

Expression of Interest Form

Community Grant – Community Facilities

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)

	Y/N or N/A
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 ☐ 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 3 – PROJECT INFORMATION

Project Title:

Start Date:

Completion 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 community participation and delivers social benefits to the local community . Project Outcome:

SECTION 4 - FUNDING

Applicants can only apply for a grant amount of 80% of eligible project costs, up to \$10,000.

A 20% cash contribution is expected from applicant organization.

Grant Amount Sought: \$

Grant Spending (list of anticipated expenses)

Expenditure (Item)	Cost (\$)

Has your Organisation received Council funding within the last 12 months: ☐ Yes ☐ No

SECTION 5 – TENURE AGREEMENT

(Only organisations with a current Lease/Tenure agreement with Douglas Shire Council can apply for this grant)

Does your Organisation have a current tenure/lease agreement with Council: ☐ Yes ☐ No

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