#### **Important Notes**

\* indicates a required field

BEFORE you submit an application please ensure you have read the <u>Mayor and Councillors' Community Benefit Fund Program Guideline GTS-001-005-G.</u> Please be aware that your application may be delayed or declined if your application is not properly made.

Orgai	nisation	Apr	olicant	Details
O 1 9 G 1	II Sacioii	, , ,	JIICAIIC	Details

Organisation Name * Organisation Name	

The organisation name must be the same as the ABN details if applicable and the applicant must be based within the Redland City.

#### Eligibility

Is '	your organisation not-for-profit? *
0	Yes
0	No - ineligible
Is	your organisation incorporated? *
0	Yes
0	No - Sponsoring organisation required

Ind	corporation Number / Australian Company Number? *
No	te: this is not your ABN Number
-	Associations Incorporation Act 1981 (Qld)
	Corporations Act 2001 (Cwlth)
0	Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cwlth)

### Organisation details

\* indicates a required field

## 2024/2025 MCCBF Application Form - Organisation

Form Preview

Organisation Applicant Details
Organisation Contact Person * Organisation Name
Position in Organisation *
Please note: the application is to be certified by an authorised financial delegate of the applican organisation.
Organisation Primary Address * Address
Suburb State Postcode  Must beAddress Line 1, Suburb/Town, State/Province, and Postcode are required
Organisation Postal Address Address
Suburb State Postcode
Must be an Australian postcode.
Applicant Primary Phone Number *
Must be an Australian phone number.
Organisation Primary Email *
organisation i finially Email
Must be an email address. A organisational email address is preferred.
ABN Details
Does your Organisation have an ABN? If so it must match the Organisation details. *  O Yes  No
Applicant ABN *

## 2024/2025 MCCBF Application Form - Organisation

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.

If you do not have an Australian Business Number (ABN) it is mandatory that you submit a completed Statement by a Supplier Form with your application. Please find link to ATO page where the current Statement of Supplier Form is available.

#### Statement by Supplier form \*

Attach a file:

Form to be completed and attached if applicant does not have an ABN

### **Sponsor Organisation**

\* indicates a required field

**Only a not-for-profit organisation that is incorporated** can sponsor/auspice another organisation for funding from the Mayor and Councillors' Community Benefit Fund Program.

The sponsor must accept legal and **financial responsibility for the project and/or activity.** 

#### Is your organisation a not-for-profit incorporated entity? \*

- Yes
- O No Ineligible to be a sponsor/auspice

Organisations must be incorporated to sponsor/auspice on behalf of a non-incorporated group. A sponsor is not required to be based within the Redland City but the Applicant is required to be based in Redland City.

Incorporation Number / Australian Company Number *	
Note: this is not your ABN Number	
Under which Act is the organisation incorporated?  ☐ Associations Incorporation Act 1981 (Qld)  ☐ Corporations Act 2001 (Cwlth)  ☐ Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cwlth)  ☐ Other:	)
Sponsor Organisation Details	
Sponsor Organisation Name Organisation Name	
Sponsor Organisation Primary Contact Person Title First Name Last Name	
Position in Organisation	
Sponsor Primary Address Address	
Suburb State Postcode  Must be an Australian postcode.	
Sponsor Postal Address Address	
Address	
Suburb State Postcode  Must be an Australian postcode.	
Sponsor Primary Phone Number	
Must be an Australian phone number.	

Sponsor Primary Email
Must be an email address.
Agreement
Written agreement from sponsoring organisation to take on the management and financial responsibility for the project activities must be provided. *  Attach a file:
ABN Details
Does your Organisation have an ABN? *  ☐ Yes ☐ No
Sponsor Organisation Australian Business Number (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.
If you do not have an Australian Business Number (ABN) it is mandatory that you submit a completed Statement by a Supplier Form with your application. Please find link to ATO page where the current Statement of Supplier Form is available.
Statement by Supplier Form * Attach a file:
Form to be completed and attached if applicant does not have an ABN

## **Project Details**

\* indicates a required field

on 3829 8999 for further advice.

Total Amount Requested. *
\$
Must be a dollar amount.
What is the total financial support you are requesting in this application?
Total Dusings Cost *
Total Project Cost. *
\$
Must be a dollar amount.
What is the total estimated cost of your project?
Project Title *
Maximum 10 words
Maximum 10 words
Due la st Danasdation (Formalism Hann)
Project Description/Funding Use *
What are you planning to purchase with the funding? Maximum of 100 words
What are you planning to purchase with the funding? Maximum of 100 words
What is the timeframe of the project / event?
The date must be a minimum of 20 business days from the date you submit this
application. A project / event cannot commence until funding has been approved.
When will the project take place? *
Must be a date.  Petropoetive funding is deemed an in eligible activity. The project / event cannot commence before
Retrospective funding is deemed an in-eligible activity. The project / event cannot commence before application approval. Please consider public holidays when considering your project/event date.
application approval. Ficuse consider public holidays when considering your project/event date.
Is the project activity to be conducted in the Redland City? *
\[ \text{Yes} \]
□ No - Ineligible to apply
Projects must be conducted in Redland City to be eligible for funding.
Trojects must be conducted in Nediana City to be engible for fanding.
What is the physical address of the project / event? *
what is the physical address of the project / event:
Please provide the physical location for the project delivery. Projects or activities on Quandamooka
Country, Council or State Government land may require specific consultation. Please contact Council

#### Land Owners Consent

Land Owners Consent may be applicable for Council or State Government owned premises or if you are undertaking a project / event on Council or State Government land. If the land is Council owned or you are not sure please contact 3829 8999 for further advice or visit Council's webpage <a href="here">here</a>. Please note Land Owners Consent may take up to 8 weeks to process. If Land Owners Consent is required this MUST be obtained prior to submitting your application.

	o is the owner of the land or facility where the proposed project is to be ated? *
	Applicant Organisation
	Council
	State Government
Ш	Other (please specify below)
Otl	ner details
	you have Land Owner Consent/Venue Booking Confirmation? Yes  No
	more than 1 choice may be selected.
	e this may not be required for every project but please confirm with Council prior to submitting r application if your project/event is being held on Council owned land.
Cor vis MU	rou have not already been granted Land Owner's Consent for this activity/ infirmation of Venue Booking, please contact Council on 3829 8999 to discuss or it Council's webpage <a href="here">here</a> . Land Owner's Consent/Venue Booking Confirmation IST accompany your application.  The state of the state
	ach a file:
Gra atta	ninimum of 1 file must be attached.  In applications cannot proceed if either of the above mentioned documents are required and not ached. If you do not believe your event/project requires Land Owner's Consent please contact incil to discuss this matter further. Phone (07) 3829 8999.

Indicate which Redland City Council Strategic Themes the project aligns with? \*

Refer to the Our Future Redlands - A Corporate Plan to 2026 and Beyond

<ul> <li>□ Strong Communities</li> <li>□ Quandamooka Country</li> <li>□ Natural Environment</li> <li>□ Liveable Neighbourhoods</li> <li>□ Thriving Economy</li> <li>Please choose at least one of the above.</li> </ul>
Please indicate which objective/s the project aligns with. *  ☐ Demonstrates a purpose for the benefit of the community  ☐ Demonstrates improved community facilities located in Redland City  Please choose at least one of the above
Please demonstrate how the broader Redlands community benefit from your project / event?
Word count: Must be no more than 150 words.
Please demonstrate how your project will improve community facilities located in Redland City?
Word count: Must be no more than 150 words.
Describe any financial sponsors/partners and their involvement with this project / event. *
Word count: Must be no more than 200 words.
How will you acknowledge Council for this funding, should your application be successful? *
Funding recipients MUST acknowledge assistance provided by Council in any relevant publicity and documentation such as Newsletters, Social Media or Signage. Please retain a copy of any relevant publicity/documentation to submit to Council when acquitting the funding.

### **Funding Expenditure**

\* indicates a required field

Application MUST be accompanied by quotes from two separate providers with identical quantities and amounts for the funding expenditure.

If GST is applicable it must also be shown on each quote submitted.

Attaching one quote twice will not be accepted and will delay the assessment of your application.

#### Expenditure

Please complete the following table and attach corresponding quotes.

Please note that quotes must itemise each item to be purchased

Identify specific expenditure items - eg hiring of rides, marquee purchase, type of equipment / supplies.

Item/s to be	Quote 1 -	-	Quote 2 -	Quote 2 -
purchased	Supplier Name	Amount	Supplier Name	Amount
		\$		\$

Are the above quotes inclusive or exclusive of GST? *  □ Inclusive □ Exclusive
Do the quotes clearly show the GST amount? *
<ul><li>☐ Yes</li><li>☐ No - ineligible</li></ul>
Please indicate your preferred choice of supplier/s. * $\hfill \square$ Quote 1 $\hfill \square$ Quote 2 $\hfill \square$
Provide preferred supplier/s name
Quote 1 for funding expenditure - Provider 1 * Attach a file:
A minimum of 1 file must be attached.  If GST is applicable it must be shown on each quote submitted.

## 2024/2025 MCCBF Application Form - Organisation

Form Preview

Quote 2 for fund Attach a file:	ling expenditure - Provi	der 2 *
A minimum of 1 file If GST is applicable i	must be attached. t must be shown on each quo	te submitted.
Additional quote	information in support	of your application (if applicable).
Bank Accoun	t Details	
* indicates a requi	red field	
by electronic fund sponsored, to you It is recommended Please note delays and the bank account	s transfer (EFT) to your orgour sponsor's nominated that you consult with you swill be incurred if the orgount details provided below	Councillors Community Benefit Fund are made panisation's nominated bank account or, <b>if I bank account.</b> Treasurer to confirm account details.  anisation is already in Council's financial system are different to Council records. Please contactifirm or change banking details.
Bank Account De Account Name	etails *	
DCD N		
BSB Number	Account Number	
	ralian bank account format. ganisation's account name or	your sponsor's organisation account name, not the
Name of Bank		

### Certification

\* indicates a required field

I have read the Mayor and Councillors' Community Benefit Fund Program Guidelines \*

○ Yes

To be certified by an authorised financial delegate of the applicant organisation. ie CEO, President, Treasurer, Secretary or Chair.

- I certify that to the best of my knowledge the statements made in this application are true.
- I understand that if the Redland City Council approves the grant, I will be required to accept the terms and conditions <a href="MCCBF Funding Agreement Terms & Conditions">MCCBF Funding Agreement Terms & Conditions</a> of the grant in accordance with Redland City Councils Audit requirements.
- I consent to the information contained within this application being disclosed to or by Redland City Council for the purpose of assessing, administering, reporting and monitoring my current and any future Redland City Council grant applications.
- I consent to be on the mailing list for use by Redland City Council to promote other Council opportunities, programs and services.
- 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.
- Unless otherwise agreed by Council, the applicant must fully acquit the funding received, no later than 90 days from the date of the event/project.

I agree with the above and the MCCBF Funding Agreement Terms and Conditions

*					
Yes	S				
Full Name *					
Title	First Name	Last Name			
Position in the Organisation *					
PUSILI	on in the Organis	ation			
Declaration to be signed by an authorised financial delegate of the applicant organisation. ie CEO,					
President, Treasurer, Secretary or Chair.					