Form Preview

Important Notes

* indicates a required field

Prior to submitting an application:

- Please read the <u>Village Events and Activation Grant Information Kit</u> to ensure you meet the eligibility criteria.
- Review the application form and ensure you have all supporting documentation for submission
- Refer to Council's <u>Events portal</u> for further information and assistance on planning your and any Council approvals that may be required.
- 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.
- Ensure that your project does not commence prior to receiving formal notification projects will not be funded retrospectively.

If you have any enquiries or would like more information, questions regarding eligibility or guidelines, or assistance completing this form, please contact:

Community Grants Team

Redland City Council

P: 07 3829 8999

E: grants@redland.qld.gov.au

Consultation

0	Yes No	con	ısu	lte	d with	the R	edland	d City	Coun	cil (Comr	nun	ity C	Grants	Tear	n. *
Inf	ave forma Yes No				under *	stood	l the V	'illage	Even	its a	nd A	ctiv	ratio	n Gra	nt (V	EAG)
D.		_			\/540					_						

Please refer to the <u>VEAG page on Council's website</u> for further information.

Applicant Details

* indicates a required field

Applicant Details

Organisation Name * Organisation Name
Organisation Primary Address * Address
Suburb State Postcode
Organisation Postal Address Address
Suburb State Postcode
Organisation Primary Phone Number *
e.g (07) 1234 5678
Organisation Primary Email *
This must be the organisation's main (office) email address
Organisation or Event Website
Must be a URL.
Is the organisation a legal not-for-profit 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 tapplication form.
Does the organisation have a bank account in the name of the legal entity? * O Yes O No - auspice required
Organisation Bank Account Account Name
RSR Number Account Number

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Must be a valid Australian bank ac	scount format		
Must be a valid Australian bank at	count format.		
Incorporation Number / Aus	stralian Compan	y Number.	
Does the organisation have ○ Yes ○ No	e an ABN? *		
Incorporation, company red demonstrating the organisa Attach a file:			documentation
Organisation ABN *			
The ABN provided will be used check that you have entered t		lowing information.	Click Lookup above to
Information from the Australian B	Susiness Register		
ABN			
Entity name			
ABN status			
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.			1
Attach a completed Statem Attach a file:	ent by Supplier	form *	
ALLOCII O IIIC.			
Description description description	ADN		Carra allla Cua uta

Required if Organisation does not have an ABN. Please refer to the Council's Grants webpage under "Helpful Forms' to download a <u>Statement by Supplier form</u>

Accountable Officer Contact Details

Please ensure this contact person is an authorised financial officer or financial delegate e.g.

CEO, President or Ch	air		
Contact Name * First Name	Last Name		
Position *			
Primary Contact P	hone Number *		
e.g (07) 1234 5678			
Primary Email *			
Project Coordina	ator		
Primary contact fo	r the application and	who will be managing the	initiativ
Project Contact Na	ıme *		
Organisation Name			
Organisation *			
Role *			
Primary Phone Nu	mber *		
Must be an Australian p	ohone number.		
Primary Email *			
Must be an email addre	ess.		
Mandatory Docu	umentation		
Latest signed audi Attach a file:	ted financial stateme	nt or annual Treasurer's re	port. *

Current public liability insurance Certificate of Currency with minimum \$20 million coverage * Attach a file:
Must show a minimum cover of \$20 Million
Strategic or Business plan (if the organisation has one) 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, and Postcode are required. Country must be Australia
Auspice Primary Phone Number *
Must be an Australian phone number.
Auspice Primary Email *
Must be an email address.
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)

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Auspice 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.

Auspice Primary Bank Account *

Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Auspice Accountable Officer

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

All grant correspondence will be directed to this officer.

Auspice Project Contact * Title First Name Last Name								
Auspice	Auspice Project Contact Position *							
Auspice Project Contact Primary Phone Number *								

Auspice Project Contact Primary Email *

Must be an Australian phone number.

Must be an email address.
Please provide confirmation of auspice agreement * Attach a file:
Project Details
Project Details
* indicates a required field
Project Information
Project title *
Project overview *
Provide a short description (100 words recommended) of your project - what are you planning to do?
Project Start Date *
Must be a date and no earlier than 10/5/2025.
Project End Date *
M
Must be a date and no later than 31/12/2025.
Where will the activity take place?
Address location of the activity
Address
Who is the landowner where the activity will occur? * O Council
Private propertyState GovernmentApplicant Organisation

Form Preview

area

Please provide written consent from the land owner / manager. * Attach a file:
For more information regarding venue booking (https://redland.bookable.net.au/) or Land Owners Consent / Letter of Support (https://www.redland.qld.gov.au/info/20294/ leasing and commercial activities/970/land owners consent), please contacting City Spaces on 3829 8999
Will the activity be held? O Indoors O Outdoors O Both
Does this venue have easy access for all potential participants? *
Eg. Is there disability access?
Please describe the benefits of this venue and how it activates the Redland Coast? \ast
e.g. is there easy access for participants, is there visibility from the street, is there sufficient parking?
Has this activity occurred before? * ○ Yes ○ No
How many times has the activity occurred previously? *
What have been the previous outcomes and achievements of the activity? *
Word count: Must be no more than 200 words. (eg: numbers of attendees/participants in past and growth in attendees/participant, improved format, lasting benefits to the community, other financial support and other outcomes)
What are the goals/ objectives of the activity? *
The second goals, objectives of the activity.
e.g. increased visitors and local expenditure, increased local employment, enhance vibrancy of the

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How will these goals/ ob	jectives be met? *							
e.g. use of local business,form	ing local partnerships, community er	ngagement						
Who is your target audie								
☐ Youth	☐ People with disabilities	☐ Aboriginal and Torres Strait Islanders						
☐ Seniors☐ Families	☐ Island Community☐ Multicultural Community	☐ Business / Corporate ☐ Other:						
Event Details								
What is the estimated as 0 0-100 people 101-500 people 501 - 5000 people over 5000 people	101-500 people501 - 5000 people							
Where do you anticipate your target audience will come from? * □ Local Village Centre □ Redland City suburbs □ Greater Brisbane area (e.g. Logan, Brisbane, Gold Coast, Sunshine Coast) □ Interstate □ Overseas □ Other:								
Select all that apply								
Is the event ticketed? * O Yes O No								
What is the cost for atte	ndees? *							
If there is no charge, indicate a	as free.							
Where will the profits from	om ticket sales go? *							

Please see the Redland City Council website for more information on the below Council approvals / permits.

- Venue / Park Permit Redland City Council | Bookable
- Traffic Control Permit <u>Traffic Control Permit Application</u>
- Temporary Entertainment Event Permit <u>Temporary Entertainment Event Application</u>

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- Food Business Licence <u>Temporary Food Business Application</u>
- Temporary Park Access <u>Temporary Access to a Park or Reserve | Redland City Council</u>

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.

Are any of the below Council approvals ☐ Venue / Park Booking ☐ Traffic Control Permit ☐ Temporary Entertainment Event Permit ☐ Food Business Licence	required? (check all that apply) * ☐ Temporary Park Access ☐ Bud lighting and associated permits ☐ None required ☐ Other:
Please attach confirmation of venue boo permit application submission * Attach a file:	okings, approved permits or evidence of
	or in the process of being obtained, prior to payment equired, please attach proof of confirmation that this
Place Activations	
For activities requiring installation of fix installations; who will be responsible fo project?	
Word count: Must be no more than 100 words. If the place activation does not require longer term	m maintenance, please note here.
For installations that are planned to remain le please identify who will have responsibility for removal. Council may request evidence of ag	or the project and its maintenance and final
Project Outcomes	
What are the direct social/ economic be	nefits of the activity? *
Word count: Must be no more than 200 words. e.g. increased local employment, creating a sense community engagement	e of 'place', increased capacity of trader groups,
How you will evaluate the success of the	e activity? What methods will be used? *

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Local Suppliers

Must be no more than 150 words.					
e.g. online surveys, attendance numbers, increase	in customer numbers, event debrief report				
Do you have an example of a similar proj in the past? Was it successful?	ect that your organisation has delivered				
Word count: Must be no more than 200 words. Provide an example to demonstrate your organisat	ion has the capacity to deliver the activity				
Planning and Communications					
Please provide a Project Plan or Event Ma Attach a file:	anagement Plan *				
Please include key tasks, dates and responsible per	rson/s. A Project Plan Template can be found <u>here</u>				
Please provide a Marketing / Communica Attach a file:	tion Plan *				
A marketing or communication plan for events that captures branding through brochures, po- websites, newsletters, event programs, certifical launch and media arrangements. A sample ter	sters, newspaper/magazine advertisements, cates, direct marketing (emails/letters), project				
For place activation, please note how you plar visitors to the space.	to raise awareness of the activation and draw				
Program Priorities and Partnershi	ps				
Partnerships					
Please list any confirmed partners or procontribution.	viders for the activity and their role or				
Partners may include trader groups, spor provide either in-kind or monetary support					
Additional rows can be added as required.					
List the confirmed partners	What is the partner's contribution?				

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Please list the local suppliers you intend to engage and what they will provide.

Suppliers should have the appropriate level of experience or be suitably qualified, where applicable.

Additional rows can be added as required

Name of Local Supplier/Business	What will they be p	providing?
Budget		
* indicates a required field		
Total Amount Requested *		
\$		
Must be a dollar amount and no more than 12000. What is the grant amount you are requesting?		
Total Project Cost *		
\$		
What is the total cost of your activity? Please include	de estimated cash or in-l	kind expenditure
Have you requested or received funding	from any other sou	rces for this activity? *
○ Yes		
 No There must be no duplication of expenditure across 	s senarate funding sourc	200
There must be no duplication of expenditure across	s separate fullding source	
If yes, please provide details		
e.g. amount and funding source (other grants, spor	nsorship)	

An event budget template can be found here to assist in developing the project budget.

Budget

Applicants must provide an itemised budget for the activity including all income, expenditure and in-kind costs.

Provide a breakdown of the costs essential for the delivery of the project. Don't forget to include applicable permit and licensing fees. Refer to Council's 2024-25 Register of Fees for further information.

Budget Tips

• Please clearly indicate which budget expenditure item/s are to be funded if you are successful in being awarded funding.

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- One (1) written quote for each grant expenditure item is 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 should be sourced.

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 **Program Guidelines**.

Attach a file:
Budget should include details of other funding that has been confirmed and/or applied for including cash and in-kind contributions.
Quotes (One quote per expenditure item) * Attach a file:
Village Events and Activation Grant Application Survey
Would you like to participate?
This is not a mandatory requirement. Any feedback is greatly appreciated in the ongoing improvement of the grant program.
Are you willing to complete the Village Events and Activation Grant Application Survey? O Yes O No
New Section
How would you rate the ease of completing the application form? Very Easy Difficult Very Difficult
If you found the application difficult, please provide further details.

Were the instructions and eligibility criteria clear and easy to understand?

Form Preview

0	No No					
lf	no, what areas did you find needed clarification?					
	Did the application form allow you to adequately convey the impact and					
	j ectives of your project? Yes No					
	not, what additional questions or fields would help better represent your oposal?					

Certification

* indicates a required field

To be acknowledged by the Accountable Officer of the application 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.

-		444
confirm	that:	不

☐ 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 funding 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, event or activity as I have described and
my application will form part of my contractual agreement with Redland City Council.
☐ I understand that if my application is approved, I will be required to accept the terms
and conditions 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
At least C shairs would be calcated

At least 5 choices must be selected.

Please check all boxes	
Name and Position Title *	
Additional information in support of the	application
Attach a file:	
Letters of support, evidence of partnerships etc.	