

**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](http://www.maranoa.qld.gov.au/services/grants) or by contacting your local Customer Service Centre on 1300 007 662.

## APPLICANT'S DETAILS

<b>Applicant's Name:</b>			
<b>Postal Address:</b>			
<b>Contact Person:</b>		<b>Position:</b>	
<b>Contact Numbers:</b>	<b>Phone (Business hours)</b>	<b>Phone (After hours)</b>	<b>Mobile</b>
<b>Email Address:</b>		<b>Website Address:</b>	
<b>Is your organisation not-for-profit?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO - your organisation is not eligible			
<b>Organisational status</b>		<input type="checkbox"/> Incorporated Legal Entity (Incorporated Association); or <input type="checkbox"/> Charitable institution; or <input type="checkbox"/> Community organisation with a minimum of 5 years operation; or <input type="checkbox"/> Auspiced by an eligible organisation (please complete Auspicing Organisation's details below)	
<b>Is your organisation registered for GST?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Does your organisation have an ABN?</b> <input type="checkbox"/> YES ABN Number: ..... <input type="checkbox"/> NO You must submit a completed Statement of Supplier Form ( <a href="http://www.ato.gov.au/forms/statement-by-a-supplier-not-quoting-an-abn/">www.ato.gov.au/forms/statement-by-a-supplier-not-quoting-an-abn/</a> )	

## PROJECT DETAILS

<b>Project Name:</b>		
<b>Project Details:</b> What / When / Where / How. Please attach separately if insufficient space.		
<b>Project Timeframe:</b>	<b>Start Date:</b> (DD/MM/YY)	<b>Completion Date:</b> (DD/MM/YY)
<b>Project Cost:</b>	<b>Total Project Cost:</b> \$	<b>Requested Grant Amount:</b> \$

**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.

<b>Property Owner:</b>	
<b>Property Address:</b>	

## 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

<b>Organisation's Name:</b>			
<b>Is the organisation registered for GST?</b>		<b>ABN: .....</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO		If you do not have an ABN you must submit a completed Statement of Supplier Form	
<b>Postal Address:</b>			
<b>Contact Person:</b>			
<b>Contact Numbers:</b>	<b>Phone (Business Hours)</b>	<b>Phone (After Hours)</b>	<b>Mobile</b>
<b>Email Address:</b>		<b>Website Address:</b>	

## ABOUT YOUR PROJECT

**Does your project complement or support other community groups and their activities?** ☐ YES ☐ NO

Please provide details and attach letter of support (if applicable):

### What will be the outcomes of your project for the community?

(What do you want to achieve and how will this project benefit the residents of the Maranoa region?)

### Who will benefit from your project?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Older people   | <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Families and children                    |
| <input type="checkbox"/> Younger people | <input type="checkbox"/> Indigenous people        | <input type="checkbox"/> Culturally/linguistically diverse people |
| <input type="checkbox"/> Other          |   |   |

**Name of participants or beneficiaries:**

**Number of volunteers involved:**

**Are other organisations involved in the project?** ☐ YES ☐ NO

**Details:** (if applicable)

## IF YOU ARE APPLYING UNDER THE EVENTS CATEGORY, 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 event?** E.g. surveys, attendance forms, counters.

## PROMOTION & MARKETING

It is a condition of Council funding that grant recipients acknowledge funding support.

**Please detail how your organisation will acknowledge funding support.** Examples include inviting Councillors and Senex representatives to events or openings, signage at venues, media releases, etc. A permanent acknowledgement of funding contribution is required for infrastructure projects.

## ABOUT YOUR ORGANISATION

**When was your organisation established?**

**Current membership:**

**How many people does your organisation service annually?**

**Does your organisation have public liability insurance for at least \$10 million?** ☐ YES ☐ NO  
(please provide a copy of current public liability certificate).

**How is your organisation funded?**

**Has your organisation previously received assistance through the Maranoa Regional Council Community Grants Program?**

☐ NO

☐ YES (please specify)

Date (DD/MM/YY):

Assistance Amount: \$

**Assistance details:**



[illegible]

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 required 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 Grants Program?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Direct mailout      | <input type="checkbox"/> Print media e.g. newspaper | <input type="checkbox"/> Radio promotion                 |
| <input type="checkbox"/> Word of mouth/email | <input type="checkbox"/> Council newsletter         | <input type="checkbox"/> Social networking e.g. Facebook |
| <input type="checkbox"/> Senex website       | <input type="checkbox"/> Council website            | <input type="checkbox"/> Other                           |

### Did you receive assistance with your application?

- |  |  |
|--|--|
| <input type="checkbox"/> Local Development Officer | <input type="checkbox"/> Council Website |
| <input type="checkbox"/> Regional Coordinator      | <input type="checkbox"/> Other           |
| <input type="checkbox"/> Grant Program Information |  |

## CHECKLIST

- ☐ All sections of the application form completed
- ☐ Applicant certification signed and dated
- ☐ Copy of letter of agreement from auspicing organisation
- ☐ Copy of current Council user agreement / Lease (if applicable)
- ☐ Quotations for project costs exceeding \$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  
Maranoa Regional Council  
PO Box 620  
Roma QLD 4455

### Deliver to Council Customer Service Centres

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

**Email to:** grants@maranoa.qld.gov.au

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