

2024/25 - Community Projects Program - Above Threshold Application Form

Form Preview

COMMUNITY PROJECTS FUND (PAGE 1 OF 4)

* indicates a required field

ABOUT YOUR ORGANISATION

What is your organisation's name? *

Organisation Name

Your organisation's legal name.

Please attach your organisation's Queensland Certificate of Incorporation or Australian Charities & Not-for-profits Commission Registration Certificate (ACNC)

*

Attach a file:

Ensure this includes your Incorporation Number.

Please attach your organisation's Certificate of Currency

Attach a file:

Ensure this is inclusive of the project period.

Does the community organisation have an ABN? *

- ☐ Yes - give details below
☐ No

ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

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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? *

- ☐ Yes
☐ 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 *

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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? *

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.

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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.
- ☐ 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.
- ☐ 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:

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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?

- ☐ Yes
☐ No

Please attach a letter of support from your Service Manager. *

Attach a file:

What date will your organisation's project be delivered from? *

Note: the earliest date your project will commence.

What date will your organisation's project be delivered to? *

Note: the latest date your project will be finalised

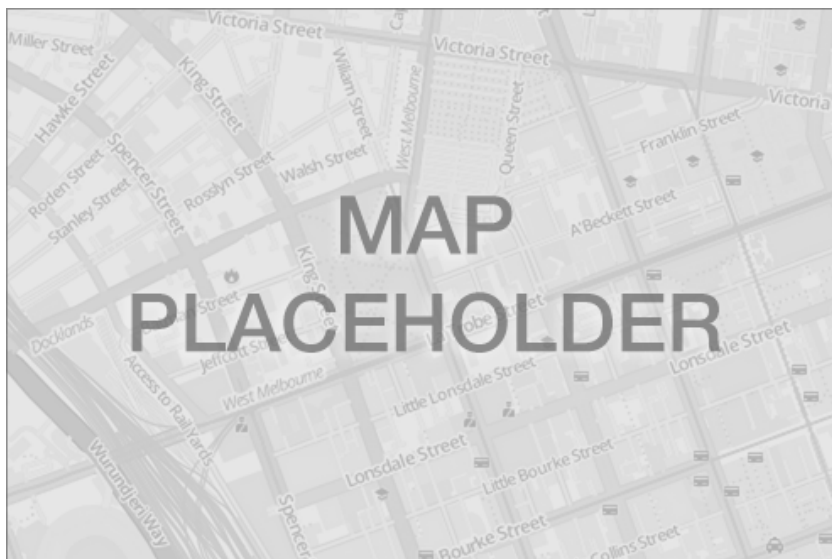
Where will your project primarily take place? *

Address

Suburb/Town State/Province Postcode Country

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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
☐ 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.

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- 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

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
☐ No

COMMUNITY PROJECTS PROGRAM (PAGE 4 OF 4)

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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

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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.