditure (inc GST) TOTAL	\$

SECTION 7 – AUSPICE DETAILS**(If nominating a Not-for-Profit Organisation to administer and acquit the grant on your behalf)**

Organisation Name:

Street Address:

Postal Address:

Australian Business Number (ABN):

Incorporation No:

GST registered: Yes No

Will the Auspice Organisation cover the public liability for this activity:

 Yes - Please attach Certificate of Currency. No - How will the activity be covered:

Name of President / CEO of Auspice Organisation:

(Must sign this form)

Email:

Mobile:

SECTION 8 - CERTIFICATION

Please read each statement and sign to confirm your acknowledgement and agreement to these terms:

1. The statements in this application are true and correct to the best of my knowledge, information and belief.
2. I certify that I have the appropriate delegation, as authorised by the applicant, to prepare and submit this application on behalf of the applicant.
3. I agree to provide Douglas Shire Council with any additional information required to assess this application.
4. I understand that Douglas Shire Council does not accept any liability or responsibility for the proposal in the application.
5. I understand that if Douglas Shire Council approves the application, I will be required to accept the terms and conditions of the Council Grants Program.
6. I consent to the media being given information if this application is approved and understand media may contact me.
7. I consent to the project being published on Council's website, in promotional material or by way of civic and/or legislative requirements if this application is approved.
8. I agree to ensure all necessary approvals, permits, insurances, licenses and qualifications are obtained prior to the project, program or event taking place and abide by all relevant health, safety, and professional and industry standards.
9. I will obtain a certificate of currency for public liability insurance and any other appropriate insurances, for an appropriate amount (in total and per event) based on level of risk current to cover the proposed project.

Name in Full:

Position in group or Organisation:

(If you are under the age of 18, your legal guardian must also sign this application)

Signature:		Date:	
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Guardian Full Name:

Guardian Signature		Date:	
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DECLARATION

I _____ declare that the information provided by me in this application is true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department in regards to any matters relevant to this application.

Applicant Signature:

Date:

Douglas Shire Council – Privacy Collection Notice:

Douglas Shire Council collects and manages personal information in the course of performing its activities, functions and duties. We respect the privacy of the personal information held by us. The way in which the council manages personal information is governed by *the Information Privacy Act 2009* (Qld). We are collecting your personal information in accordance with the *Local Government Act 2009* so that we can assess and finalise your application. Generally, we will not disclose your personal information outside of Council unless we are required to do so by law, or unless you have given us your consent to such disclosure. For further information about how we manage your personal information please see our Information Privacy Policy.

OFFICE USE

EOI Doc ID: EOI Ass Doc ID:	Successful Application: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Officer:
Project Plan Doc ID:	Successful Application: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Officer:
App Doc ID: App Ass Doc ID:	Successful Application: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Officer: