2024/25 Community Projects Application Form Form Preview

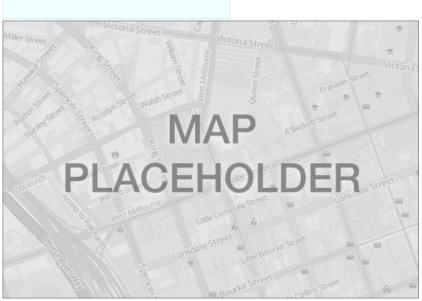
COMMUNITY PROJECTS FUND (PAGE 1 OF 4)

* indicates a required field

ABOUT YOUR ORGANISATION

What is your organisation' Organisation Name	s name? *		
Ū			
Your organisation's legal name.			
Please attach your organis Australian Charities & Not			
Attach a file:			
Ensure this includes your Incorpo	ration Number.		
Does the community organ ○ Yes - give details below	nisation have an ABN	? *	
O No			
○ No ABN			
ABN The ABN provided will be used the chart you have entered to t	the ABN correctly.	ng information.	Click Lookup above to
ABN The ABN provided will be used check that you have entered information from the Australian	the ABN correctly.	ng information.	Click Lookup above to
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The ABN provided will be used check that you have entered information from the Australian ABN Entity name ABN status Entity type Goods & Services Tax (GST) DGR Endorsed ATO Charity Type	the ABN correctly. Business Register	ng information.	Click Lookup above to

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Lonsdale Street Street Sales Sa
Format: 135 Bundall Road, Surfers Paradise QLD 4217
What is your organisation's postal address? * Address
Format: PO Box 5042, Gold Coast Mail Centre QLD 9726
What is your organisation's contact phone number? *
What is your organisation's generic email address? *
Not an individual email address
How many active members does your organisation have or service?
Which of the following categories benefit most from your communit organisation?
Does your organisation have a bank account in its own name? * O Yes
No (please contact us prior to submitting)
Name of Bank *

Form Preview

Account Name *								
Please provide your organisation's general operating account (not a sub-account).								
BSB Number *								
Format: 012-345								
Account Number *								
Must be a number. Must not be an individual's account,	maximum 9	digits						
Please attach your bank acco	unt verifi	cation *						
Attach a file:								
Note: Bank Account Verification (mus logo, your account name, BSB number			nclude your financial	institutions				
Please Note								
Regarding your organisations bar however, the statement must inc your Organisation - Clearly show institution letterhead - Not be an	lude the fo the BSB, a	ollowing: - Be for a account number - I	n account in the n	ame of				
Please do NOT use the QLD Gove Verification Form as the City of G				ank				
ABOUT YOU								
Applicant name *	Title	First Name	Last Name					
Applicant position in organisation *								
Applicant contact phone number *								
Applicant email address								

COMMUNITY PROJECTS PROGRAM (PAGE 2 OF 4)

Note: all correspondence including application outcome and remittance will be addressed to the organisation's email address.

Form Preview

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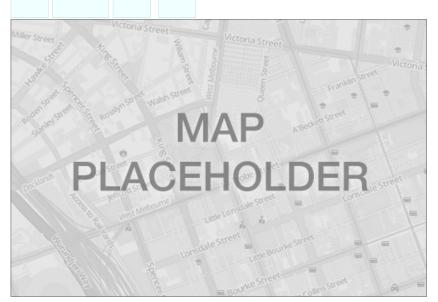
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ABOUT TOOK TROJECT
What is the name of your project? *
The project title should very briefly describe your project
 Which of the following categories best describes your project type? * Community Services and Development Community Activations Equipment and Resources Capital Works Note: where your project proposes minor capital works on Council property, consent must be sought by your Service Manager.
Please provide a brief overview of your project. *
The delivery of this project will X.
This represents value for money because X.
Word count: Must be no more than 100 words.
Which outcome best describes the purpose of your project? ☐ We have sustainable economic growth in the industries and sectors that offer opportunity.
□ We develop, attract and retain the best talent in our city.□ We are the best place to visit in Australia.
 □ We are a safe, active and healthy community. □ We have accessible community and cultural infrastructure which supports social connections.
☐ We provide safe and sustainable travel choices to enable us to move around the city easily.
\Box We have beaches, parklands, waterways and natural places that are accessible and enjoyed by everyone.
□ We are a digitally connected city.□ We have a healthy and connected environment network.
 □ We design our city growth to protect our natural environment. □ We plan city growth and ensure sufficient capacity and types of housing to meet future needs.
 □ We manage our resources for a sustainable future. □ We have a prepared community and a natural and built environment resilient to hazards. □ We address the challenge of climate change through practical and sensible solutions that deliver climate resilience.
☐ We partner to leverage legacy outcomes and emerging opportunities for the city ahead of the Brisbane 2032 Olympic and Paralympic Games.

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☐ We are a high performing, customer focused organisation which delivers value for money services to our community. Refer to our Council Plan 2022-27 for further information.
 Who is the property owner of your organisation's premises? City of Gold Coast Our organisation Third party
Proof of property ownership / tenure
Please supply documentation of your organisations premises ownership / tenure * Attach a file:
You will need to complete a Proposed Project Form if your project is the following: • Painting at heights above two metres • Structural maintenance works • Alterations or renovations to buildings • Demolition works • Earthworks • Installation of new assets:- public address system- solar panels- fencing- scoreboards-player dug outs- signage- shade sails Have you completed a City of Gold Coast Proposed Project Form? O Yes O No
Please attach a letter of support from your Service Manager. * Attach a file:
What date will your organisation's project be delivered from? *
Must be a date and between 1/7/2024 and 30/6/2025. Note: the earliest date your project will commence.
What date will your organisation's project be delivered to? *
Must be a date and between 1/7/2024 and 30/6/2025. Note: the latest date your project will be finalised
Where will your project primarily take place? * Address

Suburl**S/**tate/ Postco@ountry
Town Province



Primary location does not need to be a specific address, and can be postcode, suburb, state, etc If delivered online, please specify the area of focus for delivery.

In which Division will your project primarily take place? *

Refer to **Divisional Boundaries** for further information.

Have you consulted with the local Councillor? *

Yes

 \bigcirc No

Refer to **Our Councillors** for further information.

COMMUNITY PROJECTS PROGRAM (PAGE 3 OF 4)

* indicates a required field

YOUR FUNDING REQUEST

Applications received under the project threshold will be determined within four weeks of being received.

Subsequently applications received above the project threshold will be referred to the quarterly budget review and be determined within 12 weeks of being received.

Project category thresholds:

- Community Services & Development < \$5,000.00
- Community Activations < \$10,000.00

Form Preview

•	Equipment	&	Resources	<	\$5	,000.	00
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• Capital Works < \$25,000.00

Is your	project	proposal	requesting	funding	greater	than t	he project	category
thresho	old? *							

Yes

O No

CONTACT US

Applications received above the project threshold will be referred to the quarterly budget review and be determined within 12 weeks of being received.

Please contact us to discuss your project proposal prior to proceeding with your application.

Att: Community Grants Officer - Project

Proposalcommunitygrants@goldcoast.gld.gov.au

- Only include items for which funding is being requested.
- Clearly itemise project expenses in the table below.
- Attach a quotation to verify the request.
- Do use specific descriptions like 'animal farm', 'purchase of footballs' or 'hall hire'.
- Do not use general descriptions like 'contribution to event', 'sponsorship', or 'donation'.

Item Description	Value	Quote
	\$	
	\$	
	\$	
	\$	

YOUR PROJECT BUDGET

TOOK PROJECT BODGET	
Funding request	
\$	
This number/amount is calculated.	
How much will the project cost in total?	*
\$	
Attach a copy of the total project budge Attach a file:	t. *
Will your project proceed if your requese ○ Yes ○ No	t is not funded in full? *

COMMUNITY PROJECTS PROGRAM (PAGE 4 OF 4)

* indicates a required field

PRIVACY

Council of the City of Gold Coast (Council) is collecting your personal information in order to provide the services requested, perform associated Council functions and services, and to update and maintain Council's customer information records. Your information is handled in accordance with the Information Privacy Act (Qld) 2009 and may only be accessed by Councillors, Council employees and authorised contractors. Unless authorised or required by law, we will not provide your personal information to any other person or agency. For further information go to http://www.goldcoast.qld.gov.au/privacy-81.html.

Council may also use your personal information in order to contact you to provide you with information regarding Council functions and services. If you do not wish to receive such information please opt out using the unsubscribe link in the communication material sent to you.

CERTIFICATION

If this application for funding is approved, the application and approval email will form the funding agreement between the Council of the City of Gold Coast (Council) and your community organisation. The approval email is tailored to suit each community grant and includes the approved amount, purpose of the funding and any other conditions associated with the grant. Failure to comply with or satisfy the conditions associated may impact on future applications.

I (the applicant) am authorised by my organisation to complete and lodge this application and I will ensure that:

- All information detailed in this application is true and correct.
- My community organisation will maintain adequate insurance cover.
- All permits, approvals and licences relating to this project will be obtained.
- All workplace health and safety requirements will be met.
- Our project will commence and conclude within the dates specified in this application.
- This community grant will only be expended for the project as described in this application.
- Any unspent grant funds will be immediately returned to Council.
- Council is not liable or responsible for the project or liable to meet any shortfall in the project budget.
- All financial records relating to the community grant will be retained and identifiable in the financial statements of the community organisation.
- All grant funds provided under this program greater than \$1,000 will be acquitted within four weeks of project completion.
- Council's contribution is appropriately acknowledged by using the City's logo in printed material, on the community organisation's website and/or acknowledgement at the event
- The supplied logo will be used in accordance with the City's guidelines.

By submitting this application you consent to publishing the community organisation's name, project description and amount funded on the City's website. This information may also be used for promoting the Community Grants Program.

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I understand and agree to the above. ${\color{red}^{*}}$

Yes

You are now ready to submit your application. You will be sent an automated email to confirm that your application has been successfully submitted.