

# Grant Application Form

## WHAT GRANT ARE YOU APPLYING FOR?

- Community Grant Application \$3,001 - \$10,000
  Major Grant Application \$10,001 - \$20,000

Please read Council's Community Grants Guidelines prior to completing this form. The document is available On Council's website <http://www.maranoa.qld.gov.au/services/grants> or by contacting your Local Customer Service Centre on 1300 007 662.

## APPLICANT'S DETAILS

<b>Applicant Name</b>			
<b>Postal Address</b>			
<b>Contact Person</b>		<b>Position</b>	
<b>Contact Numbers</b>	<b>Phone (Business hours)</b>	<b>Phone (After hours)</b>	<b>Mobile</b>
<b>Email Address</b>		<b>Website Address</b>	
<b>Is your organisation not for profit?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO - your organisation is not eligible			
<b>Organisational Status</b>	<input type="checkbox"/> Incorporated Legal Entity (Incorporated Association); or <input type="checkbox"/> Charitable Institution; or <input type="checkbox"/> Community Organisation with a minimum of 5 years continuous operation; or <input type="checkbox"/> Auspiced by an eligible organisation (Please complete Auspicing Organisation's details below)		
<b>Is your organisation registered for GST?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>ABN:</b> If you do not have an ABN you must submit a completed Statement of a Supplier Form		

## GRANT CATEGORY – select only one grant category. Priorities are listed in the Grants Guide

- |  |   |
|--|---|
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Sport & Recreation   |
| <input type="checkbox"/> Community Event       | <input type="checkbox"/> Environment          |
| <input type="checkbox"/> Culture & Heritage    | <input type="checkbox"/> Economic Development |

## PROJECT DETAILS

<b>Project Name</b>		
<b>Project Brief:</b> What / When / Where / How. Please provide a separate document if space is not sufficient.          		
<b>Project Timeframe</b>	<b>Start Date</b> (DD/MM/YY)	<b>Completion Date</b> (DD/MM/YY)
<b>Project Cost</b>	<b>Total Project Cost: \$</b>	<b>Requested Grant Amount: \$</b>

**PROPERTY DETAILS** - Details of where the project, event or activity will be undertaken. If you are not the property owner, do you have approval from the owner to undertake the project, event or activity? Please provide evidence of the property owner's approval for the project, event or activity.

<b>Property Owner</b>	
<b>Property Address</b>	

## ORGANISATION'S FINANCIAL CAPACITY TO SELF FUND

**Does your organisation have the financial resources to undertake the project?**

NO - please provide copies of financial statements including a financial positioning statement certified by the Treasurer clearly detailing any committed funds and reflecting the real financial capacity of the organisation to self fund the project.

YES - please provide copies of financial statements and details as to why Council support is being sought.

**Details:**

## AUSPICING ORGANISATION'S DETAILS (if applicable)

This section must be completed if an organisation is auspicing your Grant Application

- Attach a copy of letter of agreement from your auspicing organisation
- Attach copies of documentation verifying the auspicing organisation's status

<b>Organisation's Name</b>			
<b>Is the organisation registered for GST?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>ABN:</b> If you do not have an ABN you must submit a completed Statement of a Supplier Form
<b>Postal Address</b>			
<b>Contact Person</b>		<b>Position</b>	
<b>Contact Numbers</b>	<b>Phone (Business hours)</b>	<b>Phone (After hours)</b>	<b>Mobile</b>
<b>Email Address</b>		<b>Website Address</b>	

## ABOUT YOUR PROJECT

**What evidence is there of genuine community need for your project?**  
 Include details of any consultation with other organisations.

Does your project duplicate similar projects within the Maranoa Region?  NO  YES

Please provide details:

**What will be the outcomes of your project for the community?**

(What do you want to achieve and how will this project benefit the residents of the Maranoa Region?)

**Who will benefit from your project?**

Older People

People with Disabilities

Families & Children

Younger People

Indigenous People

Culturally/Linguistically Diverse People

Other

**Number of participants or beneficiaries:**

**Number of volunteers involved:**

**Are other organisations involved in the project?**  NO  YES

(please provide details including role and level of involvement)

**Details:** *(if applicable)*

## LINK TO GRANT CATEGORY AIMS & PRIORITIES

Each grant category has specific aims and priorities and you must demonstrate how your project achieves these aims and priorities as listed in the guidelines.

**How does your project achieve the priorities of the nominated grant category?**

## IF YOU ARE APPLYING UNDER THE EVENTS CATEGORY, PLEASE ANSWER THE FOLLOWING.

**How many people do you expect at your event?**

**How many people have previously attended the event?**

**How will you capture the number of attendees at the event? Eg surveys, attendance forms, counters.**

## PROMOTION & MARKETING

It is a condition of Council funding that grant recipients acknowledge funding support.

**Please detail how your organisation will acknowledge funding support. Examples include inviting Councillors and Senex representatives to events or openings, signage at venues, media releases etc. A permanent acknowledgment of funding contribution is required for infrastructure projects.**

## ABOUT YOUR ORGANISATION

When was your organisation established?:

Current membership:

How many people does your organisation service annually?

What are the aims and objectives of your organisation?

How is your organisation funded?

Has your organisation previously received assistance from Maranoa Regional Council?

NO

YES (please specify)

Date (DD/MM/YY):

Assistance Amount: \$

Assistance details:

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## PROJECT BUDGET – If insufficient space please attach a separate budget

**Project Income – All amounts to include GST (DO NOT include your Council Grant request in this section)**

<b>Organisation’s Financial Contribution</b>	\$
<b>Volunteer Staff</b> (Maximum \$41 per hr e.g. number of hours x \$41)	\$
Number of Volunteers:	Total Number of Hours:
<b>Other Grants / Sponsorships (please detail)</b>	\$
<b>Other Income (please detail)</b>	\$
<b>TOTAL PROJECT INCOME</b>	<b>A \$</b>

<b>ESTIMATED PROJECT EXPENDITURE DETAILS</b> List the total cost of each project component and how it will be funded. Please attach quotes for items over \$1,000.	<b>TOTAL COST</b>	<b>AMOUNT REQUESTED From Council</b>
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Volunteer Staff (as per Income Section)	\$	\$
<b>TOTAL PROJECT EXPENDITURE</b>	<b>B \$</b>	<b>C \$</b>

**B Total Expenses** \$.....

**A Less Total Income** \$.....

**C Grant Amount Requested** \$.....

**Community Grant - Council contribution must not exceed 50% of total project cost.**

**Major Grant - Council contribution must not exceed 25% of total project cost.**

## PROJECT PLAN

Please detail your project elements and associated timeframes. Attach separate project plan if necessary. Consider items such as project planning, consultation, promotion, ordering materials, allowances for volunteer labour, project delivery and acquittal.

Project Stages / Elements – provide a brief description	TIMEFRAME Expected completion date

## CERTIFICATION

I, being the authorised officer of the organisation making this declaration, confirm and agree that:

- i. The information given in this application, including any attachments, is true and correct in every particular.
- ii. I am authorised by the applicant organisation to prepare and submit this grant application.
- iii. If funds are granted by Maranoa Regional Council, they will be spent on the approved project. The Council must approve any significant change to the project.
- iv. I understand that if Maranoa Regional Council approves a grant, I will be required to accept the terms and conditions of the grant as detailed in the Grant Acceptance Agreement.
- v. Any monies not expended on the completion of the project will be returned to Maranoa Regional Council.
- vi. I will supply a Project Summary and Financial Acquittal Report including receipts by the date specified in the Grant Acceptance Agreement.
- vii. If funded, Maranoa Regional Council will be recognised as a funding source on any promotional and/or publicity material published for the approved project and will adhere to Council’s guidelines for use of the logo. **A permanent acknowledgment of Council’s contribution is required for infrastructure.**
- viii. I understand that Maranoa Regional Council does not accept any liability or responsibility for the proposal in this application.
- ix. All necessary approvals/permits are obtained prior to the commencement of the project.

Applicant Name: ..... Applicant Signature: .....

Position: ..... Date (DD/MM/YY):.....

Witness Name:..... Witness Signature:.....

## IMPORTANT FEEDBACK

### How did you find out about the Grants Program?

<input type="checkbox"/> Direct Mailout	<input type="checkbox"/> Print Media e.g. newspaper	<input type="checkbox"/> Radio Promotion
<input type="checkbox"/> Word of Mouth/Email	<input type="checkbox"/> Council Newsletter	<input type="checkbox"/> Social Networking e.g. facebook
	<input type="checkbox"/> Council Website	<input type="checkbox"/> Other: _____

### Did you receive assistance from Council?

<input type="checkbox"/> Council's Customer Service Centre	<input type="checkbox"/> Council Website
<input type="checkbox"/> Grant Program Information Session	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Local Development Officer	
<input type="checkbox"/> Grants Officer	

## CHECKLIST

All sections of the application form completed
Applicant Certification signed, dated and witnessed
Copy of documents verifying organisational status of applicant and letter of agreement from auspicing organisation (if applicable)
Copy current Council user agreement / Lease
Quotations for project costs exceeding \$1,000 attached
Copy of current certified financial statements attached
Copy of Financial Positioning Statement attached, must include your contribution to the project (compulsory)
Letters of Support (minimum of one)
Copy of minutes showing resolution to apply for Grant funding
Copy of Public Liability Insurance attached
Copy of application retained for organisation's records

## LODGMET OF APPLICATION

Post to:	Grants Program Maranoa Regional Council PO Box 620 Roma Qld 4455	
<b>Deliver to Council Customer Service Centres</b>		
<b>Roma</b> – Cnr Bungil & Quintin St	<b>Mitchell</b> – 100 Cambridge St	<b>Surat</b> – 73 Burrowes St
<b>Injune</b> – 32 Hutton St	<b>Yuleba</b> – 20 Stephenson St	
Email to:	council@maranoa.qld.gov.au	

Applications must be received by 5pm on the closing date.