

GYMPIE REGIONAL COUNCIL COMMUNITY GRANTS PROGRAM 2024/2025

The Community Grants Program provides financial assistance to eligible community organisations to deliver projects which:

- Respond to community need
- Align with Council's Corporate Plan 2022- 2027 and other relevant Council strategies and plans
- Enhance the social, environmental and/or cultural wellbeing of the Gympie region.

Administration of Council's grants is in accordance with Council's [Community Grants Policy 2024/2025](#).

Council may establish grant categories and programs to respond to community need or issues. Please refer to Council's website for other grant program guidelines including the Regional Arts Development Fund (RADF) and Halls Insurance Grants Programs.

For information and assistance please contact Council's Community Development Team on 1300 307 800 or grantsadmin@gympie.qld.gov.au

Information for applicants

Before completing this application:

1. Applicants are encouraged to speak with an officer from Council's Community Development Team

Please call 1300 307 800 or email grantsadmin@gympie.qld.gov.au to make an appointment.

2. Read the [Community Grants Program Guidelines 2024/2025](#)

4. Applications will only be accepted by submission through the Smarty Grants portal.

5. Parts of this application will require supporting documentation. Please ensure that documentation is clear and legible.

NB: No late or incomplete applications will be accepted.

If you require further assistance with using Smarty Grants portal please click [here](#) to access the FAQ's.

Privacy Notice

Gympie Regional Council collects information in accordance with our Information Privacy Policy, a copy is available from [Council's website](#).

In providing any personal information, please note that you are agreeing to the possible transfer of your information outside Australia via the internet under s33 of the Information Privacy Act 2009. If for any reason you are unable to agree to these terms, please contact Council on 1300 307 800 to discuss alternate arrangements.

24/25 - Application - Community Development

Form Preview

Grant Category: COMMUNITY DEVELOPMENT

For full details on Grant Categories read the [Community Grants Program Guidelines 2024/2025](#)

Purpose:

To support community led projects that increase the social/community wellbeing of residents in the Gympie region.

Amount & co- contributions:

Maximum grant amount: \$5,000.00

Council contribution: Maximum 80% of project cost

Applicant contribution: Minimum 20% of project cost

Priorities:

- 1.Improve social outcomes for particular demographics (e.g. young people); and/or in relation to specific community issues (e.g. social isolation).
- 2.Increase active and healthy lifestyles.
- 3.Support volunteering and build volunteer capacity (including equipment purchases which assist volunteers to undertake their role in a safe and rewarding environment).

Category Specific Eligible Expenses

- Project Coordinator fees related to the project.
- Equipment purchases which are integral to the delivery of the project (capped at \$3,000.00 in total of the grant.)

APPLICANT DETAILS

*** indicates a required field**

Eligibility

This section of the application form is designed to help you, and us, understand if you are eligible for this grant.

It is crucial that you complete these questions before any others to ensure you are applying for the most suitable grant.

If you have any questions in regard to the eligibility criteria, please contact a member of the Community Development Team on 1300 307 800 or grantsadmin@gympie.qld.gov.au.

I confirm that my organisation..... *

- ☐ is an incorporated not-for-profit community organisation (including not-for-profit co-operatives and companies limited by guarantee), or unincorporated community groups that have an auspice arrangement with an incorporated not-for-profit community organisation.
- ☐ holds \$20M public liability insurance and other forms of insurance relevant to the project (see Insurance Coverage for External Parties Policy).

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☐ has no outstanding debt with Council or have entered into scheduled payment arrangements with council which are being adhered to, and/or have met acquittal conditions for previous council grants.

☐ is based in, or provides direct benefits to, the Gympie region.

At least 4 choices must be selected.

Applicant Organisation details

Organisation Name *

Organisation Name

As listed with the Office of Fair Trading or ASIC

Contact Person *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Position within the organisation *

E.g President, Secretary, Treasurer, Grants Officer

Organisation Address *

Address

<input type="text"/>		
<input type="text"/>		

Suburb State Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Must be Address Line 1, Suburb/Town, State/Province, and Postcode are required..

Postal Address (if different from above) *

Address

<input type="text"/>		
<input type="text"/>		

Suburb State Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Must be Address Line 1, Suburb/Town, State/Province, and Postcode are required..

Primary Phone Number *

Must be an Australian phone number.

Alternate Phone Number

Must be an Australian phone number.

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Contact person's email address *

Must be an email address.

Applicant organisation type

What is your organisation's legal structure? *

- ☐ Incorporated association
☐ Unincorporated association

If your organisation is an unincorporated association you must be auspiced by an incorporated organisation.

Is your group being auspiced by another organisation for the purpose of this grant? *

- ☐ Yes ☐ No

Applicant organisation ABN

To use the online ABN search tool provided by the Australian Government through the Australian Business Register, click [HERE](#)

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 INFORMATION

*** indicates a required field**

Is the auspice organisation incorporated and not for profit? *

- ☐ Yes

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☐ No

If you have answered 'No' to this question you are ineligible to apply. If you would like further information please contact Council on 1300 307 800.

This section only needs to be completed if the applicant organisation is not incorporated. In which case, the applicant organisation needs to be auspiced by an organisation that is incorporated.

The auspice organisation will take full legal and financial responsibility for the delivery of this project, the grant administration and finalisation. For example if you are successful, the auspice organisation signs the Letter of Offer, and is paid the grant.

Auspice organisation name *

Organisation Name

Auspice Primary Address *

Address

Suburb State Postcode

Must be Address Line 1, Suburb/Town, State/Province, and Postcode are required..

Auspice Postal Address *

Address

Suburb State Postcode

Must be Address Line 1, Suburb/Town, State/Province, and Postcode are required..

Please attach a letter from the auspicing organisation confirming this arrangement is valid and current *

Attach a file:

Letter must be signed by an appropriately authorised person (e.g President, Committee Member) and must include, name, position, signature and date.

Primary contact person at auspicing organisation *

Title First Name Last Name

Position held within the organisation *

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Primary phone number *

Must be an Australian phone number.

Alternate phone number

Must be an Australian phone number.

Contact person's email address *

Must be an email address.

Auspicing organisation website

Must be a URL.

To use the online ABN search tool provided by the Australian Government through the Australian Business Register, click [HERE](#)

Auspice organisation 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.

PROJECT DETAILS

* indicates a required field

Project Title *

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Provide a title for your project that is short but descriptive.

Project Description (what are you planning) *

Word count:

Must be between 50 and 250 words.

Provide a brief description of the project. This may be used for promotional purposes.

Project Delivery Overview (how will you deliver) *

Word count:

Must be between 50 and 250 words.

Include information about how your project will be delivered, by whom and where. Describe what will happen.

Project Start Date *

Projects cannot commence prior to notification date of the round to which the application has been submitted.

Project End Date *

Funded projects must be delivered within 12 months of the outcome notification date of the round.

Where will your project take place? *

☐ Gympie & surrounds

☐ Mary Valley Townships

☐ Cooloola Coast Townships

☐ Western Townships

At least 1 choice must be selected.

Applicants may be offered partial funding. In this case, can the project proceed with partial grant funding? *

☐ Yes

☐ No

Please note if you are awarded partial funding you may be asked to resubmit the project budget.

APPLICATION CRITERIA

* indicates a required field

This section demonstrates how the application will meet the assessment criteria as described in section 8 of the [Community Grants Program Guidelines 2024/2025](#)

Grant Category: COMMUNITY DEVELOPMENT

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Purpose: To support community led projects that increase the social wellbeing of residents in the Gympie Region.

Please select one or more priorities that are most relevant to your project: *

- ☐ 1. Improve social outcomes for particular demographics (e.g. young people); and/or in relation to specific community issues (e.g. social isolation).
- ☐ 2. Increase active and healthy lifestyles.
- ☐ 3. Support volunteering and build volunteer capacity (including equipment purchases which assist volunteers to undertake their role in a safe and rewarding environment).

At least 1 choice must be selected.

Please select one or more, as relevant

Community benefit of the project: Outline how the project meets the category purpose and priorities *

Word count:

Must be between 150 and 300 words.

Provide detail on the reasoning behind the project, and the issue or need that will be addressed by the project. Provide detail on the intended outcomes of the project, and how these benefit the region.

Does this project involve any equipment purchase? *

- ☐ Yes
- ☐ No

If you answered 'yes', please outline how the equipment is integral to the delivery of the project and how it will be maintained. *

BUDGET

* indicates a required field

Budget (GST inclusive)

Please outline your project budget in the table below, including details of other funding that you have applied for, whether it has been confirmed or not.

ALL AMOUNTS MUST BE GST INCLUSIVE

Please include all GST on all items including the grant amount requested in this application.

Provide clear descriptions for each budget item in the 'Expenditure' and 'Income' columns.

Please check the [Community Grants Program Guidelines 2024/2025](#) and the category specific eligible expenses for more information on expense eligibility.

***For expense items over \$1000, a quote from a registered business must be submitted.**

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Please **do not add commas** to figures - e.g type \$1000, not \$1,000 - this will ensure your figures for each column total correctly.

Volunteer labour can be calculated at approximately \$43.00 per hour. (*Volunteer labour is considered a contribution and should be listed as income*)

Please click + or - to add or delete extra lines.

Your budget MUST balance (TOTAL EXPENDITURE AMOUNT = TOTAL INCOME AMOUNT)

***Maximum Grant Amount \$5,000**

Please note category applicant contribution:

Council Contribution: Maximum 80% of project cost

Applicant Contribution: Minimum 20% of project cost

GST

Organisations that are GST registered must ensure that GST is included in the requested grant amount. **GST is not added to the total grant amount requested.**

Expenditure

What are the expenses or costs of the project?

Description	Amount (\$)	Grant Amount (\$) Requested	Quote (if expense is over \$1000)
Description of item	Total cost of item	Grant amount requested towards this item. Can be full, partial or zero	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

Total project expenses

Total Expenditure Amount

\$

This number/amount is calculated.

Income

How is this project funded? (include requested GRC grant amount)

Description	Amount (\$)	Type of income
	Must be a whole dollar amount (no cents).	
	\$	

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	\$	
	\$	
	\$	

Total project income

Total Income Amount

\$

This number/amount is calculated.

Budget Balance

Income minus Expenditure

\$

This number/amount is calculated.

This must equal \$0. Adjust the income and/or expenditure to balance the budget.

Total grant requested

\$

This number/amount is calculated.

Note: Min \$500 Max \$5,000

Total applicant co- contribution (%)

This number/amount is calculated.

Note: a co-contribution of 20% minimum is required.

Organisation's financial position

Please outline your organisation's need for financial support from Council for the project. *

Word count:

Must be between 50 and 250 words.

For example, if your organisation has a substantial term deposit, has this been set aside for a specific project?

Please upload the most recent financial statement of the organisation *

Attach a file:

This can be a recent Bank Statement, Annual report, Profit and Loss Statement/Statement of Financial Performance and/or a Balance Sheet/Statement of Financial Position.

SUPPORTING DOCUMENTS

* indicates a required field

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Ensure that any documentation can be easily read, and is not distorted or unclear.

Public Liability Insurance

A copy of the organisation's **Certificate of Currency** for Public Liability Insurance to the value of \$20M **must** be included. A tax invoice or receipt of payment of insurance will not be accepted.

Evidence of your organisation's Public Liability Insurance certificate of currency (and/or auspice organisation if applicable) *

Attach a file:

A minimum of 1 file must be attached.

Supporting documents

Providing supporting documents can strengthen the application and provide more information for assessment.

Recommended supporting documents include:

- Letter(s) of support for the project (maximum three)
- Letter(s) of confirmation from partners, stakeholders, sponsors and other organisations (referred to in this application)

Other documents can include:

- Strategies, Plans and other planning documents produced by the applicant organisation (referred to in this application)
- Concept plan and site plan showing existing infrastructure and potential work to be carried out (where applicable)
- Event/Project Plan (can be draft)
- Evidence of community consultation, such as member survey (referred to in this application)

Attach supporting documents here

Attach a file:

Files must be .pdf, Word, Excel, .jpg. More than 1 file can be uploaded.

CERTIFICATION AND FEEDBACK

*** indicates a required field**

Certification by authorised person

I certify that: *

- ☐ to the best of my knowledge the statements made in this application are true and correct
- ☐ I have read and accept the 'Community Grants Program Guidelines 2024/2025'

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☐ I agree to complete a project acquittal within 4 weeks of the end of the project delivery timeframe for this round.

☐ our organisation has financial practices in place to adequately record the grant income and expenditure. The grant expenditure will be evidenced by attaching tax invoices to the acquittal

☐ I acknowledge that if any member of our organisation lobbies a Councillor or staff member in relation to this grant application, the application is disqualified

This section must be completed by an authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

Name of authorised person of applicant organisation *

Title First Name Last Name

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Position in the organisation *

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Date *

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Must be a date.

This section must be completed by an authorised person on behalf of the auspice organisation (may be different to the contact person listed earlier in this application form).

I certify that: *

☐ to the best of my knowledge the statement made in this application are true and correct

☐ I have read and accepted the 'Community Grants Program Guidelines 2024/2025'

☐ I agree to prepare and complete the project outcome report and return to Council within 4 weeks of the project delivery timeframe for this round.

☐ our organisation has financial practices in place to adequately record the grant income and expenditure. The grant expenditure will be evidenced by attaching tax invoices to the acquittal

☐ I acknowledge that if any member of our organisation lobbies a Councillor or staff member in relation to this grant application, the application is disqualified.

At least 5 choices must be selected.

Name of authorised person on behalf of auspiced organisation *

Title First Name Last Name

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Position in organisation *

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Date *

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Applicant Feedback

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Before you review your application and make a submission, please take a few moments to provide feedback.

*** [SUBSCRIBE TO COUNCIL'S COMMUNITY INFOSHARE](#) - to keep informed about grants, workshops and events!**

Please indicate how easy the online application process was: *

☐ Very Easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very Difficult

Do you have any suggestions on how the application process/form could be improved?

Where did you hear about the Community Grants Program? *

☐ Information Flyer ☐ Council's Community Info Share (eNews) ☐ Council's Facebook page ☐ Council's Website ☐ Council Staff ☐ Word of mouth
Other

Have you attended a Gympie Regional Council Grants Information Session? *

☐ Yes ☐ No

Did you find the information session helpful?

☐ Yes ☐ No

Do you have any other comments you wish to make about the grants process?

Thank you for your feedback. Please ensure you review your application before you press submit.

After pressing **SUBMIT**, you will receive an email confirming your submission has been made.

If you require further support, please call the Community Development Team on 1300 307 800.