Phone: Fax: Email:

9: 07 4099 9444 07 4098 2902 9: enquiries@douglas.qld.gov.au

(Please mark the box that applies - if you answer NO to any of the following questions, please contact Council

Web: Postal: Office: www.douglas.qld.gov.au PO Box 723 Mossman Qld 4873 64-66 Front St Mossman 25/26 PCS08

Application Form Community Grant – Micro Grant

SECTION 1 - APPLICANT ELIGIBILITY

This grant provides funding of up to \$1000 to Not-for-Profit community organisations to support local projects and initiatives for a community purpose and provide a demonstrated benefit to the Douglas Shire Region. Grant applications can be made at any time throughout the year until funding budget is exhausted.

prior to completing an application)	Yes	No	NA
The applicant - is a Not-for-Profit Organisation or Auspiced Organisation			
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 - PROJECT ELIGIBILITY			
The project – addresses the funding priorities:	Yes	No	NA
Celebrate the diversity of our community			
Encourage inclusiveness and accessibility			
Enhance the livability of our beautiful Shire			
Promote health, well-being, and safety in the community			
Recognise days or weeks of national significance			
The project - aligns with one or more of the themes or goals in Council's Corporate Plan or a Strategy	Yes	No	NA
Celebrating Our Communities			
Fostering Economic Growth			
Leading Environmental Stewardship			
Inclusive Engagement, Planning and Partnerships			

Project Demonstrates	Yes	No	NA			
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 - APPLICANT INFORMATION						
Applicant type:						
Organisation Name:						
Australian Business Number (ABN):						
GST registered: ☐ Yes ☐ No						
Incorporation / Charity Number (if applicable):						
Postal Address:						
Have you received Council Grant(s) before: ☐ Yes ☐ No						
If yes, which financial year(s):						
Contact Person: Position:						
Email: Mobile:						
SECTION 4 – FUNDING INFORMATION						
Funding Amount Requested (\$1000 maximum):						
Applicants may not receive the full amount of funding but rather partial funding.						
In this case, can the project proceed without full funding: \Box Yes \Box No						
SECTION 5 – PROJECT INFORMATION						
Project Title:						
Start Date: Completion Date:						
Project Description:						
			_			
Project site address:						

SECTION 5 - PROJECT FINANCIAL DETAILS						
Expenditure (Item)	Cost (\$)	GST (\$)	Grant (\$)			
TOTALs	\$	\$	\$			
SECTION 7 – CERTIFICATION OF AUSPICE ORGANISATION						
Please note: Both the applicant and the auspice are considered responsible for ensuring the acquittal of grants and both could be deemed ineligible to place further applications to Council until all grants have been satisfactorily acquitted. The auspice agrees to administer the grant that may be offered to the applicant on their behalf and that the information stated in the auspice organisation details section of this application is true and correct.						
Name of Auspice Body:						
Authorised Contact person name in full: Position (tick as appropriate): President CEO						
Signature:		Date:				
SECTION 8 - ESSENTIAL SUPPORT MATERIAL TO BE ATTACHED	TO THIS APPLICAT	TION				
☐ Property Owner Approval (if applicable)						
☐ Certificate of Currency for Public Liability						
 Written quotes to support budget – One quote for items in the budget \$500 to less than \$1500 (GST Exc) 						
5.16 quote for items in the badget 4500 to less than 41500 (05) Exc)						

DECLARATION

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

- 1. I certify that I have the appropriate delegation, as authorised by the applicant, to prepare and submit this application on behalf of the applicant
- 2. I have read the guidelines relating to the Community Grants Program and certify to the best of my knowledge the information provided in this form is correct and discloses full and accurate information of expenditure and activities proposed.
- 3. I understand that approval of funding is subject to mutual agreement between Douglas Shire Council and the applicant.
- 4. I agree to ensure **all necessary approvals/permits** are obtained prior to the project, program or event taking place.
- 5. I agree to provide Douglas Shire Council with any additional information required to assess this application.
- 6. I will provide a **certificate of currency for public liability insurance** of an appropriate amount (in total and per event), based on level of risk, that is current and remains current for the term of the project
- 7. I agree to abide by all relevant health and safety standards.
- 8. I understand that Douglas Shire Council does not accept any liability or responsibility for the proposal in the application.
- 9. I understand that if Douglas Shire Council approves the application, I will be required to accept the conditions of the grant in accordance with Douglas Shire Council requirements.
- 10. I agree that if funded, I will supply an Outcome Report, including a copy of all required receipts within eight weeks of completing the project, activity, or event.
- 11. I will acknowledge the support of Douglas Shire Council in all relevant promotional and printed material.
- 12. I acknowledge that Douglas Shire Council may publish details of this application and subsequent project, activity, or event, in promotional material or by way of civic and/or legislative requirements.

Name in Full:							
Position (tick as appropriate): President CEO							
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							
Application Doc ID:		Successful Application:	☐ Yes	□ No	Date:		Officer: