

| WHAT GRANT ARE YOU APPLYING FOR? | | | | | |
|--|--|----------------|--------------------------------------|----------------------------------|--|
| ☐ Community Grant Application \$3,001 - \$10,000 ☐ Major Grant Application \$10,001 - \$20,000 | | | | | |
| Please read Council's Community Grants Guidelines prior to completing this form. The document is available On Council's website http://www.maranoa.qld.gov.au/services/grants or by contacting your Local Customer Service Centre on 1300 007 662. | | | | | |
| APPLICANT'S DETA | ILS | | | | |
| Applicant Name | | | | | |
| Postal Address | | | | | |
| Contact Person | | Position | | | |
| Contact Numbers | Phone (Business hours) | Phone (Af | ter hours) | Mobile | |
| | | | | | |
| Email Address | | Website A | ddress | | |
| Is your organisation no | ot for profit? | NO - your o | organisation is no | t eligible | |
| Organisational Status | us ☐ Incorporated Legal Entity (Incorporated Association); or ☐ Charitable Institution; or ☐ Community Organisation with a minimum of 5 years continuous operation; or ☐ Auspiced by an eligible organisation (Please complete Auspicing Organisation's details below) | | | | |
| Is your organisation re | gistered for GST? YES NO | | ot have an ABN y Statement of a S | ou must submit a upplier Form | |
| GRANT CATEGORY | – select only one grant category. | Priorities are | e listed in the Gra | nts Guide | |
| Community Develop | ment | — . | Recreation | | |
| ☐ Community Event ☐ Environment ☐ Culture & Heritage ☐ Economic Development | | | | | |
| | | Lection | ic Development | | |
| PROJECT DETAILS | | | | | |
| Project Name Project Brief: What / When / Where / How. Please provide a separate document if space is not sufficient. | | | | | |
| Project Brief. What / Where / How. Please provide a separate document if space is not sufficient. | | | | | |
| Project Timeframe | Start Date (DD/MM/YY) | | Completion Date | e (DD/MM/YY) | |
| Project Cost | Total 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 | | | | | |
| | | | | | |



ORGANISATION'S FINANCIAL CAPACITY TO SELF FUND

| Does your organisation hav | e the initialitial resources to | and create the proje | | |
|--|--|--|------------|--|
| NO - please provide copies of financial statements including a financial positioning statement certified by the Treasurer clearly detailing any committed funds and reflecting the real financial capacity of the organisation to self fund the project. | | | | |
| YES - please provide copies | of financial statements and o | letails as to why Co | uncil supp | ort is being sought. |
| Details: | | | | |
| | | | | |
| | | | | |
| This section must be compleAttach a copy of letter o | TION'S DETAILS (if applicated if an organisation is ausplicated if an organisation is ausplicated if agreement from your ausplicated in the auspli | oicing your Grant A cing organisation | | |
| Organisation's Name | | | | |
| Is the organisation register | | | ABN: | |
| | □ NO | | | not have an ABN you must completed Statement of a Form |
| Postal Address | | | | |
| Contact Person | | Position | | |
| | rs Phone (Business hours) Phone (After hours) Mobile | | | Mobile |
| Contact Numbers | Phone (Business hours) | Phone (After nou | 15) | MODILE |
| Contact Numbers | Phone (Business hours) | Phone (After nou | 15) | MODILE |
| Contact Numbers Email Address | Phone (Business hours) | Website Address | 15) | MODILE |
| | | - | 15) | WODITE |
| Email Address ABOUT YOUR PROJECT What evidence is there of g | | Website Address your project? | 15) | WODITE |



| Does your project duplicate similar projects within the Maranoa Region? NO YES | | | |
|--|---|--|--|
| Please provide details: | | | |
| What will be the outcomes of your (What do you want to achieve and | project for the community? how will this project benefit the | residents of the Maranoa Region?) | |
| | | | |
| Who will benefit from your project | ? | | |
| ☐ Older People | ☐ People with Disabilities | ☐ Families & Children | |
| ☐ Younger People | ☐ Indigenous People | Culturally/Linguistically Diverse People | |
| ☐ Other | | | |
| Number of participants or beneficia | aries: Number of | volunteers involved: | |
| Are other organisations involved in (please provide details including ro | | | |
| Details: (if applicable) | | | |



| LINK TO GRAN | T CATEGORY AIMS & PRIORITIES |
|--|---|
| | ory has specific aims and priorities and you must demonstrate how your project achieves these |
| • | es as listed in the guidelines. |
| How does your pr | roject achieve the priorities of the nominated grant category? |
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| IF YOU ARE AP | PPLYING UNDER THE EVENTS CATEGORY, PLEASE ANSWER THE FOLLOWING. |
| How many people | e do you expect at your event? |
| How many people | e have previously attended the event? |
| How will you capt | ture the number of attendees at the event? Eg surveys, attendance forms, counters. |
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| PROMOTION & | |
| | MARKETING f Council funding that grant recipients acknowledge funding support. |
| It is a condition of Please detail how | f Council funding that grant recipients acknowledge funding support. your organisation will acknowledge funding support. Examples include inviting Councillors |
| It is a condition of Please detail how and Senex represe | f Council funding that grant recipients acknowledge funding support. your organisation will acknowledge funding support. Examples include inviting Councillors entatives to events or openings, signage at venues, media releases etc. A permanent |
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| ABOUT YOUR ORGANISATION | |
|---|------------------------------|
| When was your organisation established?: | Current membership: |
| How many people does your organisation service ann | ually? |
| What are the aims and objectives of your organisation | 1? |
| How is your organisation funded? | |
| Has your organisation previously received assistance fr | om Maranoa Regional Council? |
| ☐ YES (please specify) Date (DD/MM/YY): | Assistance Amount: \$ |
| Assistance details: | |



| PROJECT BUDGET – If insufficient space please attach a separate budget | | | |
|--|---|-----------------------------------|--|
| Project Income – All amounts to | o include GST (DO NOT include your Counc | il Grant request in this section) | |
| Organisation's Financial Contribution \$ | | | |
| Volunteer Staff (Maximum \$41 per hr e.g. number of hours x \$41) | | \$ | |
| Number of Volunteers: Total Number of Hours: | | | |
| Other Grants / Sponsorships (p | \$ | | |
| Other Income (please detail) | | \$ | |
| | | | |
| TOTAL PROJECT INCOME A \$ | | | |

| ESTIMATED PROJECT EXPENDITURE DETAILS List the total cost of each project component and how it will be funded. Please attach quotes for items over \$1,000. | TOTAL COST | AMOUNT REQUESTED From Council |
|---|------------|-------------------------------|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| Volunteer Staff (as per Income Section) | \$ | \$ |
| TOTAL PROJECT EXPENDITURE | В\$ | C \$ |

| B Total Expenses | \$ |
|--------------------------|----|
| A Less Total Income | \$ |
| C Grant Amount Requested | \$ |

 $\label{lem:community Grant - Council contribution must not exceed 50\% of total project cost.}$

Major Grant - Council contribution must not exceed 25% of total project cost.



| | | | ΔN |
|--|--|--|----|
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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 |
| | |
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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 by Maranoa Regional Council, they will be spent on the approved project. The Council must approve any significant change to the project.
- iv. I understand that if Maranoa Regional Council approves a grant, 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 will be recognised as a funding source on any promotional and/or publicity material published for the approved project and will adhere to Council's guidelines for use of the logo. A permanent acknowledgment of Council's contribution is required for infrastructure.
- viii. I understand that Maranoa Regional Council does not 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): |
| Witness Name: | Witness Signature: |



| IMPORTANT FEEDBACK | | | | | |
|--|---|---|---|--|--|
| How did you find out about the Grants Program? | | | | | |
| ☐ Direct Ma | illout Mouth/Email | ☐ Print Media e.g. newspaper ☐ Council Newsletter ☐ Council Website | ☐ Radio Promotion ☐ Social Networking e.g. facebook ☐ Other | | |
| Did you rece | eive assistance from Cour | cil? | | | |
| ☐ Council's Customer Service Centre ☐ Grant Program Information Session ☐ Local Development Officer ☐ Grants Officer | | Council Website Other: | | | |
| CHECKLIST | т | | | | |
| | ns of the application form | n completed | | | |
| | t Certification signed, dat | <u> </u> | | | |
| Copy of o | | nisational status of applicant and lette | er of agreement from auspicing | | |
| Copy cur | rent Council user agreem | ent / Lease | | | |
| Quotatio | Quotations for project costs exceeding \$1,000 attached | | | | |
| Copy of c | Copy of current certified financial statements attached | | | | |
| Copy of F | Financial Positioning State | ment attached, must include your cor | ntribution to the project (compulsory) | | |
| Letters o | f Support (minimum of or | e) | | | |
| Copy of r | minutes showing resolution | on to apply for Grant funding | | | |
| Copy of F | Public Liability Insurance a | ttached | | | |
| Copy of a | application retained for o | ganisation's records | | | |
| | | | | | |
| LODGMENT OF APPLICATION | | | | | |
| Post to: | Post to: Grants Program Maranoa Regional Council PO Box 620 Roma Qld 4455 | | | | |
| Deliver to C | ouncil Customer Service (| entres | | | |
| Roma – Cnr | Bungil & Quintin St | Mitchell – 100 Cambridge St | Surat – 73 Burrowes St | | |
| Injune – 32 I | Hutton St | Yuleba – 20 Stephenson St | | | |
| Email to: | grants@maranoa.qld.go | v.au | | | |

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