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.

Grant Category: COMMUNITY EVENTS - MAJOR GRANT

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

Purpose:

To support community led events and festivals that attract substantial local participation and are of high social and/or cultural benefit.

Amount & co- contributions:

Maximum grant amount: \$25,000

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

Priorities:

- 1.Attract substantial local participation (more than 1,000 people).
- 2.Provide significant social and/or cultural benefit.
- 3.Activate community spaces and facilities.

Category Specific Eligible Expenses:

• Event Coordinator fees related to the event.

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).
☐ 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 Last Name First Name Position within the organisation * E.g President, Secretary, Treasurer, Grants Officer Organisation Address * Address Suburb State Postcode Postal Address (if different from above) * Address Suburb State Postcode **Primary Phone Number *** Must be an Australian phone number. **Alternate Phone Number**

Arternate i none 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? *

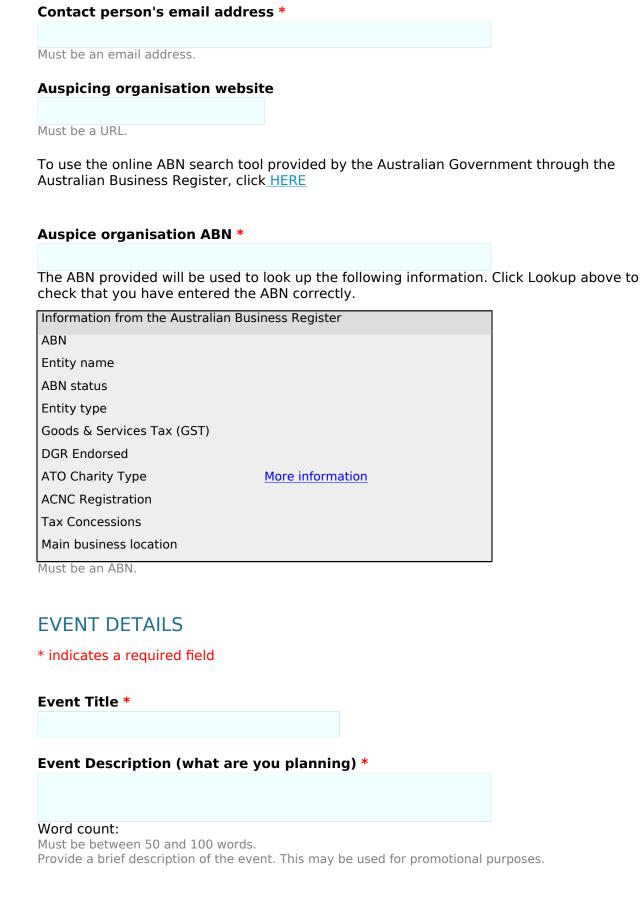
 Incorporated association Unincorporated association If your organisation is an unincorporated association organisation. 	you must be auspiced by an incorporated
Is your group being auspiced by another ogrant? *	organisation for the purpose of this
) No
Applicant organisation ABN	
To use the online ABN search tool provided by t Australian Business Register, click <u>HERE</u>	he Australian Government through the
ABN	
The ABN provided will be used to look up the fo 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	<u>on</u>
ACNC Registration	
Tax Concessions	
Main business location	
Must be an ABN.	
AUSPICE INFORMATION	
* indicates a required field	
Is the auspice organisation incorporated at O Yes O No If you have answered 'No' to this question you are information please contact Council on 1300 307 800.	eligible 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

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 org Organisation	ganisation na Name	me *			
Auspice Pri Address	mary Address	5 *			
Suburb Sta	ete Postcodo	e			
Auspice Pos Address	stal Address [,]	k			
Suburb Sta	ete Postcodo	e			
	nt is valid and	om the auspicind current *	g organisatior	n confirming tl	nis
		opropriately author signature and date		resident, Commit	tee Member) and
	ntact person a st Name	at auspicing org Last Name	ganisation *		
Position he	ld within the	organisation *			
Primary ph	one number*	•			
	stralian phone n				
	ustralian phone n				



Event Delivery Overview (how will you deliver) *
Word count:
Must be no more than 500 words. Include information about how the event will be delivered, by whom and where. Describe what will happen.
Event Start Date (2024/2025) *
Projects cannot commence prior to notification date of the round to which the application has been submitted.
Event End Date (2024/2025) *
If you are a successful applicant your acquittal will be due 4 weeks from this date.
Are you applying for single or multi your funding? Planes indicate number of
Are you applying for single or multi-year funding? Please indicate number of years *
○ 1 Year only
O Multi-year (2 to 3 years)
Where will your project take place? *
☐ Gympie & ☐ Mary Valley ☐ Cooloola Coast ☐ Western Townships surrounds Townships 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? *
O Yes O No Please note if you are awarded partial funding you may be asked to resubmit the project budget.
ricuse note if you are awarded partial randing you may be asked to resubmit the project badget.
Applicants for multi-year funding are encouraged to provide examples
or evidence demonstrating successful delivery of similar events.
of evidence demonstrating successful delivery of similar events.
Please provide brief details of previous successful event delivery
The state of the s
Word count:
Must be between 50 and 250 words.
Please upload any documents that may assist in demonstrating previous successful event delivery.
Attach a file:

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 EVENTS - MAJOR GRANT

Purpose: To support community led events and festivals that attract substantial local participation and are of high social and/or cultural benefit.

Priorities:

Must be a number.

- 1.Attract substantial local participation (more than 1,000 people)
- 2. Provide significant social and/or cultural benefit.

3.Activate community spaces and facilities.
MEETING GRANT CATEGORY PRIORITIES - please address all 3 priorities.
1. Discuss how the event will attract substantial local participation (more than 1,000 people). *
Word count: Must be between 50 and 250 words. Attachments can be included in the Supporting Documents section of the application form.
2. Describe how the event will provide significant social and/or cultural benefit *
Word count: Must be between 50 and 250 words. Attachments can be included in the Supporting Documents section of the application form.
3. Discuss how the event will activate community spaces and facilities. *
Word count: Must be between 50 and 250 words. Attachments can be included in the Supporting Documents section of the application form.
ECONOMIC AND SOCIAL IMPACT
 4. How often will/does the event occur? * Annually Once off Bi-annual
5. What is the duration of the event? *

This does not include bump in and bump out		
*	- 11	
O Days	Hours	
6. Please provide an estimation on per day to participate in your event visitor participant spend. *		
Word count: Must be between 50 and 250 words. Attachments can be included in the Supporti	ng Documents section of the a	pplication form.
7. Please detail how you calculated cost of accommodation, average pri		icket sales, average
Word count:		
Must be between 50 and 250 words. Attachments can be included in the Supporti	ng Documents section of the a	pplication form.
8. Please provide the total amount syour event i.e Costs that are directl artist fees, venue hire. *		
Word count: Must be between 50 and 250 words. Attachments can be included in the Supporti	ng Documents section of the a	pplication form.
9. Please provide an estimate of horevent. *	w many attendees will b	e participating in your
Word count: Must be between 50 and 250 words. Provide evidence.		
10. Do you have evidence to substa	ntiate attendance figure	s? *
Word count: Must be between 50 and 250 words. Attachments can be included in the Supporti	ng Documents section of the a	pplication form.
11. What percentage of attendees a	are from outside the Reg	ion? *
Word count:		

Must be no more than 100 words.

12. How did you arrive at these figures? i.e past ticket sale data *

Word count:

Must be between 50 and 250 words.

Attachments can be included in the Supporting Documents section of the application form.

13. How many visitors nights is the event expected to attract (total)? *

Word count:

Must be between 50 and 250 words.

Attachments can be included in the Supporting Documents section of the application form.

BUDGET (24/25)

* indicates a required field

ALL AMOUNTS MUST BE 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 2024/2025</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.

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 \$25,000

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.**

Waste Disposal

*Please note. External event organisers are responsible for the removal of all waste from the event sites unless otherwise indicated by Council. Council supports events throughout the region with both financial and in-kind support through the Community Grants Program, which can include waste disposal and bin costs. Council will not be responsible for the provision of bin deliveries or disposal of waste, unless formally resolved by Council and budget allocated.

Please ensure you have included waste management in your budget, or can provide an agreement from an appropriate waste management provider for waste disposal.

Have you read and understand your responsibility in regards to waste as the event organiser? *

Yes

Expenditure - (24/25)

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.	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

Total project expenses (24/25)

Total Expenditure Amount

\$

This number/amount is calculated.

Income - (24/25)

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

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

24/25 - Application - Community Events Major

Form Preview

\$	
\$	

Total project income (24/25)

Total Income Amount

\$

This number/amount is calculated.

Budget Balance (24/25)

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. Note: Min \$5,001 Max \$25,000

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.

MULTI YEAR FUNDING

This section is to be completed by applicants applying for Multi-Year funding

*Please note that subse	equent vears	of funding	will be	conditional	upon:

- council's budget availability
- the organisation's compliance with funding conditions
- the organisation delivering agreed outcomes

Acquittals:

Grant recipients of multi-year funding must complete an online Acquittal Report every 12 months for the duration of the funding, with a final Acquittal Report within four weeks of the end of the project delivery timeframe.

Please enter the requested grant amount for each year (max \$25,000

per year)		
Requested Grant Amount - 2024/2025 (this year)	Must be a dollar amount.	
Requested Grant Amount - 2025/2026	Must be a dollar amount.	
Requested Grant Amount - 2026/2027	Must be a dollar amount.	
Do the requested grant a 24/25 amount?	mounts for 25/26 and/or 26	5/27 differ from the
○ Yes	○ No	
Please explain any variat amounts?	ion in your annual requeste	ed funding
	ny your requested amount has v rofit from this year's event, sing	
Word count: Must be between 100 and 800 words	S.	
Total amount requested of	over 3 years	
Total requested 3 year grant	amount	
This number/amount is calculated.		

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Form Preview

SUPPORTING DOCUMENTS

* indicates a required field

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.

An Event Plan must be included with this application

• Event Plan (include as relevant: site plan, risk management, traffic management, waste management, marketing, business plan, funding prospectus to provide to other entities, emergency services plan and any other relevant plans)

Attach Event Plan 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.

Recommended supporting documents include:

- Event Plan (include as relevant: site plan, risk management, traffic management, waste management, marketing, business plan, emergency services plan and any other relevant plans)
- Draft Event Program (include as relevant: event run sheet, key personnel)
- Event Budget
- 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)
- As far as possible, all relevant permits or approvals must be uploaded with the application.

Other documents can include:

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Form Preview

Attach supporting documents here

- Strategies, Plans and other planning documents produced by the applicant organisation (referred to in this application)
- Evidence of community consultation, such as member survey (referred to in this application)
- Evidence of economic impact, attendance, visitor nights, etc (referred to in this application)

Attach a f	ïle:		
Files must	be .pdf, Word, Exce	l, .jpg. More than 1	file can be uploaded.
CERTIF	ICATION AND	FEEDBACK	
* indicate	s a required field		
Certifica	ation by autho	orised person	
correct I have I agreetimeframe our or and experimed acquittal I acknownember in this section	best of my knowle read and accept to complete a proper for this round. It is ganisation has finditure. The grant owledge that if and relation to this gan must be complete	the 'Community Groject acquittal wi ancial practices in expenditure will lay member of our grant application, and by an authorised	nts made in this application are true and Grants Program Guidelines 2024/2025' thin 4 weeks of the end of the project delivery a place to adequately record the grant income one 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 organisat	ion *	
.			
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 certify that: *

☐ I have ☐ I agre 4 weeks o ☐ our or and expe acquittal ☐ I ackn member i At least 5 o	e read and acce e to prepare ar of the project do ganisation has nditure. The gra lowledge that if in relation to the choices must be	pted the 'Community of complete the projectivery timeframe for financial practices in ant expenditure will large member of our is grant application, selected.	y Grants Program Guide ect outcome report and this round. In place to adequately report evidenced by attach organisation lobbies a the application is disquare.	return to Council within cord the grant income ing tax invoices to the Councillor or staff alified
Name of Title	authorised p First Name	erson on behalf of Last Name	auspiced organisation	on *
Position	in organisatio	on *		
	o. gaa			
Date *				
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				
Did you attend a Gympie Regional Council Grants Information Session? ○ Yes ○ No				
Did you ○ Yes	find the infor	mation session hel	pful?	

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 or grantsadmin@gympie.qld.gov.au.