### 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. *  O Yes
If you have not read the guidelines, please read them before commencing this application. Download the <u>Special Events Grants Guidelines</u> 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 *
Elliali addiess
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? *  O Yes  O 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
Auspicing organisations 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
<b>Auspic</b> Address	e Primary Addre	ess essential establishment of the second establishment of
Miller Street	Victoria Street	Victoria Street  Victoria Street
Roden Street	REAL POSSIVERS MARCH ST	MAP ABEDIET SUPER
Doctions	PLAC	EHOLDER STREET
4	The state of the s	Foundate Street
		Bourne Street
<b>Auspic</b> Address	e Postal Addres	S
Positio	n held in organ	sation
e.g. Mar	ager, CEO	
	number *	
Pilone	number *	
Email :	address *	
Elliali d	aduress	
Must be	an email address	
	ement is valid a	from the auspicing organisation confirming this and current *

Letter must be signed by	an appropriately author	ised person (e.g	. manager, CEO	, Board Ch	air) and
must include, name, posit	ion, signature and date				

<b>Does the auspicing organisat</b> Yes	tion have an Australian Bu	usiness Number (ABN)? *
ABN of auspicing organisation	n	
The ABN provided will be used to check that you have entered the		nation. Click Lookup above to
Information from the Australian Bus	siness 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 do Statement by a Supplier form wi may be withheld. Download the	th your application, otherwis	e 48.5% of any approved grant
Please upload a completed S Attach a file:	tatement of Supplier form	n
Max 25mb		
Event details		
* indicates a required field		
Please select the event category Christmas Celebrations	gory *  Australia Day Event	<ul><li>ANZAC Day Commemorations</li></ul>
Event name: *		

Provide a name for your project/program/initia	ative. Your title should be short but descriptive
Location: *	
Location name, address where project will be	undertaken
Event start date *	Event end date *
Event start date must be at least 6 weeks after funding round closure	er the 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 involv	ved in the planning and delivery of this even
Briefly outline the nature of your gro	oup/organisation and its primary purpose *
Must be no more than 150 words. Include how many members and types of prog	grams/services
Please select the target groups that  ☐ Women ☐ Men ☐ Youth ☐ Senice Other	best align with your group/organisation * or □ Community □ Indigenous
Please provide full details of the eve	nt 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

*	ind	icates	а	rea	uire	d fi	eld
---	-----	--------	---	-----	------	------	-----

Fundi	ing I	Use	Des	cri	ptio	n
-------	-------	-----	-----	-----	------	---

Has your event previously red  ☐ Yes	ceived funding from (	Council? *
If Yes - please provide year, amount	awarded, funding uses	
Total Grant Amount Requested *	\$ Must be a dollar amount Quotes will be required to	and no more than 1000. o be submitted (if applicable)
Total Event Budget *	\$ What is the total budgets	ed 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 Description	\$ Amount to be funded by grant
	\$		\$ \$
	\$		\$ \$
			Must be a dollar amount.

#### **Budget Totals**

Total Income Amount	Total Expenditure Amount	Income - Expenditure
\$	\$	\$
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.

### Special Events Grant Application Form

### 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:	3 4
A proper quote reflects the suppliers business details, tot etc. Website snippets of the items with the price submitted.	
Public Liability Insurance	
Please attach a copy your current Public Liab Attach a file:	lity Insurance *
Not For Profit Status	
Please attach a copy of Certificate of Incorpor Charity * Attach a file:	ation or a certificate of registered

#### 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 <a href="https://www.bundaberg.gld.gov.au/privacy">https://www.bundaberg.gld.gov.au/privacy</a>.
- 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	
		senior staff member volunteer	, board member or	appropriately
Position *	Position he	eld in applicant organ	nisation (e.g. CEO, 1	Freasurer)
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 ar	n email address.		
Date *				
	Must be a	date		