## 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 2024/25
- 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.

## Grant Category: ENVIRONMENT PROJECTS GRANT

## For full details on Grant Categories read the Community Grants Program Guidelines 2024/25

#### Purpose:

To improve environmental outcomes in the Gympie region through the delivery of major projects that align with priorities in Council's Environment Strategy.

#### Amount & co- contributions:

Maximum grant amount: \$10,000

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

project cost

#### **Priorities:**

The environmental priorities set out in Council's Environment Strategy are:

- 1.Biodiversity and habitat protection.
- 2.Adapting to a changing climate and natural hazard management.
- 3.Improving land management practices that influence water quality and waterway health
- 4. Energy efficiency and the addition of renewable energy.
- 5. Waste reduction and/or environmental educational awareness.
- 6. Wildlife protection and rehabilitation.

#### **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

#### Category Specific Eligible Expenses may include:

- Project Coordinator fees related to the project.
- Equipment purchases that are integral to the delivery of the project (e.g. equipment for surveys, monitoring, research) (capped at \$2,000 in total of the grant).

#### Projects are ineligible if:

- conducted outside of the Gympie Regional Council area.
- conducted or undertaken solely on private land where no broader environmental/ community benefit can be demonstrated. For example, riverbank rehabilitation is proposed to be undertaken by a not for profit community organisation on a mix of public and privately owned land adjacent to the Mary River, and the proposed works will improve water quality further downstream where the public access drinking water and recreational activities. This type of project undertaken on a mix of public and private land would be eligible as it would be contributing to broader environmental and community benefit.

## **APPLICANT DETAILS**

\* indicates a required field

I confirm that my organisation...... \*

Postal Address (if different from above) \*

## Eligibility

This section of the application form is designed to help determine 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.

| operatives and compa have an auspice arran holds \$20M public (see Insurance Covera has no outstanding arrangements with confor previous council graphics is based in, or province At least 4 choices must be applicant Organis | nnies limited by guaran<br>agement with an incorp<br>liability insurance and<br>age for External Parties<br>g debt with Council or I<br>uncil which are being a<br>rants.<br>vides direct benefits to<br>be selected. | nave entered into scheduled payment adhered to, and/or have met acquittal conditions |
|---|---|--|
| Organisation Name Organisation Name   | *   |  |
|   |   |  |
| As listed with the Office of  | of Fair Trading or ASIC   |  |
| Contact Person *  |   |  |
| Title First Name  | Last Name   |  |
|   |   |  |
| Position within the   | organisation *  |  |
|   | <b>g</b>  |  |
| E.g President, Secretary,   | Treasurer, Grants Office  | r  |
| Organisation Address  | 55 <b>*</b>   |  |
| Organisation Address  | 55 T  |  |
|   |   |  |
|   |   |  |
| Suburb State Pos  | stcode  |  |
|   |   |  |

| Address   |
|---|
| Suburb State Postcode   |
| 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.   |
| Applicant organisation type   |
| What is your organisation's legal structure? *  O Incorporated association O 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 <u>HERE</u>   |
| 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 |                  |
|                        |                  |

Is the auspice organisation incorporated and not for profit? \*

If you have answered 'No' to this question you are ineligible to apply. If you would like further

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

Must be an ABN.

YesNo

incorporated.

## **AUSPICE INFORMATION**

information please contact Council on 1300 307 800.

\* indicates a required field

| 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 beAddress Line 1, Suburb/Town, State/Province, and Postcode are required  |
| Auspice Postal Address * Address  |
|   |
| Suburb State Postcode   |

| Must beAddress 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 *   |
|   |
|   |
| 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                        |
|   |
| Augnico organication APN *  |
| 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  |

### Form Preview

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 \*** Provide a title for your project that is short but descriptive. Please note: Data gathered through environmental surveys, monitoring and research must be shared with Council. 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 no more than 800 words.

Include information about what your project will deliver, 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   | <ul><li>☐ Western Townships</li><li>☐ Other:</li></ul>  |  |  |  |
|--|---|--|--|--|
| ☐ Cooloola Coast Townships At least 1 choice must be selected. You may choose more than one option.  |   |  |  |  |
| * Projects conducted outside of the Gympie R<br>undertaken on private land, are not eligible to  | egional Council area, and those conducted or apply.   |  |  |  |
| Provide details on the location(s) where   | the project will take place: *  |  |  |  |
| rovide details on the location(s, innere   | the project in take place.  |  |  |  |
| Word count: Must be between 50 and 250 words. please include address and lot number on plan  |   |  |  |  |
| Applicants may be offered partial funding  | g. In this case, can the project proceed  |  |  |  |
| with partial grant funding? *  O Yes   | ○ No  |  |  |  |
| Please note if you are awarded partial funding you   | •   |  |  |  |
| 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 2024/25   |   |  |  |  |
| Grant Category: ENVIRONMENT PR   | OJECTS  |  |  |  |
| <b>Purpose:</b> To improve environmental outcome one-off projects and educational activities.  | es in the Gympie region through the delivery of   |  |  |  |
| On Ground Component:   |   |  |  |  |
|  | cement of the region's natural assets, Council<br>east 60 per cent of funds allocated are spent |  |  |  |
| <ul> <li>On Ground means field work including remaintenance including weeding and replation-control field releases and like in field</li> </ul>                | anting on rehabilitated land sites, field surveys,  |  |  |  |
| Please select one or more priorities that  | are most relevant to your project: *  |  |  |  |
| <ul> <li>1. Biodiversity and habitat protection</li> <li>2. Adapting to a changing climate and nate</li> <li>3. Improving land management practices</li> </ul> |   |  |  |  |
| health  A Energy efficiency and the addition of re   | enewahle energy   |  |  |  |

Form Preview

| <ul> <li>□ 5. Waste reduction and/or environmental educational awareness</li> <li>□ 6. Wildlife protection and rehabilitation</li> <li>At least 1 choice must be selected.</li> <li>Please select one or more, as relevant</li> </ul>                      |
|--|
| Community/environmental benefit of the project: outline how the project meets the category purpose and priorities *  |
|  |
| Word count:  Must be between 50 and 800 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? *  O Yes  O No  Small capital purchases used for surveys, monitoring, research or improvement of the natural environment to the value of no more than \$2,000 are an eligible expense in this category.  |
| If you answered 'yes', please outline how the equipment is integral to the delivery of the project and how it will be maintained. *  |
|  |
| Word count:<br>Must be between 50 and 250 words.   |
| DUDGET   |

### 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.

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 2024/25</u> and the category specific eligible expenses for more information on expense eligibility.

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

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

Form Preview

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** registered organisations

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 | Can be full, partial, or<br>zero<br>Must be a dollar amount |                                   |
|                     | \$                 | \$  |                                   |
|                     | \$                 | \$  |                                   |
| _                   | \$                 | \$  |                                   |
|                     | \$                 | \$  |                                   |

## **Total Project Expenses**

| Tot  | al expenditure a | 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

|   | \$ |  |
|---|----|--|
| ĺ | \$ |  |

## **Total Project Income**

#### **Total Income Amount**

\$

This number/amount is calculated.

## **Budget Balance**

Income minus Expenditure

\$

This number/amount is calculated.

This must equal \$0.00. Adjust the income and/or expenditure to

balance the budget.

**Total Grant Requested** 

\$

This number/amount is calculated.

What is the total financial support you are requesting in this

application?

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. $\mbox{*}$

#### 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

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:

- Program plan that includes WHS requirements.
- Land Owners Consent (if relevant). Please read <u>Land Owners Consent Information</u>, and attach <u>Landowners Consent Form</u> if relevant to your application.

**Please note:** Data gathered through environmental surveys, monitoring and research must be shared with Council as data sets and a report.

Recommended supporting documents include:

- · Evidence of environmental identified need
- 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)

## Attach supporting documents here \*

Attach a file:

A minimum of 1 file must be attached.

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: \*

 $\hfill\Box$  to the best of my knowledge the statements made in this application are true and correct

| <ul> <li>□ I have read and accept the 'Community Grants Program Guidelines 2024/2025'</li> <li>□ I agree to complete a project acquittal within 4 weeks of the end of the project delivery timeframe for this round.</li> <li>□ our organisation has financial practices in place to adequately record the grant income</li> </ul>                                 |                            |           |   |  |  |
|--|----------------------------|-----------|---|--|--|
| and expe   |                            |           | 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).      |                            |           |   |  |  |
|  | authorised pers            |           | organisation *                                |  |  |
| Title  | First Name                 | Last Name |   |  |  |
| Position   | in the organisat           | ion *     |   |  |  |
| Position   | ili tile organisat         | .1011     |   |  |  |
| Date *   |                            |           |   |  |  |
| Dute   |                            |           |   |  |  |
| Must be a  | date.                      |           |   |  |  |
| This section must be completed by an authorised person on behalf of<br>the auspice organisation (may be different to the contact person listed<br>earlier in this application form).   |                            |           |   |  |  |
| I certify  | that: *                    |           |   |  |  |
| <ul> <li>□ to the best of my knowledge the statement made in this application are true and correct</li> <li>□ I have read and accepted the 'Community Grants Program Guidelines 2024/2025'</li> <li>□ 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.</li> </ul> |                            |           |   |  |  |
| $\Box$ 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 |   |  |  |
| Position in organisation *   |                            |           |   |  |  |
| i ositioli   | rosition in organisation · |           |   |  |  |
| Date *   | Date *                     |           |   |  |  |
| vale "   |                            |           |   |  |  |

## **Applicant Feedback**

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

| * SUBSCRIBE TO COUNCIL'S grants, workshops and ever | COMMUNITY INFOSHARE - to keep   | informed about     |
|---|---|--------------------|
|   | ne online application process was: eutral   Difficult  Very Difficult                             | *                  |
| Do you have any suggestion improved?                | ns on how the application process/  | form could be      |
|   |   |                    |
| ☐ Information Flyer ☐ Coun                          | the Community Grants Program? * acil's Community Info Share (eNews)  Council Staff  Word of mouth | Council's Facebook |
| Did you attend a Gympie Re  ○ Yes                   | egional Council Grants Information  | Session? *         |
| Did you find the information  ○ Yes                 | n session helpful?<br>○ No  |                    |
| Do you have any other com                           | ments 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.