Phone: Fax: Email: 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 ^{22/23} PCS08

Application - Council Grants Program

Iti you answer No to any of the following questions please contact Council)	SECTION 1 - ELIGIBILITY CHECK *ALL APPLICANTS 1	TO COM	PI FTF*		
Please read Pages 2 and 3 of Guidelines for ineligible applicants AND ineligible projects/costs. The application aligns with a theme or goal in Council's Corporate Plan or a Strategy The application addresses an identified need in the community The application benefits the Douglas Shire community is in the public interest The project demonstrates evidence of community support The applicant has an active Australian Business Number (ABN) The applicant is an Australian citizen or permanent resident who has permanently resided in the Shire for at least the preceding 12 months, or N/A The applicant is a group or organisation, that primarily provides services in the Douglas Shire; or primarily provides services outside the Shire but the project is of community benefit to the Shire (provide evidence of community benefit), or N/A The applicant has successfully acquitted all previous Council grants, or N/A The applicant is free of overdue outstanding fees or debts with Council The applicant is free of overdue outstanding fees or debts with Council The applicant is free of overdue outstanding fees or debts with Council The applicant is free of overdue outstanding fees or debts with Council The applicant is free of overdue outstanding fees or debts with Council The applicant Type Application Type Micro Grant Sponsorship Major Grant Project Category Arts and Cultural Community Development Community Events Place - Making SECTION 2 - APPLICANT INFORMATION *ALL APPLICANT STO COMPLETE* Applicant Details Applicant Name: Applicant Name: Australian Busineses Number (ABN): (compulsory) STORE STERISHED AUGUST STORE					
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Street Address: Postal Address:	GST registered? Y/N				
Postal Address:	Incorporation / Charity Number: (if applicable)				
	Street Address:				
Website/Social Media Page:	Postal Address:				
	Wehsite/Social Media Page	1		·	

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For all applicants				
Contact person regarding application:				
Phone number:				
Email address:				
Have you received Council Grant(s) before?	Yes		No	
If yes, which financial year(s)?				
For Organisations				
Legal status: (eg Incorporated /Company)				
Authorised person: (Authorised on behalf of the	organisation to sign applicat	tion, contract, c	acquittal)	
Full Name:				
Position in organisation: (please tick)	President 0	Chief Executive	Officer [Director
For Groups / Auspice arrangement				
Contact person for project:				
Phone number:				
Email address:				
SECTION 3 - PROJECT INFORMATION *ALL A	APPLICANTS TO COMPLETE*			
Project Title: (Max. 10 words)				
Description of project: ** Please attach one A4 your statements.	page if insufficient space <u>and</u>	<u>d</u> provide suppo	ort material to	support
your statements.				
What do you want to do?				
Why do you need to do this project?				
What community support do you have?				
How will the project benefit the community/ be in the public interest? (community, economic, social or environmental outcomes)				
Amount/value requested: (GST Exc)	\$			
Proposed start date:				
Proposed completion date:				
Proposed location of project:				

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Which theme/s from Council's Corporate Plan does this project align with?							
Celebrating Our Communities		Inclusive Engagemer Planning ar Partnership	nd		Leading Environmental Stewardship		
Fostering Economic Growth		Robust Governance	e and				
Please specify if the	ere are oth	ner Council Plans/Strate	egies that your	project	aligns with.		
•	Please indicate if your proposed activity directly and specifically targets one or more of the following groups as						
attendees or partic	cipants.				_		
Aboriginal and/or 7	Forres Stra	it Islander, people		✓	Group People with a disability	,	Ø
Australian South Se					Older people (55 years		
Men		реоріс			Young people (12-25 years)		
Women					Children (0-11 years)		
People from a culturally or linguistically diverse background				N/A - not specifically targeting any groups			
How many people	do you exp	pect to attend or partic	cipate in the pro	ject?			
Local		Regional	State		Interstate	Internati	onal
SECTION 4 - PROJE	CT PARTN	ERSHIPS – Non-financi	ial (In-kind) Coı	nponen	t *IN-KIND APPLICAN	гѕ то сомр	LETE*
What in-kind support are you requesting from Council?							
☐ Use of Council park/hall/foreshore (event/venue hire or other Council forms will be required for some in-kind requests).							
☐ Use of Council plant and equipment (subject to availability).							
What in-kind support will be contributed by others? (Please specify or N/A)							

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SECTION 5 - PROJECT BUDGET - Financial (Cash) and Non-financial (In-kind) Components *NOT REQUIRED FOR IN-KIND APPLICANTS*

Please note: If you are not GST registered, amounts should include GST as this is part of the cost of the project. Amounts should be exclusive of GST if you are registered for GST.

Income	\$ Expenditure	\$
Volunteer labour (\$25 per hour non skilled / relevant rates for professional services) (IK)	In-kind labour (IK)	
Donated goods /services (IK)	In-kind goods/services (IK)	
Donation – cash	Advertising/Promotion/Marketing	
Sponsorship	Facilitators/Instructors	
Own cash	Other:	
Sales – tickets, enrolment, workshop fees	Other:	
Other Grants – Fed/State/Philanthropic	Other:	
Council Financial Assistance	Other:	
TOTAL	\$ TOTAL	\$
SECTION S. CERTIFICATION		

	The statements in this application are true and correct to the best of my knowledge, information and belief.					
	I certify that I have the appropriate delegation, as authorised by the applicant, to prepare and submit this application on behalf of the applicant.					
	I agree to provide Douglas Sh	ire Council with any additional informatio	n required to	assess this application.		
	I understand that Douglas Shapplication.	ire Council does not accept any liability or	responsibilit	y for the proposal in the		
	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.					
	I consent to the media being given information if this application is approved and understand media may contact me.					
	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.					
	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.					
	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.						
Signati	ıre:		Date:			
Full Name:						
Note: If you are under the age of 18, your legal guardian must also sign this application						
Guardi	uardian Signature: Date:					
Guardi	an Full Name:		Date:			
Positio	n in group or organisation:					

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.

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SECTION 7 - SUPPORT MATERIAL *NOT REQUIRED FOR IN-KIND APPLICANTS*	APPLICANT SUPPLIED
Please attach documentation to demonstrate need, demand, support or benefit of project.	
Quotes - attach one quote for items over \$500 to less than \$5,000 (GST Exc), two quotes for items \$5,000 to less than \$15,000 (GST Exc) and three written quotes \$15,000 to less than \$200,000 (GST Exc).	
Letters of support	
Meeting minutes	
Survey results	
Photos	
Project Plan	
Property Owner Approval	
Other documentation – Please list	

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