Community Grants Application Form 2025-2029

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 organization'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 authorized 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:	07 4620 8888

Section 1: Organisation/Applicant Details

Organisation Name:		
Applicant's Name:		
Position in Organisation:		
Contact Number:		
Contact Email:		
Is your Organisation Not-For-Profit?	☐ Yes	☐ No
Is your Organisation incorporated?	☐ Yes	Inc. No.:
	☐ No	Please provide Auspicing organisation's detail on Page 2.
Does your organization have Public Liability Insurance?	☐ Yes	Please attach Certificate of Currency.
	☐ No	

Please note: You MUST have a Certificate of Currency for your application to be considered.

<< *Scan for Community Grants and Assistance Policy.*

Section 2: Auspicing Body Information

Please note: Only complete this Section if you are nominating an accountable organization or individual to administer the grant on your behalf.

Who is your auspicing arrangement with?	☐ An individual organization
	☐ An individual with an ABN
Name of auspicing organization or individual:	
Contact person for auspicing organization:	
Position of contact person:	
ABN of auspicing organization or individual:	
Are you registered for GST?	☐ Yes ☐ No
Postal address of auspicing organization or individual:	
Contact details:	Mobile:
	Work:
	Email:

Section 3: Project Details

Event/Project Name:	
Event/Project Location:	
Event/Project Date:	
Assistance Type:	☐ In-Kind Support ☐ Traffic Management Assistance
	☐ Grant (up to $2,000)
	Please note: • Requests up to $1,000 can be approved by the CEO. • Requests over $1,000 require Councillor's approval and must be submitted to an Ordinary Council Meeting, which must be considered six (6) weeks prior to the next meeting. • The maximum amount of assistance through the sponsorship program is $2,000. • Please use the waiver form to request a fee waver for facilities bookings and submit to facilities.bookings@balonne.qld.gov.au with application.
Estimated Value Sought:	**$** _____ *(Please complete "Section 4: Budget" if requesting over $1,000.)*

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Section 3: Project Details (continued)	
Description of Event/Project – including what the funds will be used for:	
Is this a one-off or annual event/project?	☐ One-Off ☐ Annual
Previous event details:	
Have you applied for funding through the Community Assistance and Grants Program in this financial year?	☐ Yes If yes, please list events details and the amount received: _____ _____ _____ ☐ No

Office Use Only – Approval Up To $1,000	
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 name & position)*	**Signature**
Date:	

For the People Balonne Shire Council

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 sheet if insufficient space below.

Income
(e.g. Organisation's income, entry fees, in-kind support, sponsorship, etc.)

A: Sponsorship Sources	B: Grant Requested from Council	C: Other Revenue Sources
Total Column A:	**Total Column B:**	**Total Column C:**
Total Income:	**A + B+ C = D**	**=D:**

Expenditure (attach quotations)
(e.g. venue hire, marketing, contractors, permits, etc.)

Type of Expenses	Cost	Total
Total Expenditure:		**E:**

For the People Balonne Shire Council

Section 5: Profit/Loss Statement	
D: Total Income	
Less E: Total Expenditure	
= Total Profit/Loss	
If your proposed project shows a profit, how do you intend to use the potential profit?	
If your proposed project shows a loss, how do you intend to cover potential losses?	

Section 6: Declaration	
I certify that the information provided in this application is true and correct and that I am authorized to make this application on behalf of the organization. **Please note:** This application form **must be signed by two executive officers** of the incorporated legal and financial responsibility for Council's assistance. If the Executive Officers change during the process, please advise Council ASAP.	
Name:	Name:
Position:	Position:
Signature:	Signature:
Date:	Date:

Checklist – please tick
☐ I have read and understood the 2025-2029 Community Grants and Assistance Policy.
☐ All required sections of the application form have been completed and signed by two (2) executive officers.
☐ "Section 4 – Budget" is completed (if requested amount is over $1,000).
☐ A copy of the organization's *Public Liability Certificate of Currency* is attached (must be over the value of $10,000,000.00).
☐ A copy of the organization's *Certificate of Incorporation* is attached (if not incorporated, provide details of auspicing organization).
☐ A copy of the required quotes, permits/approvals is attached (if applicable).