

**COMMUNITY GRANTS PROGRAM
COMMUNITY ONGOING ASSISTANCE PROGRAM
APPLICATION FORM**

ROUND 2

Opens: 1 August 2009

Closes: 30 September 2009

Submitted to: Manager Community Development
Maranoa Regional Council
PO Box 42
Mitchell Qld 4465

Maximum Funding Amount: \$10,000.00

Applications must be received by close of business on 30 September 2009

Maranoa Regional Council values and recognises the role of community groups and organisations within our Council area and endeavours to support them in a variety of ways.

Council acknowledges that through the provision of support to these groups, Council can assist to foster the enjoyment, appreciation and development of sports, arts, heritage, recreation, youth and other community development activities within the Maranoa region.

Maranoa Regional Council's Community Grants Program forms part of Council's *Community Grants and Assistance Policy*. The policy was developed as a result of Council receiving a range of requests for financial support and assistance from community organisations and ensures that the decisions to provide this support are based on objective criteria.

To be considered all applications must be submitted on the approved application form. Applications for fee waivers or discounts for Council rates and associated service charges are ineligible under program guidelines.

Round 2 will be the last opportunity for groups to apply for ongoing assistance for this term of the current Council.

Should you require clarification on any matters relating to this application form or assistance in completing the form, **contact Council's Community Development team on 1300 007 662:**

- Loretta Waldron, Community Development Coordinator (Roma)
- Mark McDevitt, Community Development Coordinator (Injune/Yuleba area)
- Nicola Sankowsky, Development Coordinator (Surat/Mitchell area)
- Fiona Vincent, Regional Sports & Recreation Coordinator
- Barbara Cooper, Regional Arts & Culture Coordinator
- Samantha Grant, Regional Youth Coordinator
- Perry Bacon, Regional Tourism Coordinator

If your project or activity exceed the maximum funding amount of \$10,000 please contact Council's Community Development Team who may be able to assist you in sourcing additional or alternative funding programs.

Should additional space be required to support your application, please attached additional pages.
Please be aware that the information detailed in your application form may be publicly available.

Application

Organisation Name	
Project Title	
Total assistance being requested from Council (list cash & in-kind)	Cash: \$ _____ In-Kind:
Is your request for a one-off grant or ongoing assistance?	<input type="checkbox"/> One-off grant <input type="checkbox"/> On-going assistance
Is your organisation an incorporated association?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Incorporation number _____
Is your organisation 'Not For Profit'?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your organisation registered for GST?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your organisation have an Australian Business Number (ABN)?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide _____
Contact person – if we require clarification/more information regarding this application.	Name: _____ Phone: _____ Email: _____
Organisation's Address:	Street: Postal:
What are the organisation's main purposes and/or activities?	

**Provide an overview/
summary of your
project.**

**What are the objectives
and expected outcomes
of your project/activity?**

**What is it that you
expect to achieve?**

**Why is your project/
activity needed in the
community?**

**How will your
project/activity address
community needs?**

**What would be the
result if Council funding
was not provided for
the project?**

<p>If your organisation receives assistance from Council, will the project/activity be self-sufficient/viable on an ongoing basis?</p> <p>If applicable, how will you sustain the project financially?</p>	
<p>Will your project/activity be duplicating a similar activity or project?</p> <p>Is there another organisation providing a similar service?</p>	
<p>Who will be responsible for ensuring the project/activity is completed?</p> <p>Is there a project team?</p> <p>What experience do they have in managing similar projects/activities?</p>	
<p>Have you applied or do you intend to apply for assistance from another organisation for this project/activity? If so, please provide details.</p>	

Additional Information

- Please attach a copy of your organisation's last audited financial statements and/or bank account statements

- Please attach letters of support for this application from other community organisations or individuals

- Please attach any other relevant information (eg., photographs)

Declaration by Applicant

I, _____, holder of the office of _____ of _____(organisation)

declare that I am duly authorized by the above mentioned organisation to sign this declaration and that to the best of my knowledge, the information contained in this application is true and correct. In addition, I or my organisation will inform Council promptly of any changes in the circumstance of the project and/or funding arrangements as it relates to this application.

Signed: _____ Date: _____