

COMMUNITY PARTNERSHIPS GRANT

APPLICATION FORM

SECTION 1 – ABOUT THE APPLICANT

APPLICANT DETAILS							
Organisation Name					Web	site	
Principle Place of Business						code	
Contact Name					Posi		
Email Address					Pho		
Postal Address					Post	code	
ABN						Do no	ot have an ABN
If no, include a 'Statement by Supplier' for Statement by Supplier form is not supplied							
Is the organisation GST regis	stered?		Incorporation	Number			
Note that even if the organisation is not recactivity or event as per federal legislation.	gistered for See <u>https://</u>	GST, it v	will still have to pay G o.gov.au/Business/GS	ST on any expens	ses that a	re incurre	d whilst delivering the
Is the organisation registered with Go Clubs?		Go Clı	ubs Username				
Go Clubs is a Council program which prov with Council's Go Club's Program. See <a "="" business="" gst="" href="https://example.com/https://example.co</td><td>ides suppo
p://www.ca</td><td>rt for Cor
irns.qld.g</td><td>mmunity Clubs and or
gov.au/goclubs</td><td>ganisations. It is</td><td>recomme</td><td>nded that</td><td>applicants are registered</td></tr><tr><td>EVENT ORGANISER DETAIL</td><td>S (if this</td><td>applic</td><td>cation is being a</td><td>uspiced on b</td><td>ehalf o</td><td>f the ap</td><td>oplicant)</td></tr><tr><th>Organisation Name</th><th></th><th></th><th></th><th></th><th>Web</th><th>site</th><th></th></tr><tr><td>Principle Place of Business</td><td></td><td></td><td></td><td></td><td>Post</td><td>code</td><td></td></tr><tr><td>Contact Name</td><td></td><td></td><td></td><td></td><td>Posi</td><td>tion</td><td></td></tr><tr><td>Email Address</td><td></td><td></td><td></td><td></td><td>Pho</td><td>ne</td><td></td></tr><tr><td>Postal Address</td><td></td><td></td><td></td><td></td><td>Post</td><td>code</td><td></td></tr><tr><td>ABN</td><td></td><td></td><td></td><td></td><td></td><td>Do no</td><td>t have an ABN</td></tr><tr><td>Is the organisation GST regis</td><td>stered?</td><td></td><td>Incorporation</td><td>Number</td><td></td><td></td><td></td></tr><tr><td colspan=4>Note that even if the organisation is not registered for GST, it will still have to pay GST on any expenses that are incurred whilst delivering the activity or event as per federal legislation. See https://www.ato.gov.au/Business/GST/							

SECTION 2 – ABOUT THE EVENT

EVENT/ACTIVITY/PROGRA	M DETAILS		
Event/Activity/Program Name			
Start and End Dates		Location	
Start and End Times		Location	
Expected number of Participants			
Consider all participants involved such a	s spectators, support staff, sponsors, officials,	stall holders, volur	nteers, athletes or performers

SECTION 3 – ASSESSMENT CRITERIA

1. Please describe your event, activity or program in detail (25% weighting)
Suggestions to include in your answer:
What is the purpose of your event, activity or program and has it been delivered before? If held before, what was the event, activity or program like and what improvements and changes are you planning to make? How many people participated? Why have you chosen this event location? What do you hope to achieve? What components do you have to the event, activity and program (i.e. entertainment, guest speaker, kid's activities etc.)? Is the event free and accessible to all? Please attach photos if this event has been held before.
ctc.): 13 the event hee and accessible to all: 1 lease attach photos if this event has been held before.

celebrate the rich traditions of event, activity or program driving the control of the control o	or answer: orogram enhance the quality of life for your local community or the region? Does it of communities? Does it provide any economic benefits to the region? Does your ove community and social outcomes to enhance the quality of life in local outcomes unine community need for the event, activity or program?
ADDITIONAL APPLICANT D	ETAILS
President/Chairman	
Treasurer	
Secretary	
Other committee/board members (please list)	

2. How does your event, activity or program benefit our community, foster community pride and

improve the quality of life for the residents of the Cairns region? (45% weighting)

3.	Demonstrate your experience and ability to plan, manage and deliver the event, activity or
	program (25% weighting). Please attach a draft site plan for your event.
	Suggestions to include in your answer:
	Provide a list of events, activities and programs which the organisation has completed. Detail any experience
	that members of the organisation may have in previous roles. Are you planning to employ an event manager or
	specialist to assist with delivering your event, activity or program?
(Tie	ck if applicable)
	Yes, I am having food stalls/vendors/entertainment at my event
	100, 1 din naving 100d statio, vendors, entertainment at my event
	Yes, I think I may need a Road Closure or traffic management at my event

4.	Demonstrate how your event, activity or program has no adverse environmental impact (5% weighting)
	Suggestions to include in your answer: Tell us how your event will appear more environmentally friendly through waste management and recycling, the promotion and/or use of public transport and minimising water and energy consumption. Are you aware of any environment, conservation or heritage issues that may impact your event, activity or program? If yes, what are
	they?

SECTION 4 – FUNDING REQUESTED

FUNDING REQUESTED FROM COUNCIL	
Cash (excl GST)	\$
Hiring of Council Venues and Resources (please attach quotation) (excl GST)	\$
Total amount requested (excl GST)	\$

ADDITIONAL SUPPORT

Often events, activities and programs receive support by way of non-cash sponsorship, discounts, donations, materials and volunteer time. Please specify estimated figures below.

Organisation	Description	Estimated value
E.g. FNQ Volunteers	Volunteer time 40 hours @ \$25 per hour	\$1,000
Radio 2GB	50% discount on advertising package	\$1000
TOTAL		

SECTION 5 -BUDGET

Please complete **ONE** of the following budgets for you event, activity or program

For organisations registered for GST , please co	omplete this bud	get only	
REVENUE/INCOME	AMOUNT	GST	TOTAL
Requested grant from Council			
Organisation's cash contribution			
Other cash grants (please list individually)			
Sales (e.g. merchandise, food and beverage, entry tickets, raffles, stallholder registration)			
Other cash sponsorships / donations (please list individually)			
TOTAL INCOME			
EVENT EXPENSES	AMOUNT	GST	TOTAL
	AMOUNT	GST	TOTAL
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EVENT EXPENSES	AMOUNT	GST	TOTAL

For organisations NOT registered for GST , please complete this budget	
REVENUE/INCOME	AMOUNT
Requested grant from Council	
Organisation's cash contribution	
Other grant sources (please list individually)	
Sales (e.g. merchandise, food and beverage, entry tickets, raffles, stallholder registration)	
Other cash sponsorships / donations (please list individually)	
TOTAL INCOME	
EVENT EXPENSES E.g. venue hire, equipment hire, marketing, etc.	AMOUNT
TOTAL EXPENSES	
PROFIT / (LOSS)	

SECTION 6 – MANDATORY SUPPORTING DOCUMENTATION

lowing mandatory documentation is required to be submitted with your application (unless ng for \$5,000 and under for the hiring of Council venues and resources. Please see table
If you are intending to utilise a Council facility, venue or location, evidence of this booking and quotation of use (if applicable) is required
Evidence of not-for-profit status
Financial statements from the previous two financial years as submitted to the Office of Fair Trading
OR
Latest Treasurers Report covering the previous 24 months and current bank statement at the time of application
Certificate of Public Liability Insurance (for \$20,000,000 and has Council listed as an interested party)
My event, program or activity will be listed in Council's 'Upcoming Events' calendar Submit your event

Applicants requesting \$5,000 and under for the hiring of Council venues and associated resources are required to submit the following documents with this application				
Quotation for any use of the Council venue, facility or location				
Evidence of not-for-profit status				
Certificate of Public Liability Insurance (for \$20,000,000 and has Council listed as an interested party)				
My event, program or activity will be listed in Council's 'Upcoming Events' calendar Submit your event				

SECTION 7 – CHECKLIST

Before submitting this application, please check that you have:				
	Discussed this application with the Community Partnerships team in Community Support Phone: 1300 692 247 Email: communitygrants@cairns.qld.gov.au			
	Completed Section 5 – Budget			
	Attached all supporting documents listed above			

SECTION 8 – DECLARATION

DECLARATION AUTHORISATION

I/We, as the undersigned, authorise Cairns Regional Council to undertake any necessary due diligence and hereby certify that all details provided in this application are true and correct and understand the Council's policy on confidentiality, commercial in-confidence and privacy statement.

- I certify that I am authorised by the organisation to prepare and submit this application.
- I have read the guidelines relating to the grant and certify that to the best of my knowledge the information provided in this is correct.
- I have disclosed full and accurate information of income and expenditure for the program proposed.
- I agree to provide Council with any additional information required to assess this application.
- I agree to comply with all requirements of the grant funding stream and will return any unspent grant monies.

SIGNED for and on behalf of			by its duly authorised representative
Name:		Position:	
Signature:		Date:	

Cairns Regional Council is collecting your personal information for the purpose of processing your grant application. The collection of this information is authorised under the Local Government Act 2009. Your personal information will not be disclosed to any other person or agency unless you have given your permission or Council is required to by law. Cairns Regional Council and its officers are subject to the Queensland Right to Information Act 2009.