

Application Form Recycle Market Enviro Gants Program

Form Preview

Important notice

* indicates a required field

Western Downs Regional Council is collecting personal information you supply on this form in accordance with *Local Government Act 2009*. The personal information collected on this form will be used to process applications under the Recycle Market Enviro Grants Program. 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. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

Guidelines

Please refer to the Iolar Recycle Market Enviro Grants Program 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 Community Grants Officer.

I have read the Recycle Market Enviro Grants 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

Initial Eligibility Criteria

Is your organisation a commercial entity? *

- Yes
 No

If you ticked yes, your application may be ineligible.

Is your organisation a government agency or department of local, state or federal government (schools excepted)? *

- Yes
 No

If you ticked yes, your application may be ineligible. Please note schools are exempt.

Is your organisation a religious or political group or organisation? *

- Yes
 No

If you ticked yes, your application may be ineligible.

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Will your project be delivered in the Western Downs Regional Council area? *

- Yes
 No

If you ticked no, your application may be ineligible.

How does your project demonstrate a purpose that is in the public interest? *

Has your organisation received funding assistance from any other Iolar Operational Service or Western Downs Regional Council funding programs? *

- Yes
 No

If you ticked yes, please provide details.

Previous funding received from Iolar Operational Services or Western Downs Regional Council

Auspecting Organisation Details

Incorporated Organisation

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.

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Contact Person

| Title | First Name | Last Name |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Contact Phone Number

Must be an Australian phone number.

Email Address

Must be an email address.

Attach Auspicing Agreement

Attach a file:

Contact Details

* indicates a required field

Contact Person for the Organisation *

| Title | First Name | Last Name |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Contact Phone Number *

Must be an Australian phone number

Email Address *

Must be an email address

Details of Organisation

Organisation Name *

Organisation Name

ABN of Incorporated 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 |
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| | |
|------------------------|----------------------------------|
| ATO Charity Type | More information |
| ACNC Registration | |
| Tax Concessions | |
| Main business location | |

Must be an ABN

Organisation Postal Address *

Address

Suburb State Postcode

Must be an Australian post code

Organisation Email Address *

Must be an email address

How many members does your organisation currently have? *

Must be a number

Project Details

* indicates a required field

Eligible Projects

Please select one of the following options that best describes your project: *

- Environmental sustainability and/or conservation project
- Educational initiative in waste and recycling
- Community health and well-being assets
- Social outlets for members of the community

Project Title *

Why do you want the grant? (e.g. for educational purposes, to buy equipment, facility improvement) *

Please describe the need for the project and the benefits to the environment and/or the community *

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Word count:
no more than 200 words

Please upload any evidence of community support for your project

Attach a file:

Proposed commencement date *

Must be a date.

Proposed completion date *

Must be a date.

Approximately how many people will benefit from the project? *

Must be a number.

What is the nature of your organisation's involvement with the local community? *

Are other organisations involved in the project? (e.g. Sponsorships, other) *

Please outline how your group will maintain the project/equipment provided by this grant *

Please outline how your group will manage any ongoing costs of the project. For example identify what ongoing costs might be involved and what sources of funding you might plan to use to meet those costs. *

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How will you publicly acknowledge Iolar Operational Services and Western Downs Regional Council regarding your project? Please note, all communications about this project will require this acknowledgement. *

Council approval if required

Will your project impact on Council owned or controlled facilities or Council owned land? *

- Yes
- No

If you ticked yes, you must answer the next question

Project will impact on Council land

If yes, do you have approval from Council to carry on the project?

- Yes
- No

If you ticked no, your application may be ineligible.

Upload Council approval

Attach a file:

Full Project Budget

* indicates a required field

Financial Summary

Amount requested in this application *

\$

Must be a dollar amount and under \$20,000.

Applicant Financial Contribution *

\$

Total Project Cost *

\$

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

Budget - Income

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Hints: Each of the following must be included in the tables below (even if answer is \$0.00)

More lines can be added to include all items

Please note that applicants not making a financial contribution will not be looked upon favourably.

Income - Please itemise all income items \$

| | |
|------------------------------------------------------|----|
| Applicant Cash Contribution | \$ |
| Other Funds Contributed (e.g. Grants & Sponsorships) | \$ |
| Grant Funds Requested | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Budget - Expenditure

Expenditure

\$

| | |
|--|----|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

Quotes

Please upload quotes for the requested funding *

Attach a file:

In Kind Assistance

For this project will your organisation/members do any of the following for this event:? *

- Supply labour for some or all of the work
- Supply machinery
- Supply materials for some or all of the work
- Provide administration materials such as printing, stationery or postage
- Other

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None

(must be at least 1 choice selected)

| Type of assistance provided | Description of what is being supplied | Estimated dollar value |
|-----------------------------|---------------------------------------|------------------------|
| | | \$ |
| | | \$ |
| | | \$ |

Government funding

Does your organisation currently receive funding from Commonwealth, State or Local Government? *

- Yes
 No

If yes, please answer the next question

Government funding details

Please outline the program name, source and level of funding

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 (Must be no more than 50 words). *

Have you applied for funding for this project from other entities? *

- Yes
 No

If yes, please provide details of applications made and expected outcome dates

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Organisation Funds

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

Attach a file:

Checklist and Agreement

* indicates a required field

Agreement

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 event.

How did you hear about Recycle Market Enviro Grants Program *

- Flyer from waste facility Council website
Social media Direct contact with Council staff
Word of mouth Council billboard

Other

I agree to the above terms and conditions *

- Yes