## GYMPIE REGIONAL COUNCIL COMMUNITY GRANTS PROGRAM 2023/2024

Through the Community Grants Program Council provides financial assistance to eligible community organisations and applicants to deliver projects which respond to community need, align with Council's Corporate Plan 2022 - 2027 and other relevant strategies and plans, and enhance the social, environmental, economic and/or cultural wellbeing of the Gympie region.

#### 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 2023/2024, available on <u>Council's Grants and Funding webpage.</u>
- 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 <u>here</u> to access the FAO'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.

### Grant Category: MICRO ENVIRONMENT PROJECTS

**For full details on Grant Categories read the** Community Grants Program Guidelines 2023/2024 available on <u>Council's Grants and Funding webpage.</u>

Purpose:

Form Preview

To improve environmental outcomes in the region through the delivery of small-scale community events and activities that align with priorities in Council's Environment Strategy.

#### Amount & co- contributions:

Maximum grant amount: \$1,500

Co-contribution from the applicant is not required.

#### **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

See the Environment Strategy 2018 - 2023 for more information.

#### 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 do not waste your time applying for an unsuitable grant.

If you have any questions in regards to the eligibility criteria, please contact a member of the Community Development Team on 1300 307 800.

ı	confirm	that my	, organis	sation	*****
	□ is a no	t-for-prof	fit commu	unity ora	anisation

= 15 th 115t 15t profit 55th 115th 115th 15th
☐ is incorporated, or is auspiced by an incorporated community organisation (including
co-operatives and companies limited by guarantee) for the purpose of this application, or is
an Educational institution, kindergarten, pre-school/childcare centre, parents and friends or
parents and citizens association.
□ holds \$20M public liability insurance
□ has no outstanding debt with Council
☐ has satisfied requirements of previous Gympie Regional Council Community Grants
funding or, has not previously been funded
☐ is based in, or provides direct benefits to, the Gympie region.
☐ is not listed as an ineligible applicant as per the Community Grants Program Guidelines
2023/2024
At least 7 choices must be selected.

### **Applicant Organisation details**

## Organisation Name \*

Organisation Name

As listed	with the Of	fice of Fair	Tradin	g or ASIC			
Contact	: Person <sup>,</sup>	k					
Title	First Na		Last N	lame			
Position	n within t	he orgai	nisatio	n *			
i obicioi		ine organ	iisaci	<b></b>			
E.g Presid	dent, Secre	tary, Treas	urer, G	rants Offic	er		
	ation Ad	dress *					
Address							
Suburb	State	Postcode	2				
Dootel (	<b>Nalal</b> (	!£ _!!££		l · · ·	. <b>\</b> \ \		
Address	Address (	ir ainere	ent fro	m above	<del>2</del> ) **		
Suburb	State	Postcode	5				
Primary	Phone N	lumber *	¢				
Must be a	n Australia	in phone n	umber.				
Alterna	te Phone	Number	•				
Marablas	A b L'						
MUST be a	n Australia	in pnone n	umper.				
Contact	person's	s email a	ddres	s *			
Must he a	n email ad	dress					
MUSE DE C	iii Eiliali au	u1 C33.					
Applica	ant orga	nicatio	n tyn	Δ			

### 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.

Form Preview

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 AB	BN				
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 check that you have entered the	look up the following information. ABN correctly.	Click Lookup above to			
Information from the Australian Busi	iness Register				
ABN					
Entity name					
ABN status					
Entity type					
Goods & Services Tax (GST)					
DGR Endorsed					
ATO Charity Type	More information				
ACNC Registration					

Must be an ABN.

Tax Concessions

Main business location

#### **AUSPICE INFORMATION**

\* indicates a required field

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

Yes

 $\bigcirc$  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 which is.

The auspiced 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.

Form Preview

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
Primary contact person at auspicing organisation *
Title First Name Last Name
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.
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 <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 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.

#### **Project Description \***

#### Word count:

Must be no more than 100 words.

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

Form Preview

Project Delivery Overview *		
Word count: Must be no more than 300 words. Describe what your project will delive will happen.	r, how it will be delivered, by whom an	d where. Describe what
Project Start Date *		
Must be a date. *Project cannot commence prior to no 6 weeks from application date)	otification of outcome (applicants are a	dvised this could be up to
Project End Date *		
Must be a date.		
Must be within 12 months from outco due 4 weeks from project end date.	me date. If you are a successful applica	ant your acquittal will be
Where will your project take p  ☐ Gympie & surrounds ☐ Mary Valley Townships	olace? □ Western Townships □ Other:	5
☐ Cooloola Coast Townships At least 1 choice must be selected. You may select more than 1 option		
Provide details on the location	n(s) where the project will take	place: *
Word count: Must be no more than 100 words. Please include address/lot and plan no	0.	
Applicants may be offered par with partial grant funding? *	tial funding. In this case, can t	he project proceed
○ Yes	O <b>No</b> I funding you may be asked to resubmi	it 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 2022/2023, available on Council's Grants and Funding webpage.

Grant Category: MICRO ENVIRONMENT PROJECTS

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

Places salect one or more priorities that are most relevant to your project: \*\*

See the Environment Strategy 2018 - 2023 for more information.

Please select one of more priorities that are most relevant to your project.					
☐ 1. Biodiversity and habitat protection					
<ul> <li>2. Adapting to a changing climate and natural hazard management</li> </ul>					
☐ 3. Improving land management practices that influence water quality and waterway					
health					
☐ 4. Energy efficiency and the addition of renewable energy					
At least 1 choice must be selected.					
Please select one or more, as relevant					
Community/environmental benefit of the project: outline how the project meets					
Community/environmental benefit of the project: outline how the project meets the category purpose and priorities *					
the category purpose and priorities *					

#### **BUDGET**

#### Budget (GST inclusive)

Please outline your project budget in the table below, including the following information:

- Project costs (include a clear description of all items of expenditure for the project)
- Funding sources for the project?
- In kind/volunteer contributions for the project (optional)

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

Please check the Community Grants Program Guidelines 2023/2024 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.

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

### 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.** 

Form Preview

## **Project 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/ expense	Total cost of item	Grant amount to cover this item. Can be full, partial or zero	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

Total Project Cost
\$
This number/amount is calculated.
Grant Request
Total Grant requested
\$
This number/amount is calculated. What is the total financial support you are requesting in this application?
Applicant Contribution
\$
This number/amount is calculated.
How will the organisations contribution to the Project be funded?  Cash Contribution Ticket Sales Other grant or funding (confirmed on non-confirmed) Sponsorship In kind contribution of goods or services Other:

### **SUPPORTING DOCUMENTS**

\* indicates a required field

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

### Public Liability Insurance

Form Preview

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.

	uspice organisa	sation's Public Li ation if applicabl	ability Insurance certificate of currency e) *			
A minimum	of 1 file must be a	ttached.				
Support	ring documen	ts				
			en the application and provide more upporting documents include:			
• Evide	ence of environme	ental need				
• Lette	r(s) of support for	the project (maxi	mum three)			
	r(s) of confirmation red to in this appl		takeholders, sponsors and other organisations			
<b>Attach su</b> Attach a fi	upporting docur	nents here				
Eilee merset l	ha nalf Manal Tura	Line Maya Haya 1	the complete virtue de d			
riies must i	be .pai, word, Exce	ı, .jpg. More than 1 i	ile can be uploaded.			
CERTIF	ICATION AND	FEEDBACK				
* indicates	s a required field					
Certifica	ation by autho	orised person				
		edge the stateme	nts made in this application are true and			
correct  I have read and accept the 'Community Grants Program Guidelines 2023/2024'  I agree to complete a project acquittal within 4 weeks of the end of the project delivery						
timeframe for this round $\Box$ 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						
member in This section	n relation to this on must be complete	grant application, to the design of the desi	organisation lobbies a Councillor or staff he application is disqualified person on behalf of the applicant organisation (may his application form).			
Name of Title	authorised pers	son of applicant Last Name	organisation *			

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 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 2023/204' ☐ 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.  At least 4 choices must be selected.							
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.							
Would you like to subscribe to Council's Info Share newsletters to keep up to date on other grant opportunities? *  ○ Yes ○ No							
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? *	
,	☐ Council's Community Info Share (eNews) ☐ Council's Facebebsite ☐ Council Staff ☐ Word of mouth	ook
Did you attend a Gy	mpie Regional Council Grants Information Session?	
○ Yes	O No	
Did you find the inf	ormation session helpful?	
○ Yes	○ No	
Do you have any ot	her 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.