



Expression of Interest – Active Women and Girls Program

This form is to be completed to express interest in Council’s Active Women and Girls Program.

Council is seeking clubs or members of our community who are interested and qualified to provide fitness programs to women across the shire. The successful candidate/s will develop, implement and deliver the program/s free of charge to participants who will be fully subsidised by the funding. The 10-12 week program developed will allow for women and girls of all ages and fitness levels, and occur between 1 February 2025 to 30 April 2025.

Applications are due by 5pm Friday 22 November.

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 Active Women and Girl’s 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:	council@balonne.qld.gov.au	Queries:	4620 8888

Section 1: Organisation / Applicants Details	
Organisation Name: (If applicable)	
Applicant’s Name:	
Postal Address:	
Contact Number:	
Contact Email:	
Do you have Public Liability Insurance? (Please Attach Certificate of Currency)	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>

Please note: The successful applicant will need to provide a copy of their Certificate of Currency for public liability and/or workers compensation where applicable.



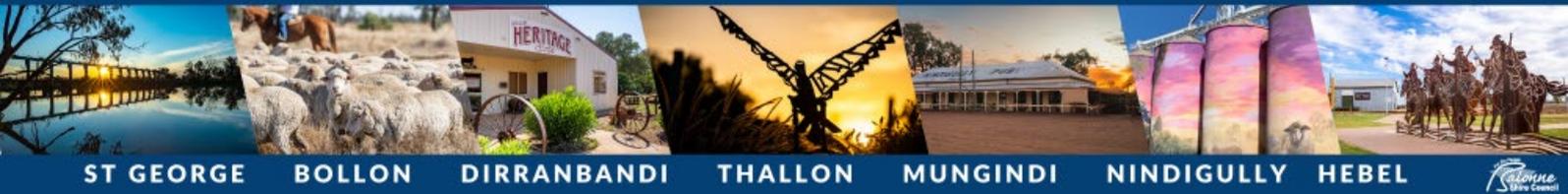
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Section 2: Program Details

Please note: Only 2-3 sentences are required in each response.

What sport or activity are you focusing on?	
What is the expected immediate impact of this program on the community?	
What is the long-term goal of this program on the community?	
What is the estimated attendance at each session?	
What time of day do you anticipate to hold classes?	
Please list all relevant qualifications, experience, and skills to deliver the outlined program.	



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Section 3: Budget - please complete

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

Max budget per project is \$8,000

(Attach a separate budget if insufficient space below)

Income <i>(eg. Organisation's income, entry fees, in kind, sponsorship)</i>		Expenditure (attach quotations) <i>(e.g. Venue Hire, Marketing, Contractors, Permits)</i>	
Grant Funding Sources			
Grant Requested from Council			
TOTAL INCOME:		TOTAL EXPENDITURE:	



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Section 4: 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: _____
Signature: _____	Signature: _____
Position: _____	Position: _____
Date: _____	Date: _____

Checklist (Please Tick)

<input type="checkbox"/>	I have read and understood the Active Women and Girls Expression of Interest
<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
<input type="checkbox"/>	Copy of <i>Certificate of Incorporation</i> attached (If not incorporated - provide details of auspicng organisation)
<input type="checkbox"/>	Copy of required quotes, permits / approvals attached (if applicable)

Office Use Only

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: _____