Form Preview

COMMUNITY PROJECTS FUND (PAGE 1 OF 4)

* indicates a required field

Main business location

ABOUT YOUR ORGANISATION

What is your organisa	tion's name? *
Organisation Name	
Your organisation's legal na	me.
Please attach your org Australian Charities &	
Attach a file:	
Ensure this includes your In	corporation Number.
D	6
Please attach your org Attach a file:	ganisation's Certii
Ensure this is inclusive of th	ne project period.
Does the community oYes - give details beloNo	
ABN	
The ABN provided will be check that you have enter	-
Information from the Austra	alian Business Registe
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST	-)
DGR Endorsed	
ATO Charity Type	More inform
ACNC Registration	
Tax Concessions	

What is your organisation's primary operating address? * Address
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 email address? *
How many active members does your organisation have or service?
Which of the following categories benefit most from your community organisation?
Does your organisation have a bank account in its own name? * O Yes O No (please contact us prior to submitting)
Name of Bank *
Account Name *
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 account verification *

Form Preview

Equipment and Resources

Capital Works

Attach a file:					
Note: bank account verification (bank statement) must include your financial institutions logo, your account name, BSB number and account number. account name, BSB and account number.					
Please Note					
Regarding your organisations bank statement, you do not have to show transaction details, however, the statement must include the following: - Be for an account in the name of your Organisation - Clearly show the BSB, account number - Be a statement on financial institution letterhead - Not be an online transaction list					
Please do NOT use the QLD Government Gambling Community Benefit Fund Bank Verification Form as the City of Gold Coast does not accept this as verification.					
ABOUT YOU					
Applicant name *	Title	First Name	Last Name		
Applicant position in organisation *					
Applicant contact phone number *					
Applicant email address					
*	Note: all correspondence including application outcome and remittance will be addressed to the organisation's email address.				
COMMUNITY PROJECTS PROGRAM (PAGE 2 OF 4)					
* indicates a required field					
ABOUT YOUR PROJECT					
What is the name of your project? *					
p	,				
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					

by your Service Manager.

Note: where your project proposes minor capital works on Council property, consent must be sought

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.					
 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:					

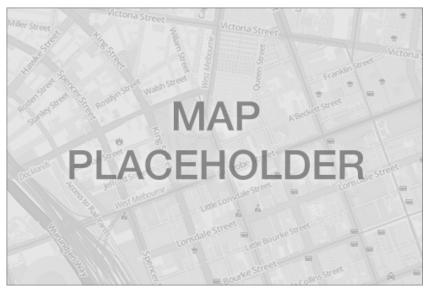
Form Preview

You will need to complete a <u>Proposed Project Form</u> 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
	ve you completed a City of Gold Coast Proposed Project Form? Yes No
	ase attach a letter of support from your Service Manager. * ach a file:
Wh	at date will your organisation's project be delivered from? *
Not	e: the earliest date your project will commence.
Wh	at date will your organisation's project be delivered to? *
	e: the latest date your project will be finalised
	ere will your project primarily take place? * dress
	ourl S /tate/ Postco © euntry vn Province
	•

Form Preview



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 <u>Divisional Boundaries</u> for further information.

Have you consulted with the local Councillor? *

O Yes

○ 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
- Equipment & Resources < \$5,000.00
- Capital Works < \$25,000.00
- Only include items for which funding is being requested.

Form Preview

Item Description

• Clearly itemise project expenses in the table below.

Value

- Attach a quotation to verify the request.
- Do use specific descriptions like 'animal farm', 'purchase of footballs' or 'hall hire'.

Quote

• Do not use general descriptions like - 'contribution to event', 'sponsorship', or 'donation'.

\$				
\$				
\$				
\$				
VOLE DE OLE CE DUE CET				
YOUR PROJECT BUDGET				
Funding request				
\$				
This number/amount is calculated.				
How much will the project cost in total? *				
\$				
Attach a copy of the total project budget. *				
Attach a file:				
Will your project proceed if your request is not funded in full? *				
Yes	ar request is not runded	III IWIII		
0 103				

COMMUNITY PROJECTS PROGRAM (PAGE 4 OF 4)

* indicates a required field

PRIVACY

O No

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.gld.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

Form Preview

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.

I understand and agree to the above. * ○ 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.