



Community Grants and Assistance Application Form

This form is to be completed when requesting Community Grants and Assistance. **Please refer to Balonne Shire Council's Community Grants and Assistance Policy for project eligibility and details.**

Privacy Notice: Balonne Shire Council is collecting the personal information you supply on this form for the purpose of receiving and considering your organisations request for funding under Council's Community Grants and Assistance Program. Personal details will not be disclosed to any other person or agency external to Council without individual consent, unless required or authorised by law. Program funding details will be published by Council in Council's annual report.

Lodgement Details

Post to:	PO Box 201 St George Qld 4487	Deliver to:	112 – 118 Victoria Street St George QLD 4487
Email:	Council@balonne.qld.gov.au		

Section 1: Organisation and Applicants Details

Organisation Name:	
Applicants Name:	
Postal Address:	
Contact Number:	
Contact Email:	
Is your Organisation Not-for – Profit:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your Organisation Incorporated:	<input type="checkbox"/> Yes (Inc. # _____) <input type="checkbox"/> No (please provide Auspicing organisations details)
Is your Organisation Registered for GST	<input type="checkbox"/> Yes <input type="checkbox"/> No
ABN:	
Does your Organisation have Public Liability Insurance (Please Attach Certificate of Currency)	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Section 2: Project/Event/Activity Details

Event/Project Name:	
Event/Project Location:	
Event/Project Date:	
Assistance type:	<input type="checkbox"/> In Kind Support <input type="checkbox"/> Fee Waiver (over \$1,000) <input type="checkbox"/> Sponsorships (up to \$3,000) <input type="checkbox"/> Traffic Management Sponsorship <i>Note: - Requests up to \$500: CEO approval/ Requests over \$501 require Councillors Approval. - The maximum amount of assistance through the sponsorships program is of \$3,000.</i>
Estimated Value Sought:	<i>Note: please complete Section 4: Budget, if requesting over \$1000</i>
Brief Description of Event/Project - including what the funds will be used for (Max 250 Words):	
Is this a New or Existing Event/Project:	<input type="checkbox"/> Existing <input type="checkbox"/> New
Is this a one-off or Annual Event/Project:	<input type="checkbox"/> One-Off <input type="checkbox"/> Annual
Have you applied for funding through the Community Assistance and Grants program in the last 12 months:	<input type="checkbox"/> Yes, Which event and amount: _____ <input type="checkbox"/> No



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Section 3: Budget - please complete if request is greater than \$1,000

All amounts are to be shown in whole dollars and include GST.

(Attach a separate budget if insufficient space below)

Income <i>(eg. Organisation's income, entry fees, in kind)</i>		Expenditure (attach quotations) <i>(eg. Venue Hire, Marketing, Contractors, Permits)</i>	
Grant Funding Sources			
Grant Requested from Council			
Other Revenue Sources			
TOTAL INCOME:		TOTAL EXPENDITURE:	
In Kind Support:			

Please ensure that budgets tally correctly and balance.



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Section 5: DECLARATION

I certify that the information provided in this application is true and correct and that I am authorised to make this application on behalf of the organisation.

(Note: This application form must be signed by two executive officers of the incorporated body accepting legal and financial responsibility for Council's assistance)

Name: _____	Name: _____
Signature: _____	Signature: _____
Position: _____	Position: _____
Date: _____	Date: _____

Checklist (Please Tick)

<input type="checkbox"/> I have read and understood the Community Grants and Assistance Policy
<input type="checkbox"/> All required sections of the application form completed and signed by 2 approved officers
<input type="checkbox"/> Section 3 – Budget is completed (if request amount is over \$1,000)
<input type="checkbox"/> Copy of Public Liability Certificate of Insurance attached
<input type="checkbox"/> Copy of Certificate of Incorporation attached (If not incorporated - Provide details of Auspicing organisation)
<input type="checkbox"/> Copy of required quotes, permits/approvals attached (if applicable)
<input type="checkbox"/> Completed creditor information form (if applicable)

Office Use Only

Approval up to \$500

Approval is hereby provided for the purpose of the above mentioned in accordance with the Community Grants and Assistance Policy

Approval amount: _____

Chief Executive Officer or delegate

Date: _____