Important notes

* indicates a required field

BEFORE you submit an application please ensure you have read the **2024-2025 Community Grants** Information Kit.

- 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 will not be funded retrospectively.
- Applications are funded based on a competitive process and the total funding pool available.

Please ensure you make contact with the Community Grants Team who can provide you with support and ensure you apply under the correct category.

The Community Grants Team

Redland City Council

Ph: (07) 3829 8999

E: grants@redland.gld.gov.au

E: grants@rediand.qid.gov.au
I have consulted with the Redland City Council Community Grants Team * ○ Yes ○ No
Please provide details
Council Officer's name, department and any relevant details
I have read and understood the Community Grants Information Kit *

- Yes
- \bigcirc No

Community Grants Program Information Kit can be found at www.redland.qld.gov.au/grants

Please indicate which Conservation Grant sub-category are you applying under? *

- Conservation Support Organisation
- Wildlife Carer Support Organisation
- Wildlife Carer Support Individual

Applicant Details

* indicates a required field

Applicant Details

Individuals are eligible to apply under the sub-categories Wildlife Carer Support only

Are you appoint of the original of the origin		an individ Organisa		organis	sation? *	
Organisation		J				
First Name		Last Name				
Primary Ad Address	dress *					
Suburb Sta	ate Post	code				
Postal Add	*****					
Address	1622					
Suburb Sta	ate Post	code				
Primary Ph	one *					
Primary Em	nail *					
ary Ell						
What is the	purpose	of the org	ganisation	ı ? *		
Must be no m	ore than 150) characters				
How many	members	does the	organisati	ion hav	e ? *	
Must be a nur	mber and at	least 1.				

Authorised Officer Contact Details

An authorised officer of the applicant organisation (e.g. Chief Executive Officer, President or Chair).

Authorised Officer Contact Details First Name Last Name
Authorised Officer Position
Authorised Officer Primary Phone Number
Must be an Australian phone number.
Authorised Officer Primary Email
Must be an email address.
Authorised Officer Contact Details
Who will be managing the project, event or activity?
All grant correspondence will be directed to this contact person.
Applicant Project Contact First Name Last Name
Last Name Last Name
Applicant Project Contact Position
Applicant Project Contact Primary Phone Number
Must be an Australian phone number.
Applicant Project Contact Primary Email
Must be an email address.
Is the organisation a legal not-for-profit and/or Incorporated entity? * O Yes
O No - auspice required Further details on eligible organisations can be found here . If an auspice is required, a signed agreement between the applicant and sponsoring organisation must be uploaded at the end of the application form.
Does the organisation have a bank account in the name of the legal entity?
YesNo - auspice required

Organisation Ba	nk Account		
Account Name			
BSB Number	Account Number		
DSD Namber	Account Number		
Must be a valid Aus	tralian bank account format.		
Incorporation N	umber/Australian Compa	anv Number *	
•	•	,	
Associations InCo-operativesCorporations (t is the organisation Inconcernation Act 1981 (QLD National Law Act 2020 (Qld Aboriginal and Torres Strainent Act 2009 (Qld)) i)	
Do you have an O Yes No	ABN *		
Applicant ABN *	:		
The ABN provided	I will be used to look up the	following information.	Click Lookup above to
check that you ha	ive entered the ABN correct	ly.	·
Information from th	ne Australian Business Registe	r	
ABN			
Entity name			
ABN status			
Entity type			
Goods & Services T	ax (GST)		
DGR Endorsed			
ATO Charity Type	More inform	<u>ation</u>	
ACNC Registration			
Tax Concessions			
Main business locat	C'		
	tion		

Are you associated with a Wildlife group? *

O Yes

O No

Please provide details of Wildlife Carer Group
Wildlife Carer Support
Copy of current Wildlife carer registration (DEHP) * Attach a file:
Permits - Evidence of relevant permits (per animal species) * Attach a file:
Mandatory criteria
Please attach all mandatory documents and supporting information.
Incorporation, company registration certificate or any other documentation demonstrating the organisation's legal status * Attach a file:
Current public liability insurance Certificate of Currency (minimum \$20million) * Attach a file:
Latest signed audited financial statement or annual Treasurer's report. * Attach a file:
Auspice Details
* indicates a required field
Auspice Organisation Details
Auspice Organisation Name * Organisation Name
Auspice organisation must be a legal not-for-profit entity
Auspice Primary Address * Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country mus Australia	t be
Auspice Postal Address * Address	
Suburb State Postcode	
Auspice Primary Phone Number *	
Auspice Primary Email *	
Incorporation Number / Australian Company Number *	
Under which Act is the organisation incorporated? * Associations Incorporation Act 1981 (Qld) Corporations Act 2001 (Cwlth) Cooperatives Act 2002 (Cwlth) Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cwlth) Local Government Act 2009 (Qld)	
Does the organisation have an ABN? * ☐ Yes ☐ No	
Auspice Primary Bank Account Account Name	
BSB Number Account Number	
Must be a valid Australian bank account format.	
Auspice ABN *	
The ABN provided will be used to look up the following information. Click Lookup abov	e to

check that you have entered the ABN correctly.

Information	from the Australia	ian Business Begister		1	
ABN	i irom the Austran	ian Business Register			
Entity name	0				
ABN status					
Entity type					
	ervices Tax (GST)				
DGR Endors					
ATO Charity		More informa	ation		
ACNC Regis					
Tax Conces					
Main busine	ess location				
Must be an A	ABN.				
Auspice	Accountable	e Officer			
An authoris Chair).	sed officer of the	e Auspice organisa	tion (e.g. Chief Executi	ve Officer, President or	
All grant	correspondenc	ce will be directe	d to this officer.		
	Contact Name * First Name	* Last Name			
Position *	:				
Contact P	hone *				
Contact E	mail *				
	oility for the pr	om Auspice to tak roject activities *	e on the manageme	nt and financial	
Download a	copy of the Comr	nunity Grants Auspic	e Agreement Template		
Attach a S Attach a fil		Supplier form.			

Required if you do not have an ABN. Statement by Supplier forms available here

Eligibility Checklist

Eligibility Requirements for Conservation Support and Wildlife Carer (organisations)

Requirements for Organisations - I confirm ☐ 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); ☐ Not hold a licence for more than 20 gaming machines; ☐ Have a bank account in the name of the legal entity; ☐ Have no outstanding debts or grant acquittals to Council; and ☐ Project is based in Redland City. If you have ticked ALL of these items you are ELIGIBLE to apply.
Eligibility Requirements for Wildlife Carer (Individuals)
Requirements for Individuals - I confirm ☐ Have an active ABN or provide a Statement by a supplier; ☐ Have a bank account in the name of the legal entity (e.g. the individual's name); ☐ Have no outstanding debts or grant acquittals to Council; ☐ Demonstrate registration as a wildlife carer with the Department of Environment and Heritage Protection (DEHP) or equivalent; ☐ Demonstrate you have been an active carer for at least 12 months; and ☐ Project is based in Redland City. 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 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; □ Project costs already supported through 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; the Regional Arts Development Fund; and the Mayor and Councillors Community Benefit Fund; □ Capital works and fixed structures; □ Project costs incurred outside the funding period; □ Purchase of vehicles or large capital items; □ Purchase of alcohol, prize money or prizes including gift cards; □ Donations; □ Veterinary fees; □ Requests for administration costs greater than \$500 or 5% of the total project cost; and □ Under Conservation Support, requests for equipment greater than \$3,000 or 30% of the total project cost (Wildlife Carer Support can request 100% of the total project e.g. equipment for the care, rehabilitation or release of orphaned wildlife.) If you have ticked ANY of these items you are INELIGIBLE to apply. Please contact the Community Grants Team to discuss - (07) 3829 8999.
Grants really to diseass (67) 3023 6333.
Project details
* indicates a required field
Project Title *
What is the name of the project?
Project Description. *
Word count: Provide a short description (100 words recommended) of the project. What are you planning to do?
Is your project activity to be conducted in Redland City? * O Yes O No - Ineligible to apply Projects must be conducted in Redland City LGA to be eligible for funding.
Address of the location where project will take place?
Address
Must be in Redland City

Who is the land on ○ Council	wner where the activi O Privately owned		Other:
If you are not the land	owner, please provide a co	opy of land owner consent f	rom the land owner.
Please provide wr Attach a file:	itten consent from th	e land owner / manag	er. *
Project Start Date	· *		
Must not start before 1			
Project End Date * Must be within 12 mor			
Partnerships			
delivery of the p	volvement from other related	levant organisations in ei	
e.g. local governme	nts, sport/recreation clu	bs, community organisat	ions and schools.
List the confirmed	project partners	What is the partner project?	s' contribution to the

Ability to Deliver

Priority will be given to applications that address the following;

- project demonstrates appropriate qualifications and/or level of experience of individuals/organisations delivering activities;
- a project plan demonstrates capacity of the organisation to undertake all aspects of the project, including milestones, evaluations, marketing, and the acquittal process;
- budget is comprehensive, realistic and represents value for money; and
- any in-kind or monetary contribution towards the overall cost of the project is evident.

If required has your organisation engaged qualified contractors to support the project? *

Can you provide an example of a successful project your organisation has delivered in the past and its outcomes. *
A <u>Project Plan Template</u> can be found under 'Helpful Forms' on <u>Council's website</u>
Please attach a Project Plan outlining the activities and milestones for the project. * Attach a file:
Outcomes and Benefits
* indicates a required field
Benefits / Opportunities
Priority is given to initiatives that demonstrate one or more of the following; • project responds to identified needs and emerging local issues; • project provides positive outcomes and benefits for the community; and • where appropriate project demonstrates evidence of strategies that enable the project to continue beyond the life of the funding.
Why is the project needed? *
Explain how the project was identified, what issue/s are you aiming to address?
What measures will be put in place to ensure the ongoing sustainability of the project? *
Who are the primary beneficiaries of this project/program? *
No more than 5 choices may be selected. Please choose only the group/s that are at the very core of this project/program

Does the project compliment other projects/services/initiatives addressing the target group? Please provide details

Alignment to RCC Strategic Priorities (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 Our Future Redlands - 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? Please be brief. One per row.		Please explain how your intended outcome helps contribute to ours.

Sub-Category Details

* indicates a required field

Wildlife Carer Support Grants

maine care: Support Status			
\bigcirc < 12 months - Ineligible to apply	been a registered W ○ Over 12 months with DEHP to be submitte	○ 3 - 5 Years	○ > 5 years
Are you requesting ○ Yes ○ No	funding for vehicle r	mileage allowance	∍? *
Is the grant for equino Yes No	ipment ONLY (i.e. 10	00% of funding re	quest)?

Equipment

Requests for equipment can be considered if:

- essential to the delivery of the project and there is a demonstrated need; and
- for Conservation Support cost for equipment is not to be greater than \$3,000 or 30% of the total project cost (whichever is lesser); or
- for Wildlife Carer Support, up to 100% of the total project cost if relevant to the purpose of the subcategory (e.g. equipment for the care, rehabilitation or release of orphaned wildlife.)

Equipment Funding Amount Requested * \$
Must be a dollar amount and at least 1.
Please provide details of the need for this equipment? *
What are the benefits / outcomes this equipment will provide? *
Vehicle Mileage
Requests for vehicle mileage allowance (up to 100% of the grant) can be considered for Wildlife Carer Support if:
 essential to delivery of the project and there is a demonstrated need; it is relevant to the purpose of the subcategory (e.g. transport of injured animal to/from veterinary surgery); evidence of previous year's vehicle mileage expenditure is submitted (to support projected expenditure) when applying for the grant; and a vehicle log book (including date of travel, pick up location, start and end odometer readings) is submitted on acquittal of the grant.
Vehicle Mileage Amount Requested * \$ Must be a dollar amount.
Please provide evidence of previous year's vehicle mileage expenditure * Attach a file:
Evidence of previous year's mileage expenditure * Attach a file:

Budget

* indicates a required field

Total Grant Amount Requested *

Must be a dollar amount and no more than 10000.
Total Project Cost *
\$
Must be a dollar amount. What is the total estimated cost of your project? including cash and in-kind value.

Budget

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

The application must clearly demonstrate which expenditure items funding will be used towards, should the application be successful.

Budget Tips

- TWO (2) written quotes for each **grant expenditure item are required please** upload at end of application form
- If your organisation is registered for GST, then you can apply for up to the maximum grant amount **plus GST**. Therefore, 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 can apply for up to the maximum amount **including GST**. You will need to list the amount **including GST** (if applicable) for each requested item.
- Local suppliers must be used unless items cannot be sourced locally.

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).

Please list items that the grant funding will be used for. Eligible items are listed in the Community Grants Information Kit.

Grant Expenditure - Please Total cost (\$) list items the grant will be used towards		Quotes (TWO quotes per expenditure item)	
Please list items that the grant funding will be used for.	Must be a dollar amount and equal total grant amount requested.	A minimum of 1 file must be attached.	

Applicant cash and in-kind contributions	\$	
Cash	\$	
In-kind	\$	
Please list the cash values and in-kind (\$ value) that your organisation will be funding / providing towards the project.	Must be a dollar amount.	
Contributions from other funding partners that will support the project.	\$	
	\$	
	\$	
	\$	
	\$	
List the cash value and in-kind support (\$ value) that your project will receive from other organisations .	Must be a dollar amount.	
Would you like to participate? This is not a mandatory requirement. Any feed improvement of the grant program.	dback is greatly appreciated in the ongoing	
Are you willing to complete the Commun ☐ Yes ☐ No	ity Grant Application Survey?	
How would you rate the ease of completi Very Easy Difficult Very Difficult	ng the application form?	
If you found the application difficult, plea	ase provide further details.	
Were the instructions and eligibility criteria clear and easy to understand? Yes No If no, what areas did you find needed clarification?		

Did the application form allow you to adequately convey the impact and objectives of your project?

○ Yes ○ No
If not, what additional questions or fields would help better represent your proposal?
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.
Information Privacy Act 2009
Redland City Council uses personal information to deliver its functions and services. Council will only use personal information you have provided for the purpose of processing this application and for remaining in contact with you. Council is authorised to collect this information in accordance with the Information Privacy Act 2009 and other local government acts. Your personal information is only accessed by persons authorised to do so. Your personal information is dealt with in accordance with Council's Privacy Policy.
Please note the information provided in this application and in related documentation and discussions may be provided to members of the Community Grants Assessment Panel in order to assist Council in assessing your application.
By submitting this application, you consent to Council publishing your name, the project name, project description and Council's funding contribution. We may also use your details for promoting Council's funding program.
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 ☐ 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 ☐ I understand that Redland City Council reserves the right to publish successful applicant details ☐ I certify that to the best of my knowledge the statements made in this application are true
Name and Position Title *

Additional information in support of you Attach a file:	ır application
Letters of support evidence of partnerships etc	