|  |
| --- |
| **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** 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. |

|  |
| --- |
| **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** |  |