



HIRING OF COUNCIL VENUES AND RESOURCES GRANT APPLICATION FORM

SECTION 1 – ABOUT THE APPLICANT

APPLICANT DETAILS			
Organisation Name		Website	
Principle Place of Business		Postcode	
Contact Name		Position	
Email Address		Phone	
Postal Address		Postcode	
ABN		Do not have an ABN	
<small>If no, include a 'Statement by Supplier' form advising why an ABN has not been quoted. Council is required to withhold 48.5% tax if an ABN or a Statement by Supplier form is not supplied. See http://www.ato.gov.au/uploadedFiles/Content/MEI/downloads/BUS38509n3346_5_2012.pdf</small>			
Is the organisation registered with Go Clubs?		Go Clubs Username	
<small>Go Clubs is a Council program which provides support for Community Clubs and organisations. It is recommended that applicants are registered with Council's Go Club's Program. See http://www.cairns.qld.gov.au/goclubs</small>			
AUSPICING ORGANISATION (Complete if an organisation is auspicing your grant application)			
Organisation Name		Website	
Principle Place of Business		Postcode	
Contact Name		Position	
Email Address		Phone	
Postal Address		Postcode	
ABN		Do not have an ABN	

SECTION 2 – ABOUT THE EVENT

EVENT/ACTIVITY/PROJECT DETAILS			
Event/Activity/Project Name			
Start and End Dates		Location	
Expected Number of Participants			
<small>Consider all participants involved such as spectators, support staff, sponsors, officials, stall holders, volunteers, athletes or performers</small>			

SECTION 3 – ASSESSMENT CRITERIA

1. Please describe your event, activity or project in detail (25% weighting)

Suggestion to include in your answer:

What is the purpose of your event, activity or project and has it been delivered before? If held before, what was the event, activity or project 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 project (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.

2. Demonstrate your experience and ability to plan, manage and deliver the event, activity or projects (25% weighting). Please attach a draft site plan for your event.

Suggestions to include in your answer:

Provide a list of events, activities and projects 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 project? Provide a draft site map, showing the location of your event and what you propose to include in the event space. Please demonstrate COVID-Safe spacing requirements are adhered to.

ADDITIONAL APPLICANT DETAILS

President/Chairman

Treasurer

Secretary

Other committee/board members (please list)

3. How does your event, activity or project benefit our community, foster community pride and improve the quality of life for the resident of the Cairns region? (50% weighting)

Suggestions to include in your answer:

Does your event, activity or project enhance the quality of life for your local community or the region? Does it celebrate the rich traditions of communities? Does it provide any economic benefits to the region? Does your event, activity or project drive community and social outcomes to enhance the quality of life in local communities? Is there a genuine community need for the event, activity or project?

SECTION 3 – FUNDING REQUESTED

FUNDING REQUESTED FROM COUNCIL	
Amount (Ex GST)	\$

I have attached a quotation for this amount

HISTORY OF COUNCIL FUNDING (if applicable) Please list any previous grants received from Cairns Regional Council		
Year received	Name of Grant	Amount received
<i>E.g. 2014</i>	<i>Local Community Events Grant</i>	<i>\$5,000</i>

SECTION 5 – MANDATORY SUPPORTING DOCUMENTATION

All supporting documents are required to be submitted with this application:	
	Evidence of not-for-profit status
	Draft site plan, demonstrating that your event is COVID-19 compliant
Prior to the event, activity or project occurring, successful applicants must provide to Council:	
	Approved COVID Safe Event Plan or COVID Safe Checklist (if your event has less than 500 people on site at any one time)
	Certificate of Public Liability Insurance (for \$20,000,000 and has Council listed as an interested party)

SECTION 6 – CHECKLIST

Before submitting this application, please check that you have:	
	Discussed this application with the Community Services Department Phone: (07) 4044 3690 Email: communitygrants@cairns.qld.gov.au
	Attached a quotation for the hire amount requested

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 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 offices are subject to the Queensland Right to Information Act 2009.