

COMMUNITY GRANT PROGRAM COMMUNITY EVENTS Application Form

**Please read Council's Application Kit and Guidelines prior to completing this application.
For inquiries or assistance with your application phone Council's Community Development Unit on 1300 883 699.**

**Community Grants closing dates for each round:
Round 1 - Closes last Friday in June; Round 2 - Closes last Friday in October; Round 3 - Closes last Friday in February.**

Eligibility	<p>Have you received financial assistance from any of the following programs in the current financial year? <i>(please tick)</i></p> <p> <input type="checkbox"/> Sponsorships & Partnerships <input type="checkbox"/> Community Grant <input type="checkbox"/> Micro Grant </p> <p>If you ticked any of the above boxes you are not eligible to apply for further financial assistance in accordance with the Community Grants policy.</p>								
Details of your group/organisation	<p>Applicant or Auspice Body Details</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Organisation:</td></tr> <tr><td style="padding: 2px;">Postal address:</td></tr> <tr> <td style="padding: 2px;">Telephone:</td> <td style="padding: 2px;">Email:</td> </tr> <tr> <td colspan="2" style="padding: 2px; text-align: right;"><i>*This will be Council's preferred method of contact</i></td> </tr> <tr> <td style="padding: 2px;">Contact person:</td> <td style="padding: 2px;">Position:</td> </tr> </table> <p> <input type="checkbox"/> Incorporation Number: _____ <i>(Attach Certificate)</i> <input type="checkbox"/> ABN Number: _____ <input type="checkbox"/> Public Liability Insurance <i>(Attach Certificate)</i> <input type="checkbox"/> Annual Financial Statement <i>(Attach Statement)</i> </p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	Organisation:	Postal address:	Telephone:	Email:	<i>*This will be Council's preferred method of contact</i>		Contact person:	Position:
Organisation:									
Postal address:									
Telephone:	Email:								
<i>*This will be Council's preferred method of contact</i>									
Contact person:	Position:								
Does your group/organisation have the following? <i>(please tick)</i>									
Is your organisation registered for GST?									
Project/Program Details	<p>Project Details</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Project name:</td></tr> <tr><td style="padding: 2px;">Location:</td></tr> <tr><td style="padding: 2px;">Date & duration:</td></tr> <tr><td style="padding: 2px;">Expected participation number:</td></tr> </table> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>	Project name:	Location:	Date & duration:	Expected participation number:				
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Location:									
Date & duration:									
Expected participation number:									
Brief description of project for which funding is requested <i>(briefly describe the project/program/event for which funding is requested)</i>									
Volunteer Contribution	<p>Number of volunteers who are involved in the planning and delivery of this project: _____</p>								
Grant Amount Requested	<p>\$ _____</p> <div style="text-align: center; background-color: #e0e0e0; padding: 5px; width: fit-content; margin: 0 auto;">Total Project Budget</div> <p>\$ _____</p>								

Briefly outline the nature of your group/organisation and its primary purpose

(Include how many members, target group, types of programs/services)

Please provide full detail of the project/program/event you are seeking funding for

(Where possible attach project action plan)

List who will be involved (including any partnering organisations)

Note: Do not include paid service providers/contractors

(Attach support letters)

Please describe how your project/program/event meets the selection criteria

(Read Council's Application Kit and Guidelines)

How did your group/organisation identify this need?

(Attach any or all of the following: photos, reports, strategic or operational plans, statistics, consultation completed - who, when etc)

Have you received any other support in the past 2 years from Bundaberg Regional Council for this project? If so please list with details.

(i.e. RADF, In-kind, Micro Grants, Donations)

CHECKLIST: *(Please tick once attached)*

****Note: Applications which do not provide required documentation will not be assessed.**

Required:

- A copy of your organisation's latest audited financial statement
- A copy of your Certificate of Incorporation
- A copy of your current Public Liability Insurance Certificate
- A copy of minutes confirming the decision to seek financial assistance from the Bundaberg Regional Council Community Grants Program and expend funds on the specific project.
- I have read the community Grants Program Application Kit Guidelines.

- Copies of quotations (minimum 2)

If Required:

- A letter of support from the landowner is required for capital works on leased land (this includes land owned by council)
- For minor capital works – relevant approvals from Council or State Government

Recommended:

- Letters of support from groups etc relevant to your project
- All other documents to support your application

CERTIFICATION

I hereby certify that I have been authorised to prepare and submit this application on behalf of the above mentioned group/organisation and the information contained herein is a true and correct record to the best of my knowledge. On behalf of the above mentioned group/organisation, I agree to accept funding in accordance with the Community Grants Program's guidelines and conditions.

Signature _____

Date _____

Name _____

Position _____

WITNESS

Signature _____

Date _____

Name _____

Position _____

Please send completed application to:

Postal Address

OR

Bundaberg Regional Council
Community Development Unit
PO Box 3130
Bundaberg QLD 4670

NOTE: *Clearly label envelope 'Community Grant Application'.*