## 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 or Environment Team. Please call 1300 307 800 or email <a href="mailto:grantsadmin@gympie.qld.gov.au">grantsadmin@gympie.qld.gov.au</a> 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 <u>here</u> to access the FAQ'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.

Form Preview

### Grant Category: MICRO ENVIRONMENT PROJECTS

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

#### Purpose:

To raise environmental awareness and improve environmental outcomes in the Gympie region through the delivery of small-scale community events and activities.

#### **Amount & co- contributions:**

Maximum grant amount: \$1,500

Co-contribution from the applicant is not required.

#### **Priorities:**

- 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.

Programs are ineligible if conducted outside the Gympie Regional Council area.

#### 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 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**

	<b>ation Na</b> ition Nam				
As listed v	with the Of	fice of Fair	Trading or AS	SIC	
	Person		Look Nome		
Title	First Na	me	Last Name		
Position	within t	the organ	nisation *		
E.a Presid	lent. Secre	tarv. Treas	surer, Grants (	Officer	
		-	, , , , , ,		
Address	ation Ad	aress *			
Suburb	State	Postcode	<b>e</b>		
	\ddress (	if differe	ent from ab	ove) *	
Address					
Suburb	State	Postcode	2		
Primary	Phone N	Number *	•		
Must be a	n Australia	an phone n	umber.		
Alternat	te Phone	Number	-		
Must be a	n Australia	an phone n	umber.		
Contact	person's	s email a	ddress *		
Must be a	n email ad	ldress.			
Applica	ant orga	anisatio	n type		
			n's legal st	ructure? *	
		issociatior d associat			

Form Preview

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? \*

Yes

 $\bigcirc$  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

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

### **AUSPICE INFORMATION**

\* indicates a required field

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

○ Yes

O 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 that is incorporated.

### Form Preview

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 organisation na</b> Organisation Name	ame *
Auspice Primary Address Address	3S *
Suburb State Postcoo Must beAddress Line 1, Subur	de rb/Town, State/Province, and Postcode are required
Auspice Postal Address Address	*
Suburb State Postcoo Must beAddress Line 1, Subur	de rb/Town, State/Province, and Postcode are required
Please attach a letter fr arrangement is valid an Attach a file:	rom the auspicing organisation confirming this ad current *
Letter must be signed by an a must include, name, position,	appropriately authorised person (e.g President, Committee Member) and , signature and date.
<b>Primary contact person</b> Title First Name	at auspicing organisation * Last Name
Position held within the	e organisation *
Primary phone number	*
Must be an Australian phone	number.
Alternate phone numbe	er

Must be an Australian phane num	na ha a w		
Must be an Australian phone nur			
Contact person's email ad	dress *		
Must be an email address.			
Auspicing organisation we	ebsite		
Must be a URL.			
To use the online ABN search Australian Business Register,		he Australian Goveri	nment through the
Auspice organisation ABN	*		
TI ADA : 11 1 111			
The ABN provided will be use check that you have entered		llowing information.	Click Lookup above to
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.			I
PROJECT DETAILS			
* indicates a required field			
indicates a required held			
Project Title *			
Provide a title for your project th	at is short but descri	ptive.	
Project Description (what			
. roject bescription (what	are you planning	,	
Word count:			

Form Preview

Must be no more than 100 words. Provide a brief description of the project. T	This may be used for promotional	purposes.
Project Delivery Overview (how w	'ill you deliver) *	
Word count: Must be no more than 300 words.		
Describe what your project will deliver, ho will happen.	w it will be delivered, by whom a	nd where. Describe what
Project Start Date *		
Projects cannot commence prior to notifica submitted.	ation date of the round to which t	the application has been
Project End Date *		
Funded projects must be delivered within	12 months of the outcome notific	cation date of the round.
Where will your project take place ☐ Gympie & surrounds ☐ Mary Valley Townships	e? □ Western Township □ Other:	os
☐ Cooloola Coast Townships At least 1 choice must be selected. You may select more than 1 option		
Provide details on the location(s)	where the project will take	e place: *
Word count: Must be no more than 100 words. Please include address/lot and plan no.		
Applicants may be offered partial with partial grant funding? *	_	the project proceed
O Yes Please note if you are awarded partial fund	No ding you may be asked to resubn	nit the project budget.
APPLICATION CRITERIA		
* indicates a required field		

This section demonstrates how the application will meet the assessment criteria as described in the  $\underline{\text{Community Grants Program Guidelines 2024/25}}$ 

Grant Category: MICRO ENVIRONMENT PROJECTS

**Purpose:** To raise environmental awareness and improve environmental outcomes in the Gympie region through the delivery of small-scale community events and activities.

Please select one or more priorities that are most relevant to your project: *  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 education awareness 6. Wildlife protection and rehabilitation 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 the category purpose and priorities, as indicated above *
Word count: Must be no more than 300 words.

#### **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.

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.

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:

No applicant co-contribution required.

Form Preview

### 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.** 

### **Project Expenditure**

What are the TOTAL expenses or costs of the project? Please include all costs.

Description	Amount (\$)	Grant Amount (\$) Requested	Quote (if expense is over \$1000)
Description of item/ expense	Total cost of item	Grant amount requested towards this expense. Can be full, partial or	
	<b>\$</b>	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

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	IIIU	icates	uicu	iuii cu	110	u

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. Recommended supporting documents include:

- · Evidence of environmental 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:

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: \*

· · · · · · · · · · · · · · · · · · ·
$\square$ to the best of my knowledge the statements made in this application are true and
correct
☐ I have read and acknowledge the 'Community Grants Program Guidelines 2024/2025'
$\square$ I agree to complete a project acquittal within 4 weeks of the end of the project delivery
timeframe for this round
$\square$ 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

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).

Name of	authorised pers	son of applicant	organisation *
Title	First Name	Last Name	
		ate.	
Position	in the organisat	tion *	
Date *			
Must be a	date.		
the aus		tion (may be o	an authorised person on behalf of different to the contact person listed
correct	e best of my knowl		nts made in this application are true and
☐ I agre 4 weeks © ☐ our or	e to prepare and of of the project deliving rganisation has fin	complete the proje very timeframe for ancial practices in	place to adequately record the grant income
acquittal.	_	•	oe evidenced by attaching tax invoices to the organisation lobbies a Councillor or staff
member		grant application,	the application is disqualified
Name of	authorised nor	on on bobalf of	auspiced organisation *
Title	First Name	Last Name	auspiceu organisation
D!!!		<b>.</b>	
Position	in organisation	*	
Date *			

Applicant Feedback

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

* SUBSCRIBE TO COU grants, workshops an	NCIL'S COMMUNITY INFOSHARE - to kee nd events!	p informed about
	easy the online application process was   Neutral Difficult D Very Difficult	: *
Do you have any sug improved?	gestions on how the application process	s/form could be
☐ Information Flyer ☐	about the Community Grants Program? * Council's Community Info Share (eNews) [ site  Council Staff  Word of mouth	
Did you attend a Gyn ○ Yes	npie Regional Council Grants Informatio ○ No	n Session? *
<b>Did you find the info</b> ○ Yes	rmation session helpful?  ○ No	
New Question		
Thank you for your feed submit.	lback. Please ensure you review your applica	tion before you press
After pressing <b>SUBMIT</b>	, you will receive an email confirming your su	ıbmission has been

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

800.