

COMMUNITY PARTNERSHIPS GRANT

APPLICATION FORM

SECTION 1 – ABOUT THE APPLICANT

APPLICANT DETAILS					
Organisation Name			Webs	ite	
Principle Place of Business			Posto	ode	
Contact Name			Posit	ion	
Email Address			Phon	е	
Postal Address			Posto	ode	
ABN				Do no	ot have an ABN
If no, include a 'Statement by Supplier' forr Statement by Supplier form is not supplied					
Is the organisation GST regis	stered?	Incorporation Num	ber		
Note that even if the organisation is not record or event as per federal legislation. See <a href="https://htt</td><td></td><td></td><td>iny expenses that are in</td><td>curred w</td><td>whilst delivering the activity</td></tr><tr><td>Is the organisation registered with Go Clubs?</td><td>G</td><td>o Clubs Username</td><td></td><td></td><td></td></tr><tr><td>Go Clubs is a Council program which provi
Council's Go Club's Program. See http://w			ions. It is recommended	d that ap	plicants are registered with
EVENT ORGANISER DETAIL	S (if this	application is being auspic	ed on behalf of th	ne app	licant)
Organisation Name			Webs	ite	
Principle Place of Business			Posto	ode	
Contact Name			Posit	ion	
Email Address			Phon	е	
Postal Address			Posto	ode	
ABN				Do no	ot have an ABN
Is the organisation GST regis	tered?	Incorporation Num	ber		
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/PROGRAM	DETAILS		
Event/Activity/Program Name			
Start and End Dates		Location	
Expected Number of Participants			
Consider all participants involved such as spectators, support staff, sponsors, officials, stall holders, volunteers, 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.		

celebrate the rich traditions o activity or program drive com	rogram enhance the quality of life for your local community or the region? Does it f communities? Does it provide any economic benefits to the region? Does your event, munity and social outcomes to enhance the quality of life in local communities? Is there or 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 resident of the Cairns region? (45% weighting)

Suggestions to include in your answer:

3.	Demonstrate your experience and ability to plan, manage and deliver the event, activity or	
	programs (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?	
	specialist to assist man asimoning year evenil, asamily at program.	
/Ti	ck if applicable)	
(/ / /	зк п аррисаые)	
	Yes, I am having food stalls/vendors/entertainment at my event	
	<u> </u>	
	Yes, I think I may need a Road Closure or traffic management at my event	
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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 your event, activity or program

BUDGET 1 For organisations registered for GST , please co	mplete this budge	et 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, stall holder registration)			
Other cash sponsorships / donations (please list individually)			
TOTAL INCOME			
EVENT EXPENSES E.g. venue hire, equipment hire, marketing, etc.	AMOUNT	GST	TOTAL
TOTAL EXPENSES			

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, stall holder 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

owing mandatory documentation is required to be submitted with your application (unless g 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 What's On 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 What's On Calendar Submit your event		

SECTION 7 - CHECKLIST

Before submitting this application, please check that you have:			
	Discussed this application with the Community Services Department 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 a	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.