#### **Important Notes**

\* indicates a required field

**BEFORE** you submit an application please ensure you have read the **2023-2024 Civic Support Fund Information Kit**.

- Applications are funded based on alignment with the program objective, criteria and assessment factors; 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 dependant on the following categories
  - Quick Response
  - Minor
  - Major
- Ensure that your project does not commence prior to receiving formal notification from Redland City Council projects will not be funded retrospectively.

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.qld.gov.au

I have consulted with the Redland City Council Community Gra  O Yes  O No	ants Team. *
Please provide details	
Council Officer's name, department and any relevant details	
I have read and understood the Civic Support Fund Informatio  ○ Yes  ○ No	n Kit. *

Civic Support Grant Information Kit can be found at https://www.redland.qld.gov.au/grants

### **Applicant Details**

\* indicates a required field

Organisation Name \*
Organisation Name

<b>Organis</b> Address	ation Pri	mary Ad	dress
Suburb	State	Postcode	
<b>Organis</b> Address	ation Po	stal Addı	ess *
Suburb	State	Postcode	1
Organis	ation Pri	mary Ph	one N
Organic	ation Pri	mary Em	* lic
Organis	ation Pri	mary Em	all "
What is	the purp	ose of tl	ne or
How ma	ny meml	bers doe	s the
Must be a	number.		
Author	ised Off	icer Co	ntac
An autho Chair).	orised offic	er of the	applic
<b>Authori</b> Title	sed Offic First Nar		ct De Last l
Authori	sed Offic	er Positi	on *
Authori	sed Offic	er Prima	ry Ph

Authori	sed Office	Prima	ary Email *		
Applica	ant Proje	ct Cor	ntact		
Who will	be managii	ng the <sub>l</sub>	project, event or a	ctivity?	
<b>Applica</b> Title	nt Project First Nam		c <b>t *</b> Last Name		
Applica	nt Project	Contac	ct Position *		
Applica	nt Project	Contac	ct Primary Phone	e Number *	
Applica	nt Project	Conta	ct Primary Email	*	
O Yes O No - a Further de	auspice req etails on eligi nt between th	uired ble orga	anisations can be fou	and or incorporated and here. If an auspice is organisation must be upl	required, a signed
<ul><li>Yes</li></ul>	<b>e organisa</b> auspice req		ave a bank acco	unt in the name of th	ne legal entity? *
<b>Organis</b> Account	<b>ation Banl</b> Name	< Acco	unt		
BSB Num			Number		
<ul><li>Yes</li></ul>	<b>e organisa</b> auspice red		ave an ABN? *		

Form Preview

#### 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

Entity type

Goods & Services Tax (GST)

**DGR Endorsed** 

ATO Charity Type More information

ACNC Registration
Tax Concessions

Main business location

Must be an ABN.

#### Incorporation Number / Australian Company Number \*

#### Under which Act is the organisation incorporated? \*

- Associations Incorporation Act 1981 (Qld)
- O Co-operatives National Law Act 2020 (Qld)
- O Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cwlth)
- Local Government Act 2009 (Qld)

### **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

Suburb	State	Postcode			
<b>Auspice</b> Address	Postal A	Address *			
Suburb	State	Postcode			
Ausnice	Primary	Phone Nu	mher *		
Auspice	1 i iiiiai y	Thore Nu	IIIDEI		
Auspice	Primary	Email *			
Incorpo	ration Nu	ımber/Aus	tralian Compa	ny Number *	
<ul><li>Association</li><li>Corpo</li><li>Coop</li><li>Corpo</li></ul>	ciations In orations A eratives A orations (A	corporation ct 2001 (Cw Act 2002 (Cv	vlth) nd Torres Strai		06 (Cwlth)
<b>Auspice</b> Account	_	Bank Acco	ount		
BSB Num	nber .	Account Nu	mber		
Must be a	valid Aust	ralian bank a	ccount format.		
Does the ☐ Yes ☐ No	e organis	sation hav	e an ABN? *		
Auspice	ABN *				
_		will be	d ka laal	fallandar lafa	Akian Clink Landows also de
check the	at you ha	ve entered t	the ABN correct	ily.	ation. Click Lookup above t
Informati	on from th	e Australian I	Business Registe	r	

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 Accountable Officer

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

-	Contact Name	
iitie	First Name	Last Name
Position	) *	
Contact	: Phone *	
Contact	. Phone *	
Contact	: Email *	

## **Eligibility Checklist**

## Eligibilty Checklist

Eligibility Requirements
□ Not-for-profit and incorporated entity or registered by an Act of Parliament;
☐ Have an active ABN;
$\square$ Be operating and financially viable;
$\square$ If sourcing an auspice organisation, ensure the auspice organisation is a not-for-profit
and incorporated entity;
$\square$ If sourcing an auspice organisation, ensure the auspice agrees to accept legal and
financial responsibility for the grant;
☐ Hold public liability insurance for 20million;
$\square$ Have a bank account in the name of the legal entity; and

□ Project is based in Redland City.
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; Organisations that hold a license for more than 20 gaming machines; Applicants and/or auspice that have outstanding rates or other debts to Council, or non-acquitted grants with Council; 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.
Are you applying for any of the below?  □ Day-to-day operational costs including staff wages, rent and insurance, unless there is evidence it is an additional expense incurred by the funded project;  □ Administrative costs more than \$1,500 or 15% of project costs, whichever is lesser;  □ Equipment hire or purchase more than \$5,000 or 30% of project cost, whichever is lesser. (Applicants may also seek funding for equipment through other grant programs including the State Government's Gambling Community Benefit Fund);  □ Staff personal development costs including attendance at conferences or further study;  □ Projects for fundraising purposes and financial donations;  □ Projects of a political nature or that incorporate political activities;  □ Projects operated for commercial purposes;  □ Projects which begin before grants are awarded (no grants will be awarded retrospectively);
<ul> <li>□ Project costs incurred outside the funding period;</li> <li>□ Recurrent projects;</li> <li>□ Projects that are the core responsibility of other levels of government;</li> <li>□ Project costs already supported by other levels of government;</li> <li>□ Projects in competition or conflict with Council and Redland City local laws;</li> <li>□ Payment of debts to any entity e.g. Buy Now Pay Later, fines or infringements;</li> <li>□ Payment of loans to any entity e.g. bond loans, no interest loans, common loans;</li> <li>□ Prize money or the purchase of prizes or alcohol;</li> <li>□ Purchase of vouchers/gift cards that can be redeemed for non-essential items;</li> <li>□ Purchase of large capital items or vehicles e.g. buses, boats, electric scooters and electric bicycles;</li> </ul>
<ul> <li>□ Projects that have the same or similar outcome that have been funded under any other Council programs or operational funding;</li> <li>□ Capital works or fixed structures including structural changes to existing infrastructure;</li> <li>□ Direct payment of any housing costs such as bond, rent or mortgage expenses; and</li> <li>□ Payment of household expenses including utilities e.g. electricity, gas, water, sewerage, internet, rates.</li> <li>If ticked, application is INELIGIBLE</li> </ul>

#### Form Preview

#### **Funding Options**

\* indicates a required field

#### **Monetary Funding**

The Civic Support Fund has 3 grant categories.

**Quick Response Grant -** Support for community organisations to deliver short-term responses to immediate cost of living needs.

**Minor Grant -** Funding to support community organisations to respond to community priorities emergent from cost of living pressures

**Major Grant -** Funding for community organisations to deliver large-scale or long-term initiatives which address cost of living needs and provide benefits for Redlands residents

What category	of Civic	Support Fund	are you	annlying	for? *
Wilat Categoly	OI CIVIC	Support i unu	are you	appiviliq	1011

- O Quick Response Grant up to \$5,000
- O Minor Grant up to \$20,000
- O Major Grant up to \$50,000

Please note: Outcome from submission date - Quick Response Grant 1 month and Minor/Major within 3 months

#### **Quick Response Grant**

#### **Total Amount Requested - Quick Response Grant (CSF)**

\$

Must be a dollar amount and no more that \$5,000

#### Minor Grant

#### **Total Amount Requested - Minor Grant (CSF)**

\$

Must be a dollar amount and no more that \$20,000

#### **Major Grant**

#### **Total Amount Requested - Major Grant (CSF)**

\$

Must be a dollar amount and no more that \$50,000

### **Project Details**

\* indicates a required field

# Project Title \*

Project Description *
Word count:
Must be no more than 200 words.
Is the project activity to be conducted in Redland City? *
O Yes
<ul> <li>No - Ineligible to apply</li> <li>Projects must be conducted in Redland City LGA to be eligible for funding.</li> </ul>
Address of the location where project will take place? * Address
Must be in Redland City
Do you/have you received Federal or State Government funding towards this
project? *
<ul><li>Yes - Ineligible</li><li>No</li></ul>
Who is the land owner where the activity will occur? *  ○ Applicant ○ Council ○ State Government ○ Other (please
Organisation Specify below)
Other details specified
Cirier details specified
Please attach written landowner's consent Attach a file:
Actuent a file.
Venue booking confirmation or landowner's consent approval letter. Not required if on private land
Project start date *
roject start date
Must be a date and no earlier than 3/11/2023.
Project end date *
Must be a date.
Project Plan

Tell us about the activities you will undertake in order to create change. List one per row.

Please note (if successful) you will be required to complete more detail on the acquittal sheet about the Project Plan.

Activity	Estimated number of people engaged	Start date	End date	Explanatory notes
Add more rows if	number (no decimal place).		Must be a date.	Add notes if you need to provide more context.
		Ì		

#### **Assessment Criteria**

\* indicates a required field

#### 1. Need - please demonstrate the community need

Explain why the project is needed and how it will benefit the community - for example: Residents of SMBI - Aboriginal and Torres Strait Islander people - Frail, Ageing and Disability - Children and Families - Insecure Employment/ Homelessness - Financial Insecurity - Education - Disengaged Young People - Mental Health/ Alcohol and Other Drugs.

Refer to <u>Community Id</u> or other sources for demographic information.
Is there a clear need for the project in the community? *
Must be no more than 500 words.
Is the project addressing a significant cost of living issue or challenge? *
Must be no more than 500 words.
2. Feasibility
Be realistic and achievable: Make sure the project is feasible and that you have the skills and experience to carry out the project. <i>Provide evidence in the project design which verifies a demonstrated measurable change can be attributed to the initiative.</i>
Please outline the project feasibility to support cost of living considerations? *
Must be no more than 500 words.

Does the applicant have the skills and experience to carry ou	it the project? *
Must be no more than 500 words.	
Is the project realistic and achievable? *	
Must be no more than 500 words.	

#### 3. What Impact will the project have on the community?

Please tell us about the impact your expect to result from your project.

Describe the impact of the project: Be specific about how the project will improve the lives of residents or address a cost of living challenge. Consider in your application how you will evaluate the initiative to confirm a measured change. Refer to Wellbeing Factors: Access and connectivity - Education and life-long learning - Healthy minds - Housing and home - Identity and belonging - Living standards - Safety - Social connection.

Your Impact	Please select an Impact Category	How will it reduce vulnerability to cost of living pressures?
What changes do you expect will occur as a result of your project	No more than 1 choice may be selected.	

#### Your Impact Measures

A metric is a measurement designed to indicate whether or not progress towards an outcome is occurring, and quantify the extent to which it is occurring.

You may add your own metrics here.

Metrics work best when they:

- Are quantifiable/numeric
- Are clearly defined and succinct
- Contain all the context needed to gauge and compare the result (e.g. unit [e.g. people, people-days, %, etc]; direction of change [increase; decrease; etc.]; timeframe [e.g. per month; per year; etc])
- Are used sparingly you are much better off to ""ask one good question and answer it reliably" than try to track many things at once
- Relate to a clearly articulated outcome or activity

Metric	Target	Collection method
--------	--------	-------------------

_		_		
-	rm	Dr.	$\sim 1.0$	
10		ГΙ	Evi	CVV

if you want to list additional metrics.	you have chosen - an estimated total for your project. Must be a number.	How will you collect and verify the data? E.g. survey, interviews/ case studies, focus groups, administrative data (e.g. case management data), observation/ estimation, government or public dataset (e.g. Census), other datasets.

#### 4. Value

Demonstrate value for money: Explain how the funding will be used efficiently and effectively. *Provision of information on cost-effectiveness, or the costs per unit of outcome across the lifecycle of the initiative.* 

In your words - how does this project demonstrate good valued reducing vulnerability to cost of living pressures? *	ie for money ir
Must be no more than 500 words.	
Describe how the funding being used efficiently and effective	ely? *
Must be no more than 500 words.	

## Budget

\* indicates a required field

<b>Total Grant Amount</b>	Requested *
\$	
From page 5 - funding op	tions
Total Project Cost *	
\$	
What is the total estimate	ed cost of your project?

### Budget

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

• TWO (2) written quotes for each grant expenditure item are required - please upload at end of application form

Form Preview

- 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.
- Local suppliers must be used unless items cannot be sourced locally.

Essential item vouchers/gift cards must be accompanied by de-identified data about the recipient individuals on acquittal (template will be provided to successful applicants).

**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).

Ineligible items are listed in the Civic Support Fund Information Kit 2023-2024.

## Grant Expenditure - Please list items the Total cost (\$) grant will be used towards

<b>J</b>	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Please list items that the grant funding will be	Must be a dollar amount and equal total grant
used for.	amount requested.

#### Equipment

#### Requests for equipment can be considered if:

- Essential to the delivery of the project and there is a demonstrated need;
- Equipment hire or purchase more than \$5,000 or 30% of project cost, whichever is lesser. (Applicants may also seek funding for equipment through other grant programs including the State Government's <u>Gambling Community Benefit Fund</u>); and
- Ensure any equipment costs are noted in the above under budget grant expenditure.

If requesting equipment, please	provide details of the	need for this equipment?
What are the benefits / outcome	s this equipment will p	provide?

#### **Administration Costs**

#### Requests for administration costs may be considered if:

Significant costs will need to be incurred to deliver the project; and

- The amount is not greater than \$1,500 or 15% of the total project cost (whichever is lesser); and
- Ensure any administration costs are noted in the above under budget grant expenditure.

If requesting administration costs, please expenditure	e provide details of the need for this
Your organisations cash and in-kind contributions	\$
Cash	\$
In-kind	\$
List the cash value and in-kind support (\$ value) that your organisation will be providing for 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 you will be receiving from other organisations towards the project.	a dollar amount

#### 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.

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.

 $\hfill \square$  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.  At least 5 choices must be selected.
Name and Position Title *
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:
Quotes (TWO quotes per expenditure item) * Attach a file:
Letter of agreement from Auspice to take on the management and financial
responsibility for the project activities * Attach a file:
Download a copy of the Community Grants Auspice Agreement Template
Additional information in support of the application Attach a file:
Letters of support, evidence of partnerships etc.