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| **APPLICANT DETAILS** | | | | |
| **Name** |  | | | |
| **Does the applicant have an ABN** | Yes, ABN:  No, please attach statement of supplier with your application.  NA, if using an auspice organisation. | | | |
| **Address** |  | | | |
| **Contact person** |  | | | |
| **Position in organisation** |  | | | |
| **Contact person phone** |  | | | |
| **Contact person email** |  | | | |
| **Is your organisation registered for GST?** | Yes  No | | | |
| **Is your organisation** **Incorporated?** | Yes, attach Certificate of Incorporation.  No, please provide auspice organisation details below. | | | |
| **AUSPICE ORGANISATION DETAILS (if applicable)** | | | | |
| **Name of auspicing organisation** |  | | | |
| **Is your auspicing organisation incorporated?** | Yes, attach Certificate of Incorporation.  No, sorry you are ineligible to apply. | | | |
| **Does the auspicing organisation have an ABN** | Yes a ABN:  No, please attach statement of supplier with your application. | | | |
| **Auspicing organisation's address** |  | | | |
| **Contact person at auspicing organisation** |  | | | |
| **Position in organisation** |  | | | |
| **Contact person phone** |  | | | |
| **Contact person email** |  | | | |
| **Is your auspicing organisation registered for GST?** | Yes  No | | | |
| **Supporting information provided** | Yes, I have attached a letter from the auspicing organisation confirming this arrangement is valid and current. | | | |
| **GRANT DETAILS** | | | | |
| **Amount applied for** | $ | | | |
| **Have you previously received a grant from Council?** | No.  Yes, please provide details of most recent grant/s received. | | | |
| **Have all previous grants been acquitted** | No, you are ineligible to apply for further funding.  Yes, please provide date of acquittal. | | | |
| **PROJECT DETAILS** |  | | | |
| **Name of project** |  | | | |
| **Purpose of the project** |  | | | |
| **Description of the project** |  | | | |
| **When will the project take place?**  Must be within 12 months of the application. |  | | | |
| **Where will the project take place?** |  | | | |
| **Does your organisation hold insurance to cover project activities?** | No.  Yes, please attach proof insurance.  Na. | | | |
| **Does your project include any capital improvements?** | No.  Yes – Capital improvements located on private land. Proof of tenure or consent from the land owner is required.  Yes – Capital improvements located on council controlled land. The project should be in accordance with the Council endorsed capital works site plan, or alternative Council consent will need to be attached. | | | |
| **How many people will be employed through the project?** |  | | | |
| **How many volunteers (unpaid workers) will be involved in the project?** |  | | | |
| **How will you promote the project?** |  | | | |
| **Is the project targeting specific groups in your community?** Tick all appropriate groups. | Aboriginal People and Torres Strait Islander People  People with a disability  Australian South Sea Islander people  Women  Men  Children (0-11)  Youth (12-25)  Older people (55 years and over)  People with a disability  Regional Queenslanders  Emerging artist and cultural workers  Tourists  People with culturally or linguistically diverse background | | | |
| **What State Government priorities are addressed through this project?** Tick all appropriate priorities. | Encouraging safe and inclusive communities  Building regions  Stimulating economic growth and innovation  Increasing workforce participation  Supporting disadvantaged Queenslanders  Conserving heritage | | | |
| **PROJECT BUDGET** | | | | |
| **Please provide a detailed budget for your project, including all other sources of funding.**  **Please note:**  Expenditure and income must be the same and the budget must balance.  Adjust descriptors to suit your project.  Identify any income that is unconfirmed with an asterisk (\*).  Provide and attach evidence where possible to support your budget. | **Income** | **Total** | **Expenditure** | **Total** |
| Community grant |  | Eg. Hire Fees |  |
| Eg. Other Grants |  | Eg. Prizes |  |
| Eg. Ticket sales |  | Eg. Entertainment |  |
| Eg. Applicant contribution |  | Eg. Catering |  |
| Eg. Sale of goods |  | Eg. Materials |  |
| Eg Sponsorship |  | Eg. Stationery, postage, printing |  |
|  |  | Eg. Advertisements |  |
|  |  | Eg. Insurance |  |
|  |  | Eg. Equipment |  |
|  |  | Eg. Capital purchases |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total |  | Total |  |
| **Community Grant Outcomes**  (Not all may apply to your project) | | | | |
| **How does your project provide benefit and value the community?** |  | | | |
| **How does your project support the economic development of the Shire?** |  | | | |
| **How does your project build local cultural capacity, cultural innovation and community pride?** |  | | | |
| **How does your project contribute to the connectedness and social wellbeing of the people living in the Shire?** |  | | | |
| **How does your project increase access to support services for people living in the Shire?** |  | | | |
| **COMMUNITY NEED & SUPPORT** | | | | |
| **Provide evidence of genuine local need and support for this project.**  Examples of evidence of support may include letters of support, meeting minutes etc. |  | | | |
| **ORGANISATIONAL CAPACITY** | | | | |
| **Do you have the capacity to deliver the project to achieve the desired outcome?** |  | | | |
| **Have you lodged your association annual return?** | No.  Yes. Please provide audited financial and minutes from the AGM they were presented to. | | | |
| **FUNDING SUPPORT REQUESTED** | | | | |
| **Cash amount/s requested**  **(excl GST)?** |  | | | |
| **What components from the budget will the grant funding be attributed to?**  List specific items and corresponding values. |  | | | |
| **Does your project require in kind Support from Council** | No.  Yes, Complete and attach an In-Kind Support Request form. | | | |
| **SUPPORTING DOCUMENTATION** | | | | |
| **Please ensure all required documentation is attached.** | Certificate of Incorporation  Certificate of Insurance  Proof of tenure or consent from the land owner  Statement of supplier  Audited financials  Minutes from AGM  In-Kind Support Request from  Evidence to support budget  Letter from the auspicing organisation (if applicable) | | | |
| **Submission of Application** | Completed applications can be forwarded to [**admin@diamantina.qld.gov.au**](mailto:admin@diamantina.qld.gov.au) no later than 2pm on the **10th April 2019**.  For any questions regarding community grants program please contact the Wirrarri Information Centre on 4564 2000. | | | |

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| **Office Use Only** | | |
| **Date Received** |  | |
| **Required Documentation attached** | Certificate of Incorporation  Certificate of Insurance  Proof of tenure or consent from the land owner  Statement of supplier  Audited financials  Minutes from AGM  In-Kind Support Request from  Evidence to support budget  Letter from the auspicing organisation (if applicable) | |
| **Eligibility of applicant** | Incorporated not for profit organisation based in the Diamantina Shire.  An individual, business or unincorporated not for profit organisation based in the Diamantina Shire auspiced and administered by an incorporated not for profit community organisation.  Incorporated not for profit organisation based outside the Diamantina Shire providing a particular project or purpose which will have a significant positive impact on Shire residents.  An individual, business or unincorporated not for profit organisation based in the Diamantina Shire auspiced and administered by an incorporated not for profit community organisation providing a particular project or purpose which will have a significant positive impact on Shire residents | |
| **Assessment** | **Criteria** | **Score** |
| Budget |  |
| Community Need and support |  |
| Organisational capacity |  |
| Alignment to Community Grant Outcomes |  |
| Total |  |
| **Project eligible to be funded** | Yes  No  Reason: | |
| **Funding Recommendation** | | |
| **Project recommended to be funded** | Yes  No  Reason: | |
| **Funding recommended to Council:** | RADF Grant | $ |
| Community Drought Support Grant | $ |
| Diamantina Shire Grant | $ |
| In-kind Support Request | $ |
| Total |  |
| **Special funding conditions** |  | |
| **Funding approved by Council** | | |
| **Funding approved by Council:** | RADF Grant | $ |
| Community Drought Support Grant | $ |
| Diamantina Shire Grant | $ |
| In-kind Support Request | $ |
| Total |  |
| **Special funding conditions** |  | |