Important notes

* indicates a required field

BEFORE you submit an application please ensure you have read the <u>2024-25 Capital</u> Infrastructure Program Information Kits.

Please ensure you make contact with the Community Grants Team who can provide you with further information on eligibility requirements.

- Applications are funded based on a competitive process and the total funding pool available.
- Only information provided in this application will be used to assess your application.
- Applicants will receive formal notification of the outcome of their application within three months.
- Ensure that your project does not commence prior to receiving formal notification. Projects that commence prior to this are ineligible for funding.

If you have any queries or would like further information and assistance, please contact:

The Community Grants Team

Redland City Council

Ph: (07) 3829 8999

ı	have	consulted	with the	Redland	City Counci	il Community	y Grants	Team. 🦥	۴
0	Yes								
О	No								

I have read and understood the Capital Infrastruture Program Guidelines *

O Yes

 \bigcirc No

Capital Infrastructure Program Guideline can be found at https://www.redland.qld.gov.au/grants

Which Capital Infrastructure Grant sub-category are you applying under? *

- Small Capital Infrastructure up to \$10,000
- O Major Capital Infrastructure \$10,000 \$50,000

Applicant Details

* indicates a required field

Note:

The applicant is responsible for:

- Obtaining all relevant approvals required to complete the project, prior to the commencement of works;
- Having adequate insurance including a minimum of \$20 million public liability in relation to the activities carried out by the applicant for this project;

Form Preview

- Ensuring a safe work environment in accordance with WH&S Act, Regulation and Codes of Practice; and
- Engaging the use of licensed contractors to undertake related works for the project.

Applicant Organisation N Organisation Name	ame *		
Organisation Primary Add Address	iress *		
Suburb State Postcode			
Organisation Postal Addr Address	ess		
Suburb State Postcode			
Organisation Primary Pho	one Number *		
Organisation Primary Em	ail *		
Authorised Officer Cor	ntact Details		
An authorised officer of the a Chair).	applicant organis	ation (e.g. Chief Ex	kecutive Officer, President or
All grant correspondence	will be directe	d to this contact	person.
Contact Name * Title First Name	Last Name		
Position *			
Primary Phone Number *			

Primary Email *
Is the organisation a legal not-for-profit and/or Incorportated entity? * ○ Yes ○ No
Is the organisation incorporated? * O Yes O No
Applicant must be not-for-profit incorporated organisation, or auspiced by an eligible organisation
Incorporation Number / Australian Company Number *
Under Which Act is the organisation incorporated? * Association Incorporation Act 1981 (Qld) Co-operatives National Law Act 2020 (Qld) Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cwlth) Local Government Act 2009 (Qld)
What is the purpose of the organisation? *
No more than 150 characters
How many members does the organisation have? *
Does the organisation have an ABN? * O Yes O No A Statement by Supplier form can be found under 'Related Information' on Council's Community Grants website page
Applicant ABN *
The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.
Information from the Australian Business Register
ABN
Entity name ABN status
חטוז אנונונט

Entity type			
Goods & Services Tax (GST)			
DGR Endorsed			
ATO Charity Type	More information	<u>on</u>	
ACNC Registration			
Tax Concessions			
Main business location			
Must be an ABN.			
Attach a completed Stat Attach a file:	ement by Supplier	form. *	
Required if applicant does not www.redland.qld.gov.au/grant		catement by Supplier fo	orms are available at
Auspice Organisation	on Details		
* indicates a required field			
Auspice details			
Please note that a confine organisation accepting required - Please upload	nanagement and fi	inancial responsib	
Auspice Full Legal / Inco Organisation Name	rporated Name *		
Must be a not-for-profit incorp	orated organisation		
Incorporated Number / A	lustralian Compan	y Number *	
 Under which Act is the o Associations Incorprate Co-operatives National Corporations (Aborigina Local Government Act 2 	ion Act 1981 (Qld) Law Act 2020 (Qld) I and Torres Strait Isl		vlth)
Does the Auspicing body	/ have an ABN? *		
○ Yes○ No			
 No A Statement by Supplier form Supplier form can be found un 			

www.redland.qld.gov.au/grants

Form Preview

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register

ABN

Entity name

ABN status

Entity type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

More information

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

Auspice ABN *

Auspice Contact Details

Auspice Address	Primary	/ Address
Suburb	State	Postcode
Auspice Address	Postal A	Address *
Suburb	State	Postcode
Auspice	Primary	Phone N
Auspice	Primary	/ Email *

Attach a completed Statement by Supplier form. * Attach a file:
Attach a nie:
A Statement by Supplier form can be found under "Related Information" on Council's Community Grants webpage - www.redland.qld.gov.au/grants
Auspice Authorised Officer
An authorised financial officer of the auspice organisation (e.g. Chief Executive Officer, President or Chair).
Auspice Project Contact Name * Title First Name Last Name
Position *
Primary Phone Number *
Primary Email *
Eligibility Checklist
Eligibility Requirements
 □ Project is based in Redland City, □ Organisations be a not-for-profit and incorporated entity,
 □ Have an active ABN or Statement by a supplier, □ Be operating and financially viable,
☐ Hold Public Liability Insurance (\$20 million),
 Have a bank account in the name of the legal entity, Not hold a licence for more than 20 gaming machines, and
☐ Have no outstanding debts or grant acquittals to Council. If you have ticked ALL of these items you are ELIGIBLE to apply.
Ineligible Applicants
 □ Government or semi-government organisations i.e. hospitals and libraries, □ Public and private education institutions (i.e. primary, secondary and independent
schools or tertiary institutions), □ For profit businesses,
☐ Child care and after-school care service providers,☐ Political parties and political lobby groups,
 Industry peak bodies or organisations that as part of their charter do not provide a direct community benefit; and

Form Preview

☐ Organisations that are supported through Council's Targeted funding allocations to deliver community services, if applying for the same project. If you have ticked one of these items you are INELIGIBLE to apply.
Applicants cannot request funding for the below: Day-to-day operational costs for an organisation, including staff wages, rent and insurances (unless there is evidence it is an additional expense incurred by the funded project); Projects for fundraising purposes where proceeds will be provided to a third party, Projects of a political nature or those which incorporate political activities, Projects operated for commercial purposes, Projects which begin before grants are awarded (no grants will be awarded retrospectively), Payment of debts to any entity including council, Recurrent projects, Projects considered the core responsibility of other levels of government, Events or activities in competition or conflict with council, Projects that have the same or similar outcome that have been funded under any other council programs including operational funds, Sponsorship and the Mayor and Councillors Community Benefit Fund, Project costs incurred outside the funding period, Purchase of vehicles, Donations, Project costs already supported through other federal or Queensland Government funding, Maintenance of a council facility where the responsibility of maintaining the facility lies with the lessee, including but not limited to, painting and day-to-day maintenance to ensure the general upkeep of the building or facility, Regular maintenance or replacement of floor coverings, Purchase of land, existing buildings or facilities, Turf, landscaping and laying of turf, Building work and professional fees that are not related to the project, Repair or redevelopment of facilities damaged by fire, explosion, vandalism, flood (except projects impacted by floods in areas declared by the natural disaster relief and recovery arrangements (NDRRA)), cyclone, storm, or other natural disaster where the facility should be covered against that type of damage by insurance, and
Capital Works Project Details
* indicates a required field
Project Title *
Must be no more than 150 characters.

Is the project activity to be conducted in Redland City *

☐ Yes ☐ No - Ineli	gible to apply	y			
Project loca	ation (addre	ess) *			
Address					
Must be in Re	dland City				
Project des	cription *				
Provide a sho	rt description (100 words rec	ommended) of	the project	
What stage Conceptual stage	 Detailed 	Signed	oposed proje ○ Tender		Ready to Other proceed to (please construction specify below)
Other deta	ils				
Project Sta	rt Date *				
Must be a dat	e and no earlie	er than 15/12/2	2024.		
Project End	I Date *				
Must be a date	e.				
Why is the	nroject requ	uirod? Pload	se provide de	stailed reaso	nn/c *
Wily is the	project requ	ulleur Fleas	se provide de	etaneu reasc	III/S
Evidence of de	emonstrated n	eed can be up	loaded at end o	f application fo	rm
	ganisation c to the proje		ith any Coun	cil Officers o	r external organisations
If yes, plea provided) *		details and	outcomes of	consultatio	າ (include any advice
Include the pe	ersons full nam	e and departn	nent, or the orga	anisation they a	are connected to if applicable.

A <u>Project Plan Template</u> can be found under 'Related Information' on Council's <u>Community</u> <u>Grants</u> website page
Please submit a detailed Project Plan outlining the activities and milestones for the project. * Attach a file:
Details of Capital works
* indicates a required field
What is the real property (RP) description of the principal lot of the proposed site for the project? *
Please include Lot Number and Registered Plan No.
Who is the owner of the land or facility where the proposed project is to be located? *
O Applicant O Council (owned or O State Government O Other (please Organisation managed land) specify below) If you are not the land owner, please provide a copy of land owner consent from the land owner.
Other details
Does the organisation have land owner's consent to undertake the works? * ○ Yes ○ No ○ In progress
Any organisation who is wanting to upgrade or construct on Council owned land must seek Land Owners Consent prior to commencing any works. Should an organisation wish to seek funding support for their project through grant opportunities, then the organisation must seek a letter of support from Council prior to lodging their grant application. Council has 2 documents it can provide:
For grants - Letter of Support (this is not land owners consent but a letter from Council showing their support for your project)
For Land Owners Consent - Land Owners Consent Letter (with stipulations on what is required of your organisation to complete your project)
Further details and online application form can be found on our website
Does the organisation have a registered lease or permit to occupy for at least a

In progress

Yes

 \bigcirc No

○ Not applicable -

owned by applicant

Please attach evidence	at the end of the applicati	on.	
What is the lease p	eriod? *		
institution? * ○ Yes	pject to be constructed	○ No	by an education the facility at the end of this
Have all relevant B project? *	uilding/Plumbing/Pla	nning approvals bee	n obtained for this
Yes, received.	 No, lodged and awaiting decision. at the end of the applicati 	No, required and yet to lodge.	Not required.
Have qualified cont	ractors been engage	d to complete the pr	oject?
Outline the details of the	e provider and their qualif	ication/s e.g. licence detai	ils
Budget			
* indicates a required	field		
Total Project Cost * \$ What is the total budget			
Major Capital Infra	structure		
Has your organisat years? * □ Yes - Ineligible to	ion been funded for I	Major Capital Infrastı	ructure in the last 3
□ No	or Capital Infrastructure a	pplication is eligible every	⁷ 3 years.
Total Grant Amoun	t Requested *		
	and between 10000 and al support you are reques		ease identify this in your

Major Capital Financial Cash Contribution *

Must be a dollar amount. Calculating your 50% financial cash contribution: Total project cost less 'in-kind' contribution equals total cash component. You must provide 50% of the total cash component. If you require additional information contact the Grants Team on 3829 8999.
For example, if the total project cost is \$120,000 and the 'in-kind' contribution is \$20,000 then the total cash component is \$100,000.
You would then be expected to contribute $$50,000$ (50% of the $$100,000$), and the grant amount sought is $$50,000$ (50% of $$100,000$).
How to calculate your organisations financial contribution:
1. "Total project cost" - "applicant in-kind contribution" = "Total project cash component"
2. "Total project cash component" x .5 = "your cash contribution"
Small Capital Infrastructure
Has your organisation been funded for Small Capital Infrastructure in the last 12 months? * Yes No If Yes, ensure all previous funding has been successfully acquitted to be eligible to apply.
Total Grant Amount Requested *
Must be a dollar amount and no more than 10000.
Have you applied for co-funding towards this project from another funding source? * ○ Yes ○ No
Please specify the name of the funding source/s, amount (\$) and when you expect to be notified of the outcome *
Income Budget
Provide a breakdown of the total project income Budget Tips

Some required fields may not be applicable to you in the Income table, please indicate those as 'N/A' in the description and enter a value \$0.00.
If your organisation is registered for GST, you will need to list the item amount

excluding GST (if applicable) for each requested item.

• If your organisation is not registered for GST, you will need to list the amount **including GST** (if applicable) for each requested item.

Note: If your application is successful and your organisation is registered for GST, Council will add the GST on top of the approved grant amount - this component is declared to the Australian Tax Office (ATO).

Income	Itemised description	\$
Your financial contribution		\$
Sponsorship from other organisation		\$
Other grant funding towards this project		\$
Revenue/income generated from this project		\$
Redland City Council Capital Infrastructure Grant		\$
Other income		\$
Volunteer/inkind support		\$
		Must be a dollar amount.

Expenditure Budget

Provide a breakdown of the costs essential for the delivery of the project.

Please ensure you include two (2) written quotes for each grant expenditure item. Quotes must be uploaded at end of application form.

Budget Tips

- Some required fields may not be applicable to you in the Income table, please indicate those as 'N/A' in the description and enter a value \$0.00.
- If your organisation is registered for GST, you will need to list the item amount **excluding GST** (if applicable) for each requested item.
- If your organisation is not registered for GST, you will need to list the amount **including GST** (if applicable) for each requested item.

Expenditure	Itemised description	\$
Redland City Council grant expenditure		\$
		\$
		\$
		\$
		\$
		\$
Other expenses		\$
		\$
		\$
		\$

Alignment with Council Corporate Plan and Program Objectives

* indicates a required field

Outcomes

Your activity goals or objectives should align with one or more of our Community Grants program objectives aligning to the Redland City Council strategic goals outlined in <u>Our Future Redlands</u> - a Corporate Plan to 2026 and Beyond.

Please tell us about the outcomes you expect to result from your project. Outcomes are the changes you expect to occur for the beneficiaries (direct, indirect and/or intermediaries) of your project. Generally, outcomes can be framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation (these are generally immediate or short-term outcomes)
- Actions, behaviour, change in policy (these are generally intermediate or medium-term outcomes)
- Social, financial, environmental, physical conditions (these are generally long-term outcomes)

Your outcomes	Alignment with our outcomes	How does your intended outcome link to our outcomes?
What changes do you expect will occur as a result of your project (e.g. Enhanced physical fitness)? Please be brief. One per row.	project contribute to? If multiple	Please explain how your intended outcome helps contribute to ours.

Opportunities

How	will the outcomes b	e sustained	and maintain	once the	project has	been
com	pleted? *					

For example, if the project is to build a shed, what is the plan to maintain it?

Certification

* indicates a required field

To be acknowledged by the Chair, President or Chief Executive Officer of the applicant organisation. If your organisation is not incorporated, this certification is to be made by the auspicing organisation.

To be acknowledged by applicant if applying as an Individual.

Name and Position Title *	

 I confirm that: * I consent to the information contained within this application being disclosed to Redland
City Council for the purpose of assessing, administering, reporting and monitoring my current and any future Redland City Council grant applications.
*
O I understand that if Redland City Council approves the grant, I will be bound by the contents of my application to carry out my project as I have described and my application will form part of my contractual agreement with Redland City Council.
*
 I understand that if the Redland City Council approves the grant I will be required to accept the terms and conditions of the grant in accordance with Redland City Council's contractual agreement.
*
\bigcirc I understand that Redland City Council reserves the right to publish successful applicant details.
*
$\bigcirc\hspace{0.1cm}$ I certify that to the best of my knowledge the statements made in this application are true.
Submission Date
Mandatory criteria
Please attach all mandatory documents and supporting information.
Incorporation, company registration certificate or any other documentation demonstrating your organisations status with this application. * Attach a file:
Public liability - Please attach a copy of your current Certificate of Currency * Attach a file:
Minimum \$20 public liability coverage required
Financial reports and statements - please attach a copy of your latest audited financial statements or annual Treasurer's report * Attach a file:
Strategic or business plan Attach a file:

Quotes - two written quotes are required per grant expenditure item * Attach a file:
Evidence of Development Approval/s (if required) Attach a file:
Must be obtained or in the process of being obtained
Evidence of need for the project works * Attach a file:
e.g. Facility audit report, defined project in strategic plan, photographs
Additional information in support of your application Attach a file:
e.g plans, letters of support, photographs, evidence of contribution from supporting organisations/
institutions
Agreement from sponsoring organisation accepting management and financial responsibility of the grant * Attach a file:
Land or Facility owner's consent to undertake the works * Attach a file:
Must be obtained or in process of being obtained
Lease or Permit to Occupy * Attach a file:
Letter demonstrating a commitment to community use of a facility controlled by an education institution * Attach a file: