

Need help?

If you're unsure about anything or need assistance with your application, please contact your Local Development Officer:

Ido@maranoa.qld.gov.au | 2 1300 007 662

Before You Begin

Maranoa Regional Council's Community Grants Program supports eligible not-for-profit organisations to deliver projects that benefit the local community, such as:

- Facility upgrades repairs, extensions, or improvements to community buildings and spaces.
- **Purchase of equipment –** tools, furniture, technology, or items to support community activities.
- **Community workshops –** training, education, or events that build local skills and connections.
- Local programs or services projects, activities, or initiatives that benefit the wider community.

Applications are accepted during scheduled funding rounds. Assessment and approval timeframes will vary depending on the size and type of request. For full details, please see the *Community Grants and Events Assistance Policy*.

Submitting Your Application

Please send your completed application and all required attachments to:

council@maranoa.gld.gov.au

Part 1: Application S	ummary
Applicant name	
Organisation	
Email address	
Phone number	
Postal Address	
Is your Organisation	□ Yes
not-for-profit	□ No
Organisation status	 Incorporated Legal Entity (Incorporated Association)
	□ Charitable institution
	☐ Community organisation with a minimum of 5 years
	operation
	 Auspiced by an eligible organisation (complete Part 2)
Does your	ABN Number:
organisation have an ABN?	NO – Please complete a Supplier Statement Form.

If you are not being auspiced by another organisation, go to Part 3.



Part 2: Auspicing Organis	ation's Details
Organisation's Name	
Is the organisation	□ Yes
registered for GST?	□ No
	□ ABN
Contact Person	
Contact i Cison	
Contact number	
Contact number	
Email Address	
Email / Idai oc	
Part 3: Summary of Project	t
Please select the category	□ Community Development
that best describes your	□ Community Programs & Services
project.	□ Culture & Heritage
Please refer to the	□ Sport & Recreation
Community Grants, Event	□ Environment
Assistance and Non-	□ Economic Development
Financial Assistance	- Escricinio Bevolopinon
Project Name	
Project Details – what,	What:
when, where, how.	
	When:
	Where:
	How:
Dates	Start: End:
Location of Event/Activity	1
Total Cost of Event /	
Activity	
Requested amount	
. toquotou amount	



If your project involves a facility upgrade or development, have you consulted with Council's Building and Planning team (e.g. through a pre-	 Yes – Please provide a short summary of your discussions and attach copies of any relevant approvals or permits.
lodgement meeting) to understand legislative requirements?	 No – We recommend contacting Council's Building and Planning team to confirm compliance before works begin.
If your project is on Council-owned land or facilities, please attach a letter or email of support confirming approvals for the development.	

Part 4: Description	
What benefits will this	
event or project bring to	
the Maranoa community?	
How does your project	
align with the grant	
category you selected?	
category you selected?	
Will your project involve or	
support other community	
groups? If so, how?	
How will this project	
continue to benefit the	
community beyond the	
funding period?	
How will your organisation	
acknowledge Council's	
funding support?	



Part 5: Program Information	on		
Estimated attendance			
Target Demographics			
Event entry fee			
-			
Part 6: Project Budget			
Organisation's Financial Contribution			
Volunteer contribution (\$41 per hour x number of hours x number of volunteers)			
Other event sponsors			
Is your organisation registered for GST?	□ Yes		
You must provide copies of q	uotes for any item excee	ding \$1000.	
Income Source Amount (Ex GST) Amount (Inc GST)			ant (In a CCT)
income oource	Aillouilt (LX 001	Ailiou	int (inc GST)
	Amount (EX Go)	Amou	int (inc GS1)
	Amount (EX Go)	Amou	int (inc GS1)
	Amount (EX Go)	Amou	int (inc GS1)
	Amount (EX Go)	Amou	int (inc GS1)
	Amount (EX Go)	Amou	int (inc GS1)
Total income	\$	\$	int (inc GS1)
			int (inc GS1)
		\$	Amount Requested from Council (Whole amounts only)
Total income	\$	\$	Amount Requested from Council (Whole amounts

Part 7: Additional Information

Council recently?

Have you received any other financial or in-kind assistance from



Yes – Please

elaborate.

Total expenditure	\$ \$	\$

			No
Has your previous support been acquitted?			Yes No – Why?
Is a copy of your Public Liability Insurance C	ertificate attached?		Yes No – You must provide a copy.
Have you attached quotes for items exceedi	ng \$1000?		Yes No
Have you provided a copy of your certified fi	nancial statement?		Yes No
Have you provided a letter of support (minim	num of one required).		Yes No
Part 8: Signature required This section must be completed by an au (e.g. President, Treasurer, Secretary, or C		e of th	e organisation
Name:	Position:		
Signature:	Date:		

Please submit a copy of your completed application form by 5pm on the due date to council@maranoa.qld.gov.au addressed to the Local Development Officer team.

Deliver to Customer Service Centres:

- Roma Cnr Bungil & Quintin St
- Mitchell 100 Cambridge St
- Surat 73 Burrowes St
- Injune 32 Hutton St
- Yuleba 20 Stephenson St