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 prior to submitting the application

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: GET LOCAL COMMUNITY GRANTS

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

Purpose:

To support community connection and resilience through the delivery of small-scale community events and activities.

Amount & co- contributions:

Maximum grant amount: \$1,500

No applicant co-contribution required.

Priorities:

- 1.Increase community connection, sense of belonging and community wellbeing
- 2.Activate community spaces and facilities
- 3. Provide free or low-cost events and activities for the community
- 4. Support local creatives and artists

Category Specific Eligible Expenses

- · Equipment purchases which are integral to the delivery of the project
- Event expenses include venue hire of non-Council venues, entertainment and performance fees, catering, decorations, marketing and promotion, traffic management, waste management.

Project delivery timeframe

Funded projects must be delivered within 12 months of submission of Funding Agreement. Projects cannot commence prior to notification date of the round to which the application has been submitted.

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 cooperatives and companies limited by guarantee), or unincorporated community groups that have an auspice arrangement with an incorporated not-for-profit community organisation.

(see Insura ☐ has no arrangement for previou ☐ is base At least 4 cl	ance Coverage for outstanding dele ents with council us council grants ed in, or provides hoices must be se	or External Parties of with Council or I which are being a . direct benefits to ected.	other forms of insurance re Policy). lave entered into scheduled dhered to, and/or have met the Gympie region.	d payment
Applicar	nt Organisati	on details		
Organisa ti	tion Name *			
o i gariisaci	511 Hame			
As listed wi	th the Office of Fai	r Trading or ASIC		
Contact P				
Title	First Name	Last Name		
Position v	within the orga	nisation *		
E a Procido	at Socratary Tran	curor Cranto Offica		
E.g Presider	nt, Secretary, Trea	surer, Grants Office		
Organisa t Address	tion Address *			
Suburb S	State Postcoo	le		
Must beAdd	lress Line 1. Subur	b/Town. State/Provi	ice, and Postcode are required	L.
Address	ldress (it differ	ent from above)	*	
Suburb S	State Postcoo	le		
Must beAdd	lress Line 1, Subur	b/Town, State/Provi	ice, and Postcode are required	l
			·	
Pilliary F	Phone Number			
Must be an	Australian phone	number.		
Alternate	Phone Numbe	r		
Must be an	Australian phone	number.		

Form Preview

Contact person's email address *				
Must be an email address.				

Applicant organisation type

What is your organisation's legal structure? *

- Incorporated association
- Unincorporated association
- O Unincorporated and either an educational institution, kindergarten, pre-school/childcare centre, parents and friends or parents and citizens 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? $\mbox{\ensuremath{^{\ast}}}$

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			
ı				

Must be an ABN.

AUSPICE INFORMATION

* indicates a required field

Yes	spice organisat	ion incorporated	I and not for profit? *
		nis question you are uncil on 1300 307 8	ineligible to apply. If you would like further 00.
	ase, the applican		e applicant organisation is not incorporated. ds to be auspiced by an organisation that is
this proje	ct, the grant admi	nistration and fina	nd financial responsibility for the delivery of alisation. For example if you are successful, the and is paid the grant.
Auspice Organisat	organisation na ion Name	me *	
Ū			
Auspice Address	Primary Addres	5 *	
	State Postcod dress Line 1, Suburl		ice, and Postcode are required
Auspice Address	Postal Address	k	
Suburb	State Postcod	е	
Must beAd	dress Line 1, Suburl	o/Town, State/Provin	ice, and Postcode are required
	nent is valid and		g organisation confirming this
Account	nc.		
		ppropriately authorissignature and date.	sed person (e.g President, Committee Member) and
_	contact person First Name	at auspicing org	anisation *
Title	riist ivame	Last Name	

Position held within the organisation *
Primary phone number *
Must be an Australian phone number.
Alternate phone number
Alternate phone number
Must be an Australian phone number.
Must be all Australian phone namber.
Contact person's email address *
Must be an email address.
A
Auspicing organisation website
Must be a HRI

To use the online ABN search tool provided by the Australian Government through the Australian Business Register, click $\underline{\sf HERE}$

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

Form Preview

Project Title *
Provide a title for your project that is short but descriptive.
Project Description (what are you planning) *
Word count: Must be no more than 100 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 300 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 & ☐ 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.
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APPLICATION CRITERIA

APPLICATION CRITERIA

* 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: GET LOCAL COMMUNITY GRANTS

Form Preview

Purpose: To support community connection and resilience through the delivery of small-scale community events and activities.

□ 1. Increase community connection, sense of belonging and comm □ 2. Activate community spaces and facilities □ 3. Provide free or low cost events and activities for the community □ 4. Support local creatives and artists At least 1 choice must be selected. Please select one or more, as relevant Community benefit of the project: outline how the project meaning the purpose and priorities *	uunity wellbeing y
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.

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 <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.

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 \$1,500

Please note category applicant contribution:

Form Preview

No applicant co-contribution required.

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 Total 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	
expense		towards this expense.	
		Can be full. partial or	
		zero	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

Total project expenses

Total Expenditure Amount				
\$				
This n	umber/amount is	calculated.		

Grant request

Total grant requested	\$ This number/amount is calcula Note: Min \$500 Max \$1,500	ited.
Total applicant co- contribution (%)	This number/amount is calcula	ted.
How will the organisation's contribution to the	□ Cash contribution□ Ticket sales	□ Sponsorship□ In Kind contribution of goods and/or services
project be funded? *	 Other grant or funding (confirmed or not confirmed 	□ Other:

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 L (and/or auspice organisation if applicab	iability Insurance certificate of currency le) *
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 any 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

Ιc	ertify that: *
	to the best of my knowledge the statements made in this application are true and
CO	rrect
	I have read and acknowledge the 'Community Grants Program Guidelines 2024/2025'

timefram our or and expe acquittal I ackr member This section	e for this round. Tganisation has find the grant of this grant of this grant of the grant of th	ancial practices in expenditure will by member of our grant application, to by an authorised procession of the second sec	chin 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).			
Name of	authorised pers	son of applicant	organisation *			
TICIE	i ii st ivaille	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: * ☐ to the best of my knowledge the statement made in this application are true and correct ☐ I have read and acknowledge 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.						
	choices must be sele		are application is disqualified.			
Name of Title	authorised pers	on on behalf of Last Name	auspiced organisation *			
Title	riist Name	Last Name				
Position	in organisation	*				
Position	iii organisation					
Date *						
Applica	nt 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 algrants, workshops and events!	oout
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?	e
Alle and distance because heart the Community Community Resource 2.	
Where did you hear about the Community Grants Program? * □ Information Flyer □ Council's Community Info Share (eNews) □ Council's Fa page □ Council's Website □ Council Staff □ Word of mouth Other	cebook
Have you attended a Gympie Regional Council Grants Information Session	2 *
Yes O No	•
Did you find the information session helpful? O Yes O No	
Do you have any other comments you wish to make about the grants proc	ess?
Thank you for your feedback. Please ensure you review your application before you submit.	ı press
After pressing SUBMIT , you will receive an email confirming your submission has b	een

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

800.