## 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  $\underline{\text{here}}$  to access the FAQ's.

#### **Privacy Notice**

Gympie Regional Council collects information in accordance with our Information Privacy Policy, a copy is available from <u>Council's website</u>.

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.

Form Preview

#### Grant Category: COMMUNITY FACILITIES

For full details on Grant Categories read the Community Grants Program Guidelines 2024/2025

#### Purpose:

To support safe, inclusive and accessible community facilities.

#### Amount & co- contributions:

Maximum grant amount: \$10,000

Council contribution: Maximum 80% of project cost Applicant contribution: Minimum 20% of project cost

#### **Priorities:**

- 1.Improve the quality and sustainability of the facility.
- 2.Increase, maintain or enhance community participation and access.
- 3. Encourage multi-use or shared use of community facilities.
- 4.Address issues of risk management or compliance with Australian standards.

#### **Required Support Material:**

- A <u>Landowners Consent Form</u>. For full details please read the <u>Landowners Consent</u> Information.
- A concept and site plan for proposed buildings works.
- Relevant building and planning approvals if required or undertaking to acquire before commencing works.

#### 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).

arrangem for previo □ is base	ents with council us council grants	which are being a direct benefits to,	ave entered into scheduled payment dhered to, and/or have met acquittal conditions the Gympie region.
Applica	nt Organisatio	on details	
<b>Organisa</b> Organisat	<b>ition Name *</b> ion Name		
As listed w	ith the Office of Fai	r Trading or ASIC	
Contact I	Person * First Name	Last Name	
Position	within the orga	nisation *	
E.g Preside	ent, Secretary, Trea	surer, Grants Officer	
<b>Organisa</b> Address	ation Address *		
	State Postcod dress Line 1, Subur		ce, and Postcode are required
Postal Ad Address	ddress (if differ	ent from above)	*
Suburb	State Postcod	е	
Must beAd	dress Line 1, Subur	b/Town, State/Provin	ce, and Postcode are required
Primary	Phone Number	*	
Must be an	Australian phone r	number.	
Alternate	e Phone Numbe	r	
Must be an	Australian phone r	number.	

Contact person's email addr	ess *	
Must be an email address.		
Applicant organisation ty	/pe	
What is your organisation's  Incorporated association Unincorporated association If your organisation is an unincorporganisation.	legal structure? * rated association you must be auspiced	by an incorporated
	d by another organisation for the	e purpose of this
grant? *  O Yes	○ No	
Applicant organisation A	BN	
To use the online ABN search to Australian Business Register, cli	ol provided by the Australian Govern ck <u>HERE</u>	nment through the
ABN		
The ABN provided will be used to check that you have entered the	o look up the following information. e ABN correctly.	Click Lookup above to
Information from the Australian Bu	siness 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

ls '	the auspice organisation	n incorporated and	not for profit? *
0	Yes		

#### Form Preview

$\cap$	N	^

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 which is.

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.

<b>Auspice o</b> Organisati	organisation na ion Name	me *			
Auspice F Address	Primary Address	5 <b>*</b>			
	State Postcode		no de Dontos do		
Must beAdo	dress Line 1, Suburk	/Town, State/Provir	ice, and Postcode	are required	
Auspice F Address	Postal Address <sup>•</sup>	<b>k</b>			
Suburb S	State Postcode	9			
Must beAdo	dress Line 1, Suburk	/Town, State/Provir	ice, and Postcode	are required	
	nent is valid and		g organisation	confirming this	
			sed person (e.g P	resident, Committee Men	nber) and
		signature and date.			
	contact person a First Name	at auspicing org Last Name	anisation *		
Position I	held within the	organisation *			

#### 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 <u>HERE</u>

#### 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

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

#### **PROJECT DETAILS**

\* indicates a required field

#### **Project Title \***

Form Preview

Provide a title for your pr	oject that is short but des	scriptive.	
<b>Project Description</b>	(what are you plann	ing) *	
Word count: Must be between 50 and Provide a brief description	150 words. n of the project. This may	/ be used for promotional	purposes.
Project Delivery Ove	erview (how will you	deliver) *	
Word count: Must be between 50 and Include information abou happen.		edelivered, by whom and	where. Describe what will
Project Start Date *			
Projects cannot commen submitted.	ce prior to notification da	te of the round to which t	he application has been
Project End Date *			
Funded projects must be	delivered within 12 mont	ths of the outcome notific	ation date of the round.
Where will your pro ☐ Gympie & surrounds	ject take place? *  □ Mary Valley  Townships	☐ Cooloola Coast Townships	☐ Western Townships
At least 1 choice must be		Townships	
Applicants may be owith partial grant fu	offered partial fundir	ng. In this case, can	the project proceed
○ Yes	rarded partial funding you	O <b>No</b> I may be asked to resubn	nit the project budget.
APPLICATION CF	RITERIA		
* indicates a required	field		

This section demonstrates how the application will meet the assessment criteria as described in section 8 of the <u>Community Grants Program Guidelines 2024/2025</u>

Grant Category: COMMUNITY FACILITIES

**Purpose:** To support safe, inclusive and accessible community facilities.

Form Preview

N.B if your proposed project is for capital works, you must submit a concept and site plan with your application.

Land owners consent. Facility is located on land owned by: (select one) *  GYMPIE REGIONAL COUNCIL - your organisation must have a tenure agreement with Council. Approval from Council's Executive Manager - Asset Facilities (or delgate) must be attached with this application. See grant Guidelines for more information.  A NON-COUNCIL ENTITY - your organisation must be able to demonstrate how the project will benefit the broader community. Written consent from the land owner or trustee must be attached with this application.  THE APPLICANT - your organisation must be able to demonstrate how the project will benefit the broader community. As the landowner, please attach proof of ownership e.g rates notice
Please attach a copy of Landowners consent (or proof of ownership if applicable)  * Attach a file:
Attach a nie.
Please upload supporting material, concept plan,strategic plan or feasibility study. * Attach a file:
A concept and site plan for proposed building works must be submitted with the application.
Please select one or more priorities that are most relevant to your project: *  □ 1. Improve the quality and sustainability of the facility □ 2. Increase, maintain or enhance community participation and access □ 3. Encourage multi-use or shared use of community facilities □ 4. Address issues of risk management or compliance with Australian standards 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 50 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.
Is your facility recognised as a local heritage place as per Council's Planning Scheme or listed on the Queensland State Heritage register? *  Yes No
If yes, please contact <u>facilities@gympie.qld.gov.au</u> or phone 1300 307 800 for further advice and guidance before proceeding with your application.

Has your organisation obta licence in relation to this p			
□ Yes	□ No	[	□ Not applicable
Please upload your approv Attach a file:	als, licences o	r permits here	
How has your organisation facility? *	planned for o	ngoing costs a	nd/or maintenance of the
Word count: Must be between 50 and 250 wor	ds.		
Project Milestones			
Providing project milestones h expected time frames.	elp us to assess	s your organisation	on's project management and
Please note project delivery til Community Facilities, is 12 mo			
Key Milestones (add more rows as required)			End Date
	Must be a date.		Must be a date.

#### BUDGET

#### 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 <u>Community Grants Program Guidelines 2024/2025</u> 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.

<sup>\*</sup> indicates a required field

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 \$10,000

#### 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 to cover	
		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).	
	\$	

Form Preview

\$	
\$	
\$	

#### 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 \$10,000

Total applicant cocontribution (%)

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 no more than 100 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:

A minimum of 1 file must be attached.

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

Form Preview

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.

The following supporting documentation is **compulsory** for all applications:

- Landowners consent form (please check you have uploaded this document in Application Criteria, section 2).
- A concept and site plan for proposed building works.
- Relevant building and planning approvals if required or undertaking to acquire before commencing works.

Recommended supporting documents 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: \*

correct  I have I agre timeframe our or and expe acquittal I ackn member i This sectio	e read and accept to e to complete a prefer this round. The grant and ture. The grant fowledge that if and in relation to this gone must be complete.	the 'Community Goject acquittal wire ancial practices in expenditure will large member of our rant application, and by an authorised	rants Program Guidelines 2024/2025' thin 4 weeks of the end of the project delivery place to adequately record the grant income be evidenced by attaching tax invoices to the organisation lobbies a Councillor or staff the application is disqualified person on behalf of the applicant organisation (may this application form).	
	authorised pers		organisation *	
Title	First Name	Last Name		
Position in the organisation *				
Date *				
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 have ☐ I agre 4 weeks o ☐ our or and expe acquittal ☐ I ackn member i	e best of my knowle e read and accepte e to prepare and co of the project deliver ganisation has final anditure. The grant	d the 'Community omplete the project of the project	nt made in this application are true and correct of Grants Program Guidelines 2024/2025' ect outcome report and return to Council within this round.  I place to adequately record the grant income be evidenced by attaching tax invoices to the organisation lobbies a Councillor or staff the application is disqualified.	
Name of authorised person on behalf of auspiced organisation *				
Title	First Name	Last Name		
Position in organisation *				
Date *				

Applicant Feedback
Before you review your application and make a submission, please take a few moments to provide feedback.
* <u>SUBSCRIBE TO COUNCIL'S COMMUNITY INFOSHARE</u> - 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.