



ST GEORGE

BOLLON

DIRANBANDI

THALLON

MUNGINDI

NINDIGULLY

HEBEL

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 <input type="checkbox"/> No <input type="checkbox"/>
Is your organisation Incorporated:	<input type="checkbox"/> Yes (Inc # _____) <input type="checkbox"/> No (Please provide Auspicing organisations details) _____
Is your organisation registered for GST	Yes <input type="checkbox"/> No <input type="checkbox"/>
ABN:	
Does your organisation have Public Liability Insurance (Please Attach Certificate of Currency)	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>

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?	<input type="checkbox"/> An individual organisation <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/> In Kind Support <input type="checkbox"/> Traffic Management Sponsorship <input type="checkbox"/> Sponsorship (up to \$2500)
	<p>Note:</p> <ul style="list-style-type: none"> - 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 weeks prior to the next meeting - Please use the fee waiver form to request a fee waiver and attach with application.
Estimated Value Sought	\$ _____ <i>(please complete section 4: budget, if requesting over \$1000)</i>



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



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:		



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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.

*(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)*

Name: _____	Name: _____
Position: _____	Position: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

Checklist (Please Tick)

<input type="checkbox"/>	I have read and understood the Community Grants and Assistance Policy
<input type="checkbox"/>	All required sections of the application form have been completed and signed by two executive officers
<input type="checkbox"/>	Section 3 – Budget is completed (if request amount is over \$1,000)
<input type="checkbox"/>	Copy of <i>Public Liability Certificate of Currency</i> attached (must be over the value of \$10,000,000.00)
<input type="checkbox"/>	Copy of <i>Certificate of Incorporation</i> attached (If not incorporated - provide details of auspicing organisation)
<input type="checkbox"/>	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: \$ _____

Chief Executive Officer or delegate

Date: _____