

Community Services Program Application Form

Form Preview

Community Services Program

* 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:

- Quotes
- Public Liability Insurance
- Certificate of Incorporation, Certificate of registered Charity, Constitution, By-Laws, Model Rules, or similar as proof of not-for-profit status
- Audited Financial Statement
- Meeting minutes confirming the decision to seek financial assistance and expend funds on the specific project.

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.

Have you received financial assistance from any of the following programs in the current financial year?

Sponsorship & Partnerships Community Services Grant Micro Grant

If you ticked any of the above boxes you are not eligible to apply for further financial assistance in accordance with the Community Grants Policy.

Please confirm that you have read and understood the Community Services Program Guidelines *

Yes

Please read the [Community Services Funding Program guidelines](#) before commencing this application.

Ineligibility

Bundaberg Regional Council advises that as you have indicated that you have received financial assistance from the programs listed above, you are ineligible to apply in this round.

Applicant Details

* indicates a required field

Organisation name *

Organisation Name

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ACNC Registration
Tax Concessions
Main business location

Must be an ABN

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

New Section

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

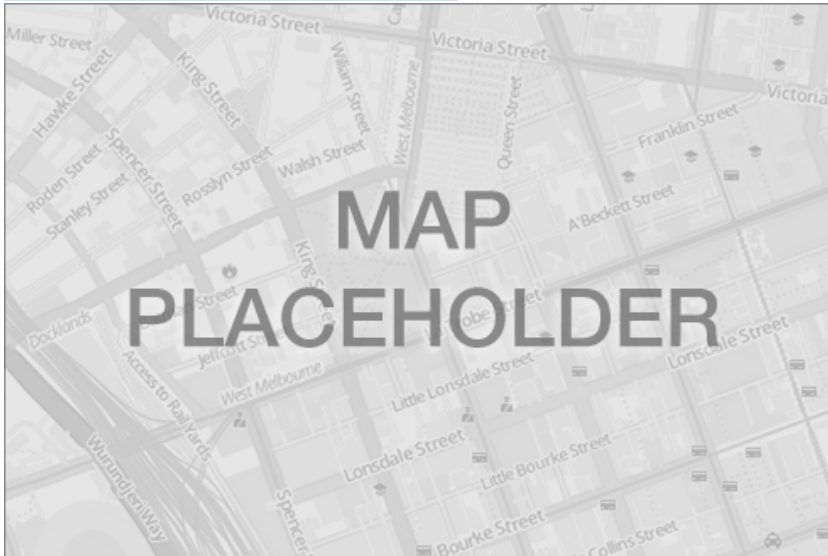
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We may contact this person to verify that this auspicing arrangement is valid and current.

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

Project/Event details

* indicates a required field

Project name: *

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

Location: *

Location name, address where the project/event will be undertaken.

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Project start date *

Project must be held; for Round 1 - after October, Round 2 - after February, Round 3 - after June.

Project end date *

If successful, you will need to complete a project acquittal within 4 months of this date.

Brief description of the project/event *

Word count:

Must be no more than 200 words.

Briefly describe the project/event for which funding is requested.

Number of people involved in the planning and delivery of this project ? *

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

Word count:

Must be no more than 300 words.

Include how many members, target group, types of programs/services.

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

Women Men Youth Senior People living with disability Aboriginal and Torres Strait Islander Multicultural

Other

Selection Criteria

1. How did your group/organisation identify the need of the project/event? *

Word count:

Must be no more than 300 words.

What inspired this project? How the need was determined?

Attach evidence to support the need for the project

Attach a file:

e.g. letter of support, photos, reports, meeting minutes, strategic or operational plans, statistics, consultation completed etc.

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2. Please select the grant category and describe how your project/event aligns with the purpose of the grant and its priority areas? *

- Community Development
- Community Events
- Sports and Recreation

*

Refer to the [Community Services Program Funding guidelines](#) for grant specific priorities.

3. How will your project benefit the Bundaberg Region community? *

Word count:

Must be no more than 400 words.

How your project will be available and accessible to the community, who will benefit and participate?

How your activity uses local services/materials, promotes the local region, collaborates and engages.

4. How will your group/organisation deliver the project? *

Have you got a Project Plan? *

- Yes
- No

If yes, attach a copy of your Project Action Plan at the end of the application form.

Please outline the steps and tasks you will undertake to deliver your project

Step and/or task	Lead person/ Agency	Completion date

Funding Request and Budget

* indicates a required field

5. Funding Use Description:

Has your project/event previously received funding from Council: *

- Yes
- No

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

Funding request for this project:

Total Grant Amount Requested *

\$

Must be a dollar amount and no more than 5000. Quotes will be required to be submitted.

Total Project/Program Budget *

\$

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

Expected number of people to benefit from the Project/event? *

Must be a number.

Budget

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 exclusive.

Provide clear descriptions for each budget.

In **Income Source**, examples could include Council Community Grant, ticket sales, company X sponsorship.

In **Expenditure Description** examples could include advertising and promotion, hire of equipment, entertainment, office equipment.

In Amount to be funded by grant, if there is no figure to be include please enter 0.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures - e.g. type \$1000 not \$1,000 - this will ensure your figures for each table total correctly.

Income Source (e.g. BRC Grant, Club Funds)	\$ (excl. GST)	Expenditure Description	\$ (excl. GST)	Amount to be funded by grant
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	\$		\$	
	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.

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Required Documentation

* indicates a required field

Quotes

Please attach quotes of the items for which the funding is requested *

Attach a file:

A maximum of 10 files may be attached.

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 of your organisation's current Public Liability Insurance *

Attach a file:

Not For Profit Status

Please attach a copy of your organisation's Certificate of Incorporation, Certificate of registered Charity, Constitution, By-Laws, Model Rules, or similar as proof of not-for-profit status. (Note: not-for-profit clause must highlight how the organisation's assets and income are to be used and distributed. Further information can be found at <https://www.acnc.gov.au/for-charities/start-charity/not-for-profit>). *

Attach a file:

Audited Financial Statement

Please attach your organisation's latest audited financial statement *

Attach a file:

Meeting Minutes

Please attach a copy of the minutes confirming the decision to seek financial assistance and expend fund on the specific project. *

Attach a file:

Project Action Plan

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Attach a file:

Additional information

If required:

- A letter of support from the landowner is required for capital works on leased land (this includes land owned by Council)
- For minor capital works - relevant approvals from Council or state government

Upload here

Attach a file:

Certification

* indicates a required field

Certification

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 grants.**
- **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

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Name of authorised person *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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