#### **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
- 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 -

you

projects will not be funded retrospectively.
Please ensure you make contact with the Community Grants Team who can provide 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 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. *  O Yes
O No Community Grants Information Kit can be found at <a href="https://www.redland.qld.gov.au/grants">https://www.redland.qld.gov.au/grants</a>
Applicant Details
* indicates a required field
Organisation Name *
Organisation Name

Organisation Name * Organisation Name	•

Organisation Primary Address \*

Suburb State Postcode
Organisation Postal Address * Address
Suburb State Postcode
Organisation Primary Phone Number *
eg (04) 1234 5678  Organisation Primary Email *
What is the purpose of the organisation? *
Must be no more than 150 characters.
How many members does the organisation have ?  Must be a number.
Authorised Officer Contact Details
An authorised officer of the applicant organisation (e.g. Chief Executive Officer, President of Chair).
Authorised Officer Contact Details First Name Last Name
Authorised Officer Position
Authorised Officer Primary Phone Number

Authorised Officer Primary Email	
Must be an email address.	
Applicant Project Contact	
Who will be managing the project, event or ac	•
Applicant Project Contact	•
First 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  Yes  No - auspice required Further details on eligible organisations can be fou agreement between the applicant and sponsoring application form.	nd <u>here</u> . If an auspice is required, a signed
<b>Does the organisation have a bank accor</b> O Yes	ınt in the name of the legal entity? *
<ul><li>No - auspice required</li></ul>	
Organisation Bank Account Account Name	
BSB Number	
Must be a valid Australian bank account format.	
<b>Does the organisation have an ABN? *</b> O Yes	
<ul><li>No</li><li>A Statement by Supplier form is required if organis</li></ul>	ation does not have an ABN

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:
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 <u>More information</u>
ACNC Registration
Tax Concessions
Main business location
Must be an ABN.
Incorporation Number / Australian Company Number *
<ul> <li>Under which Act is the organisation incorporated? *</li> <li>Associations Incorporation Act 1981 (Qld)</li> <li>Co-operatives National Law Act 2020 (Qld)</li> <li>Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cwlth)</li> </ul>
O Local Government Act 2009 (Qld)
Incorporation, company registration certificate or any other documentation demonstrating the organisation's legal status * 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 Suburb State Postcode Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia 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) O Corporations (Aboriginal and Torres Strait Islander) Act 2006 (Cwlth)

**Auspice Primary Bank Account** 

Local Government Act 2009 (Qld)

Account Name

BSB Number A	Account Nu	ımber		
Must be a valid Austr	alian bank a	account format.		
Does the organis  ☐ Yes ☐ No	ation hav	e an ABN? *		
Auspice ABN *				
The ABN provided check that you have				. Click Lookup above to
Information from the	Australian	Business Register		
ABN				
Entity name				
ABN status				
Entity type				
Goods & Services Ta	x (GST)			
DGR Endorsed				
ATO Charity Type		More informa	<u>ation</u>	
ACNC Registration				
Tax Concessions				
Main business locati	on			
Must be an ABN.				_
Auspice Accou	ntable C	Officer		
An authorised offic Chair).	er of the A	uspice organisa	tion (e.g. Chief Execut	ive Officer, President or
All grant corresp	ondence	will be directe	d to this officer.	
Auspice Contact Title First Nan		ast Name		
Position *				
Contact Phone *				

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); Capital works and fixed structures; Projects that have the same or similar outcome that have been funded under any other Council programs including (but not limited to) operational funds, Sponsorship, Capital Infrastructure, the Regional Arts Development Fund and the Mayor and Councillors Community Benefit Fund; 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; Project costs already supported through other levels of government; Project costs already supported through other levels of government; Project costs incurred outside the funding period; Purchase of activities in competition or conflict with Council; Project costs incurred outside the funding period; Purchase of alcohol, prize money or prizes including gift cards; Donations; Requests for administration costs greater than \$500 or 5% of the total project cost; and Requests for equipment greater than \$3,000 or 30% of the total project cost.
Project Details
* indicates a required field
Project Title *
What is the name of the project?
Project Description *
Provide a short description (100 words recommended) of the proposed funded project. What are you planning to do?
Is the 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

Mush had in Dadland City		
Must be in Redland City		
Who is the land owner where the activity will occur? *  O Applicant O Council O State Government O Other (please Organisation Specify below)  If you are not the land owner, please provide a copy of land owner consent from the land owner (if required).		
Other details		
Please attach written landowner's consent Attach a file:		
Venue booking confirmation or landowner's consent approval letter. Not required if on private land.		
Project start date *		
Must not start before 1/12/2024		
Project end date *		
Must be within 12 months from start date		
Permits and Approvals		
If your request for funding is an event, you may need to consider if permits or approvals are required. For further information, visit Council's <u>Events portal</u> or contact the events team on (07) 3829 8999 or via email at events@redland.qld.gov.au.		
Please see the Redland City Council website for more information on the below Council approvals / permits.		
Venue / Park Permit - <u>Redland City Council   Bookable</u>		
Traffic Control Permit - <u>Traffic Control Permit Application</u> Tagging and Extended Permit - Tagging and Perm		
<ul> <li>Temporary Entertainment Event Permit - <u>Temporary Entertainment Event Application</u></li> <li>Food Business Licence - <u>Temporary Food Business Application</u></li> </ul>		
Temporary Park Access - Temporary Access to a Park or Reserve   Redland City Council		
Are any of the below Council approvals required? (check all that apply)  ☐ Venue / Park Booking		
□ Traffic Control Permit		
<ul><li>☐ Temporary Entertainment Event Permit</li><li>☐ Food Business Licence</li></ul>		
☐ Temporary Park Access		
□ None Required		

□ Other	
Please attach confirmation of approved papplication/s. Attach a file:	ermits or evidence of submitted permit
If permits have not been obtained, please provide cofficers to seek permits i.e. letter of support. If you proof that you have sought confirmation that a permits in the proof that you have sought confirmation that a permits in the permits in the permits are not provided by the permits in the permits are not permits and permits have not been obtained, please provide the permits in the permits in the permits have not been obtained, please provide the permits in the permits i	don't believe a permit is required, please provide
Partnerships	
Applications are assessed on:	
<ul> <li>evidence of involvement from other releving delivery of the project; and</li> <li>evidence of partnership contributions eith</li> </ul>	
e.g. local governments, sport/recreation clubs	, community organisations and schools.
List the confirmed project partners	What is the partners contribution to the project?
Ability to Deliver	
Priority will be given to applications that addre	ess the following:
project, including milestones, evaluations, • budget is comprehensive, realistic and re	ies; he organisation to undertake all aspects of the marketing, and the acquittal process;
If required has your organisation engage project? *	d qualified contractors to support the
Please provide details of contractors and their quali	ifications/ licence details
	ful project the organisation has delivered

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;
<ul> <li>project responds to identified needs and emerging local issues;</li> <li>project provides positive outcomes and benefits for the community; and</li> <li>where appropriate project demonstrates evidence of strategies that enable the project to continue beyond the life of the funding.</li> </ul>
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? *
At least 1 choice and 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 *
Word count:
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 <a href="Our Future Redlands">Our Future Redlands</a> - 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 Council Program Objectives	How does your intended outcome link to our objectives?
What changes do you expect will occur as a result of your project (e.g. improved mental wellbeing)? Please be brief. One per row.	Which of our Community Grant program objectives will your project contribute to? Refer to Page 1 of the Guidelines. If multiple apply pick the most relevant.  No more than 1 choice may be selected.	Please explain how your intended outcome helps contribute to ours.

#### **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 estimate	ed cost of your project including cash and in-king	d val

#### **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/
- 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.
- Please ensure budget provided show all costs (including cash and in-kind) and clearly notes what expenditure items the grant funding would go towards if funding is successful.
- 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).

Ineligible items are listed in the Community Grants Information Kit.

		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.	

#### Equipment

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

- essential to the delivery of the project and there is a demonstrated need;
- cost for equipment is not to be greater than \$3,000 or 30% of the total project cost (whichever is lesser); and
- please 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 / outcomes this equipment will provid	e?

#### Administration Costs

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

significant costs will need to be incurred to deliver the project;

- the amount is not greater than \$500 or 5% of the total project cost (whichever is lesser); and
- please ensure any equipment costs are noted in the above under budget grant expenditure.

If requesting administration costs, please provide details of the need for this expenditure			
CAPCILIATE			
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.	<b>\$</b>		
	\$		
	\$		
	\$		
	\$		
List the cash value and in-kind support (\$ value) that you will be receiving from other organisations towards the project.	a dollar amount		
Community Grant Application Su	ırvey		
Would you like to participate?			
This is not a mandatory requirement. Any fee improvement of the grant program.	edback is greatly appreciated in the ongoing		
Are you willing to complete the Commun O Yes O No	nity Grant Application Survey?		
How would you rate the ease of complet  ☐ Very Easy ☐ Easy ☐ Difficult ☐ Very Difficult	ing the application form?		

If you found the application difficult, please provide further details.		
Were the instructions and eligibility criteria clear and easy t  ○ Yes  ○ No	o understand?	
If no, what areas did you find needed clarification?		
Did the application form allow you to adequately convey the objectives of your project?	impact and	
O Yes		
○ No		
If not, what additional questions or fields would help better proposal?	represent your	

#### 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.

#### **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 a details.						
$\hfill \square$ I certify that to the best of my knowledge true.	the statements made in this application are					
At least 5 choices must be selected.						
Name and Position Title *						
Additional information in support of the Attach a file:	application					
Letters of support, evidence of partnerships etc.						