



You are applying for a Small Grant (\$500-\$3,000) jointly funded by Council and Senex Energy under Council's Community Grants Program for up to 50% of the total project cost.

Please read Council's Community Grants Guidelines prior to completing this form.

Guidelines are available from www.maranoa.qld.gov.au/services/grants or by contacting your local Customer Service Centre on 1300 007 662.

APPLICANT'S DETAI	LS			
Applicant's Name:				
Postal Address:				
Contact Person:		Position:		
Contact Numbers:	Phone (Business hours)	Phone (After hours)	Mobile	
Email Address:	Website Address:			
Is your organisation no	t-for-profit?	NO - your organisation is not	eligible	
Organisational status	Incorporated Legal Entity (Incorporated Association); or Charitable institution; or Community organisation with a minimum of 5 years operation; or Auspiced by an eligible organisation (please complete Auspicing Organisation's details below)			
Is your organisation reg	,	Does your organisation ha	ve an ABN?	
YES		YES ABN Number:		
NO		NO You must submit a completed Statement of Supplier Form (www.ato.gov.au/forms/ statement-by-a-supplier-not-quoting-an-abn/)		
PROJECT DETAILS				
Project Name:				
Project Details: What / When / Where / How. Please attach separately if insufficient space.				
Project Timeframe: S	Start Date: (DD/MM/YY)	Completion Dat	e: (DD/MM/YY)	
Project Cost:	otal Project Cost: \$	Requested Gran	t Amount: \$	
Property Details - Details of where the project, event or activity will be undertaken. If you are not the property owner, do you have approval from the owner to undertake the project, event or activity? Please provide evidence of the property owner's approval for the project, event or activity. Property Owner:				
Property Address:				





AUSPICING ORGANISATION'S DETAILS (if applicable)				
This section must be completed if an organisation is auspicing your Grant Application				
 Attach a copy of a letter of agreement from your auspicing organisation Attach copies of documentation verifying the auspicing organisation's status 				
Organisation's Name:	tration verifying the auspicing t	organisation's status		
Is the organisation register	ed for GST?	ABN:		
YES	7			
NO		Statement of Supplier Form		
Postal Address:				
Contact Person:				
Contact Numbers:	Phone (Business Hours)	Phone (After Hours)	Mobile	
Email Address:		Website Address:		
ABOUT YOUR PROJECT				
Does your project complem	nent or support other commu	unity groups and their activit	ties? YES NO	
Please provide details and atta	ach letter of support (if applicab	le):		
What will be the outcomes	of your project for the com	munity?		
	e and how will this project bene		a region?)	
Who will benefit from your project?				
Older people	People will disabilities	Families and children		
	1		1	
Younger people	Indigenous people	Culturally/linguistically dive	erse people	
Name of participants or beneficiaries: Number of volunteers involved:				
Are other organisations involved in the project? LYES NO Details: (if applicable)				
Details. (If applicable)				





IF YOU ARE APPLYING UNDER THE EVENTS CA	TEGORY, PLEASE ANSWER THE FOLLOWING			
How many people do you expect at your event?				
If previously held, how many people attended?				
How will you capture the number of attendees at the e	event? E.g. surveys, attendance forms, counters.			
PROMOTION & MARKETING It is a condition of Council funding that grant recipients ackn	owledge funding support.			
Please detail how your organisation will acknowledge. Senex representatives to events or openings, signage at venu funding contribution is required for infrastructure projects.				
ABOUT YOUR ORGANISATION				
When was your organisation established?	Current membership:			
How many people does your organisation service annu	ally?			
Does your organisation have public liability insurance f (please provide a copy of current public liability certificate).	or at least \$10 million? YES NO			
How is your organisation funded?				
Has your organisation previously received assistance the Grants Program?	rough the Maranoa Regional Council Community			
YES (please specify) Date (DD/MM/YY):	Assistance Amount: \$			
Assistance details:				





GRANT CATEGORY - select only one	grant categ	ory. Aims and priorities are I	isted in the Grants Guide	
Community Development		Sport & Recreation	Sport & Recreation	
Community Event		Environment		
LL Culture & Heritage		Economic Developmer	nt	
PROJECT BUDGET - If insufficient space	e please attac	h a separate budget		
A. Project Income - All amounts to include GST (DO NOT include your Grant request i			n this section)	
Organisation's Financial Contribution			\$	
Volunteer Staff (Maximum \$41 per hr e.g			\$	
Number of Volunteers:	Total Number of	of Hours:		
Other Grants / Sponsorships (please detadonated)	ail, including in	n-kind equipment or goods	\$	
TOTAL PROJECT INCOME			A \$	
B. ESTIMATED PROJECT COST DETAILS List the total cost of each project component and how it will be funded. Please attach quotes for items over \$1,000.00		TOTAL COST	AMOUNT REQUESTED From Council / Senex	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
Volunteer Staff (as per Income Section)		\$	\$	
Total Project Cost		B. \$	C. \$	
A. Less Total Income \$				

Grant amount requested must not exceed 50% of total project cost





PR		

Please detail your project elements and associated timeframes. Attach separate project plan if necessary. Consider items such as project planning, consultation, promotion, ordering materials, allowances for volunteer labour, project delivery and acquittal.

Project Stages / Elements - provide a brief description	Timeframe Expected completion date

CERTIFICATION

I, being the authorised officer of the organisation making this declaration, confirm and agree that:

- i. The information given in this application, including any attachments, is true and correct in every particular.
- ii. I am authorised by the applicant organisation to prepare and submit this grant application.
- iii. If funds are granted under the Small Grant category, they will be spent on the approved project. The Council must approve any significant change to the project.
- iv. I understand that if a grant is awarded under the Small Grant category, I will be rquired to accept the terms and conditions of the grant as detailed in the Grant Acceptance Agreement.
- v. Any monies not expended on the completion of the project will be returned to Maranoa Regional Council.
- vi. I will supply a Project Summary and Financial Acquittal Report including receipts by the date specified in the Grant Acceptance Agreement.
- vii. If funded, Maranoa Regional Council and Senex will be recognised as a funding source on any promotional and/or publicity material published for the approved project and will adhere to guidelines for use of the logo. A permanent acknowledgement of funding contribution is required for infrastructure.
- viii. I understand that neither Maranoa Regional Council or Senex accept any liability or responsibility for the proposal in this application.
- ix. All necessary approvals/permits are obtained prior to the commencement of the project.

Applicant Name:	Applicant Signature:
Position:	Date (DD/MM/YY):





IMPORTANT FEEDBACK				
How did you find out about the Gra	nts Program?			
Direct mailout	Print media e.g. newspaper	Radio promotion		
☐ Word of mouth/email	Council newsletter	Social networking e.g. Facebook		
Senex website	Council website	Other		
Did you receive assistance with you				
Local Development Officer		Council Website		
Regional Coordinator		Other		
Grant Program Information				
CHECKLIST				
All sections of the application form	completed			
Applicant certification signed and d	ated			
Copy of letter of agreement from a	uspicing organisation			
Copy of current Council user agree	ment / Lease (if applicable)			
Quotations for project costs exceed	ing \$1,000 attached			
Letters of support (1)				
Copy of minutes showing resolution to apply for grant funding				
Copy of Public Liability Insurance attached				
Application copied and retained for organisation's records.				
LODGEMENT OF APPLICATION				
Post to: Grants Program	un all			
Maranoa Regional Council PO Box 620				
Roma QLD 4455				
Deliver to Council Customer Service Centres				
Roma - Cnr Bungil & Quintin St Injune - 32 Hutton St	Mitchell - 100 Cambridge St	Surat - 73 Burrowes St		
Injune - 32 Hutton St Yuleba - 20 Stephenson St Email to: council@maranoa.qld.gov.au				

Applications must be received by 5pm on the closing date.