

Application Form Community Activation Program 2627

Form Preview

Important Notice

* indicates a required field

Western Downs Regional Council is committed to handling your personal information in accordance with the *Information Privacy Act 2009* (Qld) and the Queensland Privacy Principles (QPPs).

QPP 5 obliges Council to advise you of certain matters when collecting your personal information.

This collection notice sets out those matters, and explains how we will manage the collection, use, disclosure and storage of your personal information.

The personal information collected on this form will be used to process applications under the Community Activation Program. The personal information you supply on this form in accordance with *Local Government Act 2009*.

If you choose not to provide your personal information, for example your name and contact details, Council will not be able to consider your grant application.

Your personal information will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless required by law.

Council's privacy policy explains how you may request access to and/or seek correction of your personal information. Council's policy also explains how you can complain to Council if you consider Council has breached its obligations to manage your personal information in accordance with the QPPs, and how we deal with privacy complaints.

If you have any questions about how your personal information will be handled, please contact Council on telephone 1300 268 624 or info@wdrc.qld.gov.au.

Guidelines

Please refer to the Community Activation Program Guidelines and the over-arching Community Grants - Council Policy by clicking [here](#) prior to completing this application form.

For further information or assistance with this application, please phone Council on 1300 268 624 to speak with a member of the Grants team.

I have read the Community Activation Program Guidelines and the over-arching Community Grants - Council Policy prior to completing this application form and confirm that to the best of my knowledge this application conforms to the program's requirements.

By clicking proceed: I confirm that I am legally authorised to make this application on behalf of the named organisation for which this application is being lodged. *

☐ Proceed

Initial Criteria

* indicates a required field

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Applicant Organisation Name *

Organisation Name

Is your organisation a commercial organisation or is this application for a commercial activity? *

- ☐ Yes
☐ No

Does your organisation own or operate a commercial licensed premises full time? (e.g. A licensed premises that is operated primarily as a commercial business rather than as a member service) *

- ☐ Yes
☐ No

Is your organisation a Government agency or department of Local, State or Federal Government or body or authority created by Government? (including Auxiliaries and Parent and Citizen Associations of these bodies) *

- ☐ Yes
☐ No

Is your organisation a political organisation? *

- ☐ Yes
☐ No

If you are a political organisation or group, you are NOT eligible to receive funding.

Is your organisation a religious organisation? *

- ☐ Yes
☐ No

Is your organisation a charitable not-for-profit organisation that operates a commercial business as defined in definitions of this policy? (e.g. A not-for-profit commercial scale aged care facility) *

- ☐ Yes
☐ No

Under the [Community Grant Guidelines](#) there are certain groups who are not eligible to apply for funding.

Exemptions to organisation eligibility can be made at the discretion of Council and/or it's delegates where there is a significant public interest, the application meets funding criteria and is consistent with the [Community Grants Policy](#). Exemptions may also be applied where specific funding guidelines allow.

Please outline why you believe an exemption should be granted for your organisation: *

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Please describe the commercial business your organisation operates: *

Is this application being auspiced by an incorporated association? You only require an auspicing body if your organisation is NOT incorporated. *

- ☐ Yes
☐ No

Project / Initiative Details

* indicates a required field

Project / Initiative name *

Address where the project / initiative will occur *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia

Is this project / initiative being undertaken on Council owned land or land which Council is trustee of? *

- ☐ Yes
☐ No

If yes, you will need approval from Council to undertake the project

What district will this project /initiative be physically located in? *

- ☐ Chinchilla & District
☐ Dalby & District
☐ Jandowae & District
☐ Miles & District
☐ Tara & District
☐ Wandoan & District

What is the proposed start date for your project / initiative? *

Must be a date.

PLEASE NOTE: Please allow a minimum of six (6) weeks for the assessment process. Projects commencing prior to funding approval are ineligible.

What is the proposed finish date of your project / initiative? *

Must be a date.

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Please provide a brief outline of your project / initiative and how it will strengthen your organisation: *

(Hint: improved planning, governance, and management practices or innovative learning and capacity building opportunities)

Will the project / initiative involve partnerships and collaboration with other community groups? If yes, please outline.

How will this project / initiative help support your organisation to build a sustainable volunteer base? *

(Hint: attraction, retention, training, recognition)

Please choose how you will acknowledge WDRC's support *

- ☐ Banner - please contact Council to arrange the loan of Council's funding acknowledgement banner
- ☐ Logo on posters and advertising - please contact Council to discuss the use of Council's logo on print media
- ☐ Social media
- ☐ Print media e.g. editorials/media releases
- ☐ On the day announcements

If you would like to invite a Councillor to attend your Event/Project/Initiative, please submit an application at <https://au.openforms.com/Form/1305acf9-f2c8-43fa-a9a5-d3ac2c3ea827>

Full Project / Initiative Budget

* indicates a required field

Budget - Income

Please list all income relating to your project / initiative.

It is important that the budget accurately reflects the projected income for the project / initiative, including but not limited to:

- Participant attendance fees
- Any other income sources

Each of the items listed in the budget table must be completed (even if answer is \$0.00).

More lines can be added to include all items.

Please DO NOT include organisation's In Kind contributions in the budget table.

For an example of a completed budget, please see the [website](#).

Income - Please itemise all income items Amount (incl GST)

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Applicant Cash Contribution	\$
Other Funds Contributed (e.g. Grants & Sponsorships from other sources)	\$
Council Funds Requested	\$
	\$
	\$
	\$
	\$
	\$
	\$

Total Income Amount

\$

This number/amount is calculated.

Budget - Expenditure

Please list all expenditure relating to your project / initiative.

It is important that the budget accurately reflects the projected expenditure for the project / initiative, including but not limited to:

- Catering expenses
- Entertainment
- Equipment hire
- Permits / Fees
- Professional fees
- Venue Hire

More lines can be added to include all items.

For an example of a completed budget, please see the [website](#).

**Estimated expenditure det Total Cost
ails - list the total cost of e
ach expenditure item**

**Amount requested from Co
uncil**

	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

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Must be a dollar amount.

Total Expenditure Amount

\$

This number/amount is calculated.

Estimated Profit

\$

This number/amount is calculated.

Financial Summary

Amount requested from Council

\$

This number/amount is calculated.

Applicant Financial Contribution *

\$

Must be a dollar amount.

What have you entered as your contribution in your budget?

Total Project Cost *

\$

Must be a dollar amount.

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

Does your organisation currently hold funds in investment accounts/term deposits etc? *

- ☐ Yes
☐ No

If YES, provide a detailed explanation as to the future purpose of these funds.

Word count:

Must be no more than 50 words.

Please attach the organisation's two most recent bank statements *

Attach a file:

Please confirm that any approved funds should be deposited into the bank account as above. *

- ☐ Yes

You must attach at least 2 written competitive quotes covering each expenditure item.

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Quotes must be for goods/services of comparable quality and specifications and be sourced within the Western Downs Regional Council area.

To ensure that your organisation is receiving the best value for money, we request that 2 written competitive quotes (preferably from suppliers with the Western Downs Regional Council area) are provided.

In the instance that a second quote is unable to be provided, a space has been provided below to provide an explanation.

Quote 1 *

Attach a file:

Please Note: All receipts applicable to approved funding must be retained and submitted with the Community Activation Program Acquittal.

Quote 2 *

Attach a file:

Please Note: All receipts applicable to approved funding must be retained and submitted with the Community Activation Program Acquittal.

Please provide an explanation if you are not able to provide two written quotes from within the Western Downs Regional Council area

Please attach your organisations latest audited financial statements *

Attach a file:

Project Action Plan

The purpose of the Project Action Plan is to establish milestones for delivery of your project, by setting up timeframes for particular components to be completed and clearly identifying whom (within the project delivery team) is responsible for meeting those timeframes.

Please visit click [here](#) to view an example Project Action Plan.

Please upload a Project Action Plan for your project *

Attach a file:

Organisation's In Kind Contribution - Please detail what your organisation / members will do

Type of assistance provided	Description of what is being supplied	Estimated dollar value
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		\$
		\$
		\$
		\$
	DO NOT include this as Applicant Contribution in the budget table	Must be a dollar amount.

Applicant Contact Details

* indicates a required field

Contact Person for the Applicant Organisation *

Organisation Name

Contact Phone Number *

Must be an Australian phone number.

Organisation Email Address *

Must be an email address.

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.

Organisation Postal Address *

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Address

How many members does your organisation currently have? *

Must be a number.

Auspicing Organisation Details

* indicates a required field

Auspicing Agreement

A copy of the [Auspicing Agreement](#) is available on Council's website.

Please upload a copy of your Auspicing Agreement *

Attach a file:

Auspicing Organisation Name *

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.

Contact Person *

Title First Name Last Name

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Auspicing Organisation Phone Number *

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Must be an Australian phone number.

Auspicing Organisation Email Address *

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Must be an email address.

Agreement

* indicates a required field

By submitting this application I confirm that:

- a) The details in this application and any attachments are lawfully true and correct;
- b) I have been legally authorised to make this application by the governing body of the organisation for which this application is being made;
- c) The organisation named in this application accepts all legal and financial responsibility associated with this application and any funds granted should this application be successful;
- d) This application is consistent with the aims and objectives of the incorporated body as set out in its Constitution;
- e) There will be appropriate and adequate insurance covering this project / initiative.

The person named hereafter *

Title	First Name	Last Name
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Agrees to the above terms and conditions *

☐ Yes