



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 organisation's 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 prior 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:	cdo@balonne.qld.gov.au
Queries:	4620 8888

Section 1: Organisation / Applicants Details	
Organisation Name:	
Applicant's Name:	
Postal Address:	
Contact Number:	
Contact Email:	
Is your organisation Not-for-Profit:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your organisation Incorporated:	<input type="checkbox"/> Yes (Inc # _____) <input type="checkbox"/> No (Please provide Auspicing organisations details) _____
Is your organisation registered for GST	Yes <input type="checkbox"/> No <input type="checkbox"/>
ABN:	
Does your organisation have Public Liability Insurance (Please Attach Certificate of Currency)	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>



Section 2: Auspicing Body Information

Please note: only complete this section if you are nominating an accountable organisation or individual to administer the grant on your behalf.

Who is your auspicing arrangement with?	<input type="checkbox"/> An individual organisation <input type="checkbox"/> An individual with an ABN
Name of auspicing organisation or individual	
Contact person for auspicing organisation	
Position of contact person (if relevant)	
ABN of auspicing organisation or individual	
Are you registered for GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Postal address of auspicing organisation or individual	
Contact details	Mobile:
	Work:
	Fax:
	Email:

Section 3: Project / Event / Activity Details

Event / Project Name:	
Event / Project Location:	
Event / Project Date:	
Assistant Type:	<div> <input type="checkbox"/> In Kind Support <input type="checkbox"/> Fee Waiver (over \$1000) </div> <div> <input type="checkbox"/> Sponsorship (up to \$2500) <input type="checkbox"/> Traffic Management Sponsorship </div> <p>Note:</p> <ul style="list-style-type: none"> - Requests up to \$500 CEO can approve - The maximum amount of assistance through the sponsorship program is \$2500 - Requests over \$501 require councilors approval and must be submitted to a general council meeting
Estimated Value Sought	\$ _____ (please complete section 4: budget, if requesting over \$1000)



Brief Description of Event / Project - including what the funds will be used for (Max 250 Words):	<hr/> <hr/> <hr/> <hr/>
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 – amount received): <input type="checkbox"/> No

Section 4: 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:	



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:

Signature:

Position:

Date:

Name:

Signature:

Position:

Date:

Checklist (Please Tick)

☐

I have read and understood the Community Grants and Assistance Policy

☐

All required sections of the application form have been completed and signed by two executive officers

☐

Section 3 – Budget is completed (if request amount is over \$1,000)

☐

Copy of *Public Liability Certificate of Currency* attached

☐

Copy of *Certificate of Incorporation* attached (If not incorporated - provide details of auspicng organisation)

☐

Copy of required quotes, permits / approvals attached (if applicable)

☐

Completed Creditor Details form for Council Finance Services (if applicable)

Office Use Only

Approval up to \$500

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

Approval amount: \$

Chief Executive Officer or delegate

Date: