



Community Grants Application Form

This form is to be completed when requesting Community Grants and Assistance. **Please refer to Balonne Shire Council's Community Grants and Assistance Policy for project eligibility and details.**

Privacy Notice: Balonne Shire Council is collecting the personal information you supply on this form for the purpose of receiving and considering your organisation's request for funding under Council's Community Grants and Assistance program. Personal details will not be disclosed to any other person or agency external to Council without prior consent, unless required or authorised by law. Program funding details will be published by Council in Council's Annual Report.

Lodgement Details

Post to:	PO Box 201 St George Qld 4487	Deliver to:	112 – 118 Victoria Street St George QLD 4487
Email:	cdo@balonne.qld.gov.au	Queries:	4620 8888

Section 1: Organisation / Applicants Details

Organisation Name:	
Applicant's Name:	
Position in organisation:	
Postal Address:	
Contact Number:	
Contact Email:	
Is your organisation Not-for-Profit:	Yes ☐ No ☐
Is your organisation Incorporated:	☐ Yes (Inc # _____) ☐ No (Please provide Auspicing organisations details) _____
Is your organisation registered for GST	Yes ☐ No ☐
ABN:	
Does your organisation have Public Liability Insurance (Please Attach Certificate of Currency)	Yes ☐ No ☐ Not Applicable ☐

Please note: you must have certificate of currency for your application to be considered.



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Section 2: Auspicing Body Information

Please note: only complete this section if you are nominating an accountable organisation or individual to administer the grant on your behalf.

Who is your auspicing arrangement with?	☐ An individual organisation ☐ An individual with an ABN
Name of auspicing organisation or individual	
Contact person for auspicing organisation	
Position of contact person (if relevant)	
ABN of auspicing organisation or individual	
Are you registered for GST?	☐ Yes ☐ No
Postal address of auspicing organisation or individual	
Contact details	Mobile:
	Work:
	Fax:
	Email:

Section 3: Project Details

Event / Project Name:	
Event / Project Location:	
Event / Project Date:	
Assistant Type:	☐ In Kind Support ☐ Traffic Management Sponsorship ☐ Sponsorship (up to \$2500) Note: - Requests up to \$500 CEO can approve - The maximum amount of assistance through the sponsorship program is \$2500 - Requests over \$501 require Councillors approval and must be submitted to a General Council Meeting, which must be submitted 4 eeks prior to the next meeting - Please use the fee waiver form to request a fee waiver and attach with application.
Estimated Value Sought	\$ _____ (please complete section 4: budget, if requesting over \$1000)



Brief Description of Event / Project - including what the funds will be used for (Max 250 Words):	
Is this a new or existing event project:	☐ Existing ☐ New
Is this a one-off or annual event / project Previous event details:	☐ One Off ☐ Annual
Have you applied for funding through the community assistance and grants program in the last 12 months:	☐ Yes If yes, please list events details and the amount received: ☐ No



Section 4: Budget - please complete if request is greater than \$1,000

All amounts are to be shown in whole dollars and include GST.

(Attach a separate budget if insufficient space below)

Income

(e.g. Organisation's income, entry fees, in kind, sponsorship)

Grant Funding Sources	Grant Requested from Council	Other Revenue Sources
Total Income:		

Expenditure (attach quotations)

(e.g. Venue Hire, Marketing, Contractors, Permits)

Grant Funding Sources	Grant Requested from Council	Other Revenue Sources
Total Expenditure:		



Section 5: DECLARATION	
I certify that the information provided in this application is true and correct and that I am authorised to make this application on behalf of the organisation. <i>(Note: This application form must be signed by two executive officers of the incorporated body accepting legal and financial responsibility for Council's assistance, if the executive officers change during the process, please advise council ASAP)</i>	
Name: _____	Name: _____
Position: _____	Position: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

Checklist (Please Tick)	
☐	I have read and understood the Community Grants and Assistance Policy
☐	All required sections of the application form have been completed and signed by two executive officers
☐	Section 3 – Budget is completed (if request amount is over \$1,000)
☐	Copy of <i>Public Liability Certificate of Currency</i> attached (must be over the value of \$10,000,000.00)
☐	Copy of <i>Certificate of Incorporation</i> attached (If not incorporated - provide details of auspicng organisation)
☐	Copy of required quotes, permits / approvals attached (if applicable)

Office Use Only
Approval up to \$500 Approval is hereby provided for the purpose of the above mentioned in accordance with the Community Grants and Assistance Policy Approval amount: \$ _____ _____ <i>Chief Executive Officer or delegate</i> Date: _____