Phone: Fax: Email:

e: 07 4099 9444 07 4098 2902 : enquiries@douglas.qld.gov.au Web: Postal: Office: www.douglas.qld.gov.au PO Box 723 Mossman Qld 4873 64-66 Front St Mossman 25/26 PCS38

Expression of Interest Form Community Grant – Community Activities & Events

For all applications, you must:

- Complete this form.
- Complete any other forms relevant to your application.
- Provide any mandatory supporting information identified on the forms as being required to accompany your application

SECTION 1 - APPLICANT ELIGIBILITY (If you answer NO to any of the following questions, please contact Council prior to completing an application)			
	Yes	No	NA
The applicant - is a Not-for-Profit organisation, with a current tenure or lease agreement with Douglas Shire Council			
The applicant - has read the Grant Guidelines			
The applicant - is compliant with annual requirements of Office of Fair Trading, Australian Charities and Not-for-Profits Commission or Australian Securities and Investment Commission			
The applicant - is free of overdue outstanding fees or debts with Council			
The applicant - has successfully acquitted all previous Council grants			
The applicant - has an active Australian Business Number (ABN)			
The applicant - has a public liability insurance certificate of Currency			
The applicant – has received less than the maximum allowable amount of funding for this financial year			
The applicant – is NOT a government agency, or department of local, state or federal government, political or discriminatory group or organisation, school, university or TAFE college, or an organisation supported by gaming machine income, or that commercially trades 7 days a week with a liquor license			
SECTION 2 - APPLICANT ORGANISATION DETAILS			
Applicant Name:			
Organisation Name:			
Street Address:			
Postal Address:			
Contact Name for Application:			
Email: Mobile:			
ABN / ACN:			
GST registered: Yes No			
Public Liability Insurance (Do you have public liability coverage for your facilities project): Yes		lo	

What type of entity are you (You may be required to provide produced incorporated Not-for-Profit Organisation	of of incorporation if applicable): Auspices Individual
SECTION 3 – PROJECT INFORMATION	
Project Title:	
Start Date: C	ompletion Date:
Project Description:	
Project site address:	
(Please ensure this street address is within the Douglas Shire Region Explain how your project supports and encourages local comm	
local community . Project Outcome:	, , , , , , , , , , , , , , , , , , ,
SECTION 4 - FUNDING	
Applicants can only apply for a grant amount of 80% of eligible A 20% contribution is expected for applicant organization, this	
Grant Amount Sought: \$	
Grant Spending (list of anticipated expenses):	
Expenditure (Item)	Cost (\$)
Has your Organisation received Council funding within the las	t 12 months: Yes No
DECLARATION	
correct and I consent to the making of enquiries and exchange of Commonwealth department in regards to any matters relevant to the	
Applicant Signature:	Date:
Douglas Shire Council – Privacy Collection Notice: Douglas Shire Council collects and manages personal information in the course of personal information held by us. The way in which the council manages personal information in accordance with the Local Government Act 2009 so the your personal information outside of Council unless we are required to do so by la information about how we manage your personal information please see our Information	mation is governed by the Information Privacy Act 2009 (Qld). We are collecting at we can assess and finalise your application. Generally, we will not disclose lw, or unless you have given us your consent to such disclosure. For further

OFFICE USE					
EOI Doc ID: EOI Ass Doc ID:	Successful Application:	☐ Yes	□ No	Date:	Officer: