

Flinders Shire Council - Facility and Infrastructure Stream - Round 1

Form Preview

Eligibility

* indicates a required field

Before completing this application form, you should have read the [Community Small Grants Guidelines](#).

It is recommended that you get in touch with the Community Development Officer before beginning your application to discuss your project.

Please complete the below section first to ensure you are eligible to apply for this grant.

Contact

For further information and assistance, including advice on eligibility and application forms, please contact:

Sport and Rec Officer

Flinders Shire Council

Phone: 4741 2900

Email: sportandrec@flinders.qld.gov.au

I confirm that the applicant organisation... *

- ☐ Have acquitted any previous Flinders Shire Council Community Small Grants satisfactorily
- ☐ Is a properly constituted incorporated organisation and not for profit group
- ☐ Holds a valid public liability certificate
- ☐ Operates within the Flinders Shire boundary
- ☐ Have the majority of members of the group / organisation residing in the Flinders Shire
- ☐ Is financially viable and willing to undertake this project
- ☐ Facilities are on freehold land, crown land, or land under an acceptable deed, lease, trust or tenure for non-profit incorporated bodies
- ☐ Is not duplicating an existing service or facility in the Flinders Shire

Applicant Organisation Details

* indicates a required field

Organisation Name *

Organisation Name

Contact Person *

Organisation Name

Who is the person submitting this application on behalf of an organisation?

Contact Person's Position *

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What is your role you hold in the organisation?

Organisations Primary Address

Address

Any, but at least one field is required.

Where does the project take place? I.e. Hughenden Showgrounds

Organisations Postal Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Organisations Primary Phone Number *

Must be an Australian phone number.

Organisations Primary Email *

Must be an email address.

Organisations Primary Website

Must be a URL.

Organisations Primary Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Organisations ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	

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Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

[More information](#)

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

Are you a not for profit organisation? *

☐ Yes ☐ No

Other

Incorporation Number

Is the organisation registered for GST? *

☐ Yes

☐ No

Project Details

* indicates a required field

Name of Proposed Project: *

Where will your project take place? *

☐ Hughenden

☐ Stamford

☐ Prairie

☐ Torrens Creek

Applicants may not receive the full amount of funding but rather partial funding. In this case, can the project proceed without full funding? *

☐ Yes

☐ No

Is the organisation applying to other funding organisations for this project? *

☐ Yes

☐ No

Are you applying to other funds such as Gambling Community Benefit Fund?

If yes, what funding programs is the organisation applying to?

What is the amount you are applying for?

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\$

Must be a dollar amount.

Have you discussed your application with a staff member from Flinders Shire Council? *

- ☐ Yes
☐ No

Expected Commencement Date: *

Must be a date and no earlier than 22/6/2020.

Expected Completion Date: *

Must be a date and no earlier than 22/6/2020.

Please indicate which of the following best describes your proposed project: *

- ☐ Upgrade of existing infrastructure
☐ Enhancement or extension of existing infrastructure
☐ New infrastructure
☐ Replacement of existing infrastructure*
☐ Purchase of Equipment (Cash contribution)
☐ Other:

At least 1 choice must be selected.

Please provide a brief description of your project *

Word count:

Describe the specific issues or needs you want to address: *

Eg. Membership has increased and facilities need to be larger, purchasing equipment due to wear and tear etc.

Which of Council's corporate plan outcomes and strategies does this project align with? *

- | | |
|---|--|
| <input type="checkbox"/> An accessible community | <input type="checkbox"/> Visually appealing and well presented towns |
| <input type="checkbox"/> Aged facilities and services to meet the community needs | <input type="checkbox"/> A safe and prepared community |
| <input type="checkbox"/> Recreational services that meet the needs of the community | <input type="checkbox"/> Community facilities that meet the needs of the community |

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☐ A vibrant and active community

☐ A community that values art, history and culture

Please select all that are relevant to your project.

How does the project align with the selected outcomes and strategies selected above? *

Word count:

The application should address a community need and reflect a clear whole community benefit. Please describe how the project was identified and show community support. *

Word count:

Who will benefit from this project? How will the wider community of Flinders Shire benefit from this project? *

Word count:

i.e. Letters of Support can be uploaded in the Supporting Document section. User Groups, Extent of Citizen use, community members hiring facilities etc. Are you partnering with any groups for this project?

Expected Outcomes- identify three (3) things you want the project to achieve: *

How will you know if these outcomes have been achieved and how will your project be evaluated? *

How do you intend to acknowledge Council's contribution to the project should your application be successful? *

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Financial Details

* indicates a required field

Please provide full budget of project.

Please outline your project budget in the table below including details of expenditure and income.

Please note:

- All figures are to be calculated on GST incl. basis.
- Your budget must balance (total expenditure must equal total income amount).
- Community Small Grants are on a dollar for a dollar basis. You need to show evidence of your organisations contribution of at least 50% of the project costs.
- Volunteer staff can be costed at \$41.72 (according to <https://www.fundingcentre.com.au/help/valuing-volunteer-labour>) per hour for non skilled labour and at relevant rates for professional services. Please note volunteer logs must be completed when using in-kind volunteer hours if successful in your application.
- All items over \$1000 require quotes to be submitted

Budget

Income	\$	Expenditure	\$
			\$

Budget Totals

Total Project Income *

\$

This number/amount is calculated.
What is the total cost of your project?

Total Project Expenditure *

\$

This number/amount is calculated.

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Costs less Income *

\$

This number/amount is calculated.

This number must calculate to zero as total income must equal total expenditure.

Total Community Small Grants amount applied for *

\$

Must be a dollar amount.

What is total amount of the Council grant that you are requesting? This figure should be displayed in the income section of your budget.

Total Amount of Applicant Contribution *

\$

Must be a dollar amount.

Evidence of Project Costs

Please attach project quotations: *

Attach a file:

Support Documents

* indicates a required field

Current Audited Financial Report *

Attach a file:

Must be current in the last 12 months, if over 12 months you may not be eligible.

Current Public Liability Certificate of Currency *

Attach a file:

Please note we cannot accept invoices for insurance, we must have a copy of the certificate. Must be current at time of application, must also be in the name of the club who is applying for sponsorship.

Annual General Meeting Minutes *

Attach a file:

Must be current minutes in the last 12 months, if not you may not be eligible.

Minutes confirming decisions to apply for Community Small Grants *

Attach a file:

Minutes should show a motion to apply for funding for the project, with it being moved and seconded.

Copy of rates notice or lease agreement

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Attach a file:

Letters of support to show community demand and support.

Attach a file:

Financial statements or other confirmation of in-kind contribution

Attach a file:

Declaration

* indicates a required field

Please read the details below to proceed with Declaration:

We declare:

- that we are authorised by the applicant organisation to prepare and submit this funding application;
- the details in this application are accurate, and sufficient control mechanisms are in place to ensure all moneys can be accounted for;
- that we agree to the Terms of the Grant as stated in the Guidelines.
- All information relating to the organisation and project including the attached material is true and correct;
- the ongoing maintenance, management and capital replacement costs will be borne by the application.

I declare that this application on behalf of my Community group/organisation indicates that all information is accurate and that you agree to the Terms of the Grant as stated in the guidelines. *

☐

Name *

Title

First Name

Last Name

Name of Organisation/ Community Group *

Organisation Name

Position *