Special Events Grant Application Form
Form Preview

Eligibility

* indicates a required field

Before you begin

As part of your submission we will require certain documentation to assess your application.The following documents may be required to be submitted:

- Public Liability Insurance
- Certificate of Incorporation or Certificate of Registered Charity
- Statement of Supplier Form (if your organisation does not have an ABN)
- Quotes (no quotes required for consumable items)

Please note: Special Event Grant Funding allows for funding towards Australia Day, ANZAC Day Commemorations and Community Christmas Celebrations.

Eligibility

To be eligible to apply, Groups/Organisation are required to:

- Have acquitted any previous Bundaberg Regional Council grant satisfactorily.
- Be Bundaberg Regional Council based legal not for profit organisation, or registered charity.
- The majority of members residing in the Bundaberg Regional Council area

Have you received financial assistance from any of the following programs in the current financial year?
☐ Sponsorship & Partnerships
☐ Community Services Grant
☐ Micro Grant

Please confirm that you have read and understood the Special Events Grants Program Guidelines. *
○ Yes

If you have not read the guidelines, please read them before commencing this application. Download the Special Events Grants Guidelines here.

Applicant Details

* indicates a required field

Organisation name *
Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Postal address *
Address

Address Line 1, Suburb/Town, and Postcode are required.

Contact person *
Title First Name Last Name

This is the person we will correspond with about this grant

Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

Phone number *

Must be an Australian phone number.

Email address *

This is the address we will use to correspond with you about this grant.

ABN information

Does your organisation have an ABN? *
○ Yes ○ No

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	More information
ACNC Registration	

Tax Concessions

Main Business Location

Must be an ABN

What is your incorporation number?

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from the ATO.

Please upload completed Statement of Supplier Form: *
Attach a file:

Max 25mb

What is your incorporation number?

Incorporated Association or Australian Corporation Number

Auspice Information

* indicates a required field

If you are an individual or group who does not meet the organisational requirements for this grant, you must nominate an auspice organisation who can.

Is your organisation auspiced by another organisation for the purposes of this grant? *

○ Yes ○ No

Group/Organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

Auspice Organisation Details

Name of auspicing organisation *
Organisation Name

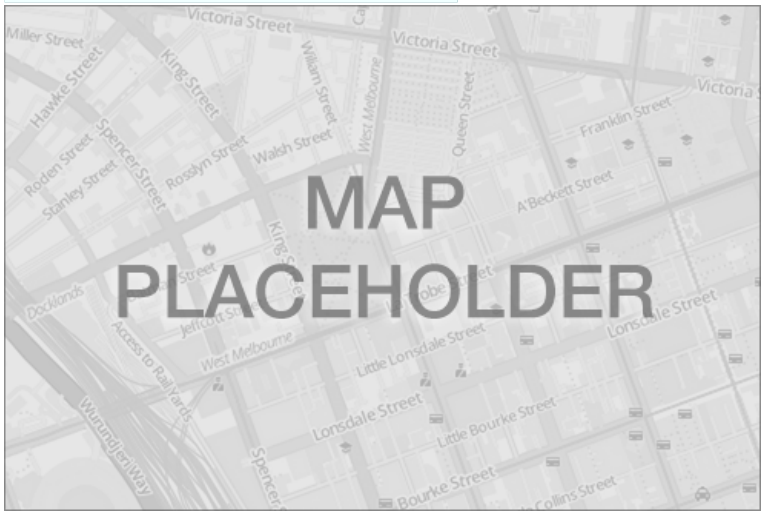
Auspicing organisation's website

Must be a URL

Contact person at auspicing organisation *
Title First Name Last Name

We may contact this person to verify that this auspicing arrangement is valid and current.

Auspice Primary Address
Address



Auspice Postal Address
Address

Position held in organisation

e.g. Manager, CEO

Phone number *

Email address *

Must be an email address

Please attach a letter from the auspicing organisation confirming this arrangement is valid and current *
Attach a file:

Letter must be signed by an appropriately authorised person (e.g. manager, CEO, Board Chair) and must include, name, position, signature and date.

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Does the auspicing organisation have an Australian Business Number (ABN)? *
○ Yes ○ No

ABN of auspicing organisation

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	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

Must be an ABN

As the auspicing organisation does not have an ABN, please submit a completed ATO Statement by a Supplier form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from: Statement by a supplier - ATO form

Please upload a completed Statement of Supplier form
Attach a file:

Max 25mb

Event details

* indicates a required field

Please select the event category *
Australia Day Event
ANZAC Day Commemorations

Event name: *

Provide a name for your project/program/initiative. Your title should be short but descriptive

Location: *

Location name, address where project will be undertaken

Event start date *

Event start date must be at least 6 weeks after the funding round closure

Event end date *

If successful, you will need to complete a project acquittal within 6 weeks of this date.

Brief description of event

Briefly describe the event for which funding is requested?

Expected participation number *

Number of volunteers who are involved in the planning and delivery of this event *

Briefly outline the nature of your group/organisation and its primary purpose *

Must be no more than 150 words.
Include how many members and types of programs/services

Please select the target groups that best align with your group/organisation *

☐ Women ☐ Men ☐ Youth ☐ Senior ☐ Community ☐ Indigenous

Other

Please provide full details of the event you are seeking funding for *

Must be no more than 150 words.
Please describe who your event is targeting? What your event will deliver? How you plan to do it and why it is important to Bundaberg region community?

Funding Request and Budget

* indicates a required field

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Funding Use Description:

Has your event previously received funding from Council? *
☐ Yes ☐ No

If Yes - please provide year, amount awarded, funding uses

Total Grant Amount Requested *

$
Must be a dollar amount and no more than 1000.
Quotes will be required to be submitted (if applicable)

Total Event Budget *

$
What is the total budgeted cost (dollars) of your project?

Income & Expenditure

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST inclusive.

Provide clear descriptions for each budget item. **Income Source** examples could include ticket sales, company x sponsorship. **Expenditure Description** examples could include advertising and promotion, hire of equipment, entertainment, consumable items.

All columns are required to be completed, if no $ amount is applicable, please use 0.

Please **do not add commas** to figures - e.g. type $1000 not $1,000 - this will ensure you figures for each table total correctly.

Income Source ($ e.g. BRC Grant, Club Funds)		**Expenditure Des$ cription**		**Amount to be fu nded by grant**
	$		$	$
	$		$	$
				Must be a dollar amount.

Budget Totals

Total Income Amount
$
This number/amount is calculated.

Total Expenditure Amount
$
This number/amount is calculated.

Income - Expenditure
$
This number/amount is calculated.

Required Documentation

* indicates a required field

Quotes

No quotes are required for consumable items. All other items to be funded are required to have a quote supplied.

Please attach quotes of the items for which the funding is requested
Attach a file:

A proper quote reflects the suppliers business details, total cost, breakdown of cost, quote expiry date etc. Website snippets of the items with the price submitted for quote is not acceptable.

Public Liability Insurance

Please attach a copy your current Public Liability Insurance *
Attach a file:

Not For Profit Status

Please attach a copy of Certificate of Incorporation or a certificate of registered Charity *
Attach a file:

Certification

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant group/organisation (may be different to the contact person listed earlier in this application form).

The following section confirms your organisation's endorsement of this application:

- **I certify that I have been authorised to prepare and submit this application on behalf of the abovementioned group/organisation and to the best of my knowledge, the statements made in this application are true and correct.**
- **I understand that if Bundaberg Regional Council approves a grant, I will be required to accept and comply with the terms and conditions of the grant as provided upon grant approval by Bundaberg Regional Council.**
- **I consent to the information contained within this application being disclosed to or by Bundaberg Regional Council for the purposes of assessing, administering and monitoring current and further Bundaberg Regional Council grant applications.**

- **I acknowledge that Bundaberg Regional Council is collecting my personal information for the purposes of assessing this application. My personal information may be accessed by employees, contractors, and/or Councillors of Bundaberg Regional Council. My personal information will be handled in accordance with the Information Privacy Act 2009 (Qld) and may be released to other parties where Council is required or authorised by law to do so. For more information on Council's Privacy Policy, see https://www.bundaberg.qld.gov.au/privacy.**
- **I understand that if Bundaberg Regional Council approves a grant, I will be bound by the contents of this application and the terms and conditions as provided upon grant approval to carry out the project as I have described and as required by Council. I understand that this application and its contents will form part of my contractual relationship with Bundaberg Regional Council.**

I agree *

○ Yes ○ No

Name of authorised person *

Title | First Name | Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Contact email *

Must be an email address.

Date *

Must be a date