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COMMUNITY GRANTS PROGRAM

	APPLICATION FORM			
	LODGEMENT OF APPLICATION			
	Post to:			
	Chief Executive Officer, Banana Shire Council, PO Box 412, BILOELA QLD 4715			
	Deliver to any Council Customer Service Centres: Biloela – 62 Valentine Plains Road			
	Taroom – 18 Yaldwyn Street Moura – 43-47 Gillespie Street			
	Email: enquiries@banana.qld.gov.au			
	For further information or assistance in completing the application form, please contact Council's Community Development Section on (07) 4992 9500			
APPLICATION CHECKLIST (Please Tick)	 ☐ I have read and understood the corresponding policy and procedures documents. ☐ All sections of the application form completed. ☐ Applicant declaration signed and dated. ☐ Copy of documents verifying organisational status of applicant or sponsoring organisation attached. ☐ Copy of letter of agreement from sponsoring organisation attached (if applicable). ☐ Copy of property owner's approval attached (if applicable). ☐ Copy of current audited financial statements attached (if applicable). ☐ Copy of Certification of Insurance attached. ☐ Copies of quotes and supporting documentation attached (if applicable). ☐ Copy of application retained for applicant organisations records. 			
	Volunteer operator acknowledgement attached.			
FEEDBACK	How did you find out about the Community Grants Program? Local print publication Council's website Council's Focus newsletter My Community Directory email Word of mouth Other (please specify) Did you require assistance from Council to complete this application form? Yes No			
DID YOU KNOW ABOUT	Banana Shire Council provide a Community Calendar and Community Directory to help promote your organisation and events. Both tools are FREE for the community to utilise. Access them at www.banana.qld.gov.au COMMUNITY DIRECTORY The Community Directory enables quick and easy access to a list of organisations, clubs and service providers across the Shire. COMMUNITY CALENDAR The Community Calendar is available to advertise upcoming events, meetings, workshops and more. For more information email enquiries@banana.qld.gov.au or phone Customer Service on (07) 4992 9500			



SHIRE OF OPPORTUNITY

Banana Shire Council 62 Valentine Plains Road, Biloela PO Box 412 Biloela QLD 4715

PH 07 4992 9500 • Fax 07 4992 3493

Email enquiries@banana.qld.gov.au • Website www.banana.qld.gov.au

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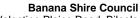
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	Is your organisation i	organisation incorporated?			
	(If no, please provide details below of your sponsoring organisation. Sponsoring organisation will take financial and legal responsibility for any funds granted. A letter of agreement from your sponsoring organisation must be attached).				
		Applicant Organisa	tion Spo	nsoring Organisation	
	Name				
	Postal Address				
	Street Address				
	Contact Person				
	Phone No				
	Email Address				
	Website				
APPLICANT	ABN (if applicable)				
DETAILS	Is your organisation (GST registered?	s 🗌 No		
	If your organisation is registered for GST and in the instance that this application is successful, is your organisation prepared to issue a Tax Invoice for the GST inclusive amount approved by the Council?				
	Please enclose a copy of the following documents (where applicable)				
	☐ Certificate of incorporation				
	☐ Latest audited financial statement				
	Letter of agreement from your sponsoring organisation				
	Optional support material				
	☐ Strategic plan for your organisation				
	☐ Photographs				
	☐ Newspaper articles				
	Other – (please specify)				
INSURANCE	Do you have appropriate public liability insurance? Yes No Funds will not be provided to uninsured organisations. Council requires a copy of the Certificate of Insurance to demonstrate eligibility. Please attach evidence.				
	Please list contact de	etails of Committee/Board Ma	nagement Members:		
	President / Chairpe	rson	Vice President / Di	rector	
	Name		Name		
	Phone		Phone		
COMMITTEE DETAILS	Email		Email		
	Secretary		Treasurer		
	Name		Name		
	Phone		Phone		
	Email		Email		





	Project/Event Name:				
	Request Type – Definitions listed in Community Grants Policy (please select one or more following options):				
PROJECT/ EVENT	☐ Financial ☐ In Kind Assistance ☐ In Kind Assistance with volunteer Council operator				
DETAILS	Grant Round:	☐ April	☐ July ☐ C	october	
	Project/Event Start Date: (no earlier than 6 weeks after grant round clo	oses)	Project/Event End Da	te:	
	Total Project/Event Expenditure: \$ (This amount must match the total project expenditure listed on page 6)		Total Requested from Council: \$		
	Specify what you require from Council and what it is for				
PROJECT/	 NOTE: Please note that a specific application form and subsequent indemnity form is required for any requests for temporary road closures or use of Council parks for events. Please contact Council should you require these. Please make sure you consider everything you will need Council assistance with for your project. All requests must come via this application form and late requests will not be accepted. 				
EVENT BRIEF					
What / When /					
Where / How					
	Provide details of proposed plant and operators required:				
PLANT AND OPERATORS	Volunteer Council Operator Acknowledgement (All operators to read and sign) I acknowledge that I will be operating the above-mentioned Council plant and equipment as a Voluntary Worker for the above-named applicant. I undertake to operate this plant or equipme in accordance with the conditions of Council's Community Grants Policy and Procedures and Workplace Health and Safety requirements. I understand that I will NOT be covered by Council's LGW Workers Compensation cover. I will complete a written risk assessmen prior to commencement of any works.				
	Name	Employee Number	Signature	Date	
	Where will the project/event be undertaken?				
PROPERTY DETAILS		ve approval from the property owner?			
Property Owner.					
	Property Address:				
	Please attach evidence of the prope	erty owner's ap	proval for the project/event.		





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	Who will benefit from your project/event?				
	Seniors	☐ Indigenous People			
	☐ People with Disabilities	☐ Culturally/Linguistically Diverse People			
	☐ Families and Children	Other (please specify)			
	☐ Youth				
	Number of participants/beneficiaries:				
	Number of volunteers involved:				
	What contribution does your organisation/s provide (e.g. Funds, Labour or In Kind Support)	e for the project/event?			
	(0.3 4 2				
WHO IS					
INVOLVED					
	Are other organisations involved in the project/event?				
	(If yes, please provide details including role and le	vel of involvement)			
	When was your organisation established?				
	How many people does your organisation service annually?				
	Please indicate the number of current financial members:				
	What are the aims and objectives of your organisation?				
ABOUT THE APPLICANT					
	How is your organisation funded?				





	Name of Partner/Funding Body			Amount lied for (\$)	Amount Received (\$)
FINANCIAL DETAILS	Have you received funding or are you currently applying for financial assistance from any other funding body? (Please attach copies of written confirmation of funding commitment from other partners)				
	Type of Assistance	Da Rece		Date Acquitted	Amount Received (\$)
	Please provide details of any assistance received Kind Assistance and Rate Relief within the last (2)		Bana	na Shire Coun	cil including In
RECOGNITION	How will Banana Shire Council's contribution/assis (Please select at least two of the below options) Print material (e.g. 1 flyers, programmes etc) (1) Newspaper articles. Plaque provided by Council. Verbal acknowledgement at opening/during ev Mayor invited to speak at opening/event. Council banner displayed at opening/event. Other (please specify) NOTE: It's the Applicant's responsibility to contact Council to a within reasonable timeframes/notice period.	I. Use of C	Council k	ogo must be appro	
NEED FOR PROJECT/ EVENT	should provide this assistance (i.e. What are the p				and why country
MEASURING SUCCESS	Tell us what need exists in the Banana Shire com	munity f	or this	project/event a	and why Council
	How will you measure the success of your project, (E.g. Increased membership to your group/organismedia coverage; satisfaction surveys)		rojects	completed acc	cording to timeline;



PROJECT/ EVENT BUDGET **Banana Shire Council** 62 Valentine Plains Road, Biloela

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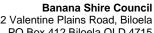
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Please attach at least two (2) written quotations for each project cost requested		
PROJECT/EVENT INCOME All amounts to include GST (DO NOT include your Council Grant request in this section)		
Organisation's Financial Contribution	\$	
Volunteers (maximum \$44.30* per hr e.g., number of hours x \$44.30)	\$	
Other Grants/Sponsorships (please detail)	\$	
Other Income (please detail)	\$	
Total Project/Event Income	\$	

PROJECT/EVENT EXPENDITURE

List the total cost of each project/event component and how it will be funded

Item	Amount	Amount Requested from Council		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
Volunteers (as per Income Section)	\$			
Total Project/Event Expenditure	\$			
Total Amount Requested from Council \$				
* Source – volunteeringqld.org.au (current as at October 2020)				



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PRIVACY

NOTICE

To be signed by an **Executive Member** of the applicant organisation or sponsoring organisation I, being the authorised officer of the organisation making the declaration, confirm and agree that: 1. The information given in this application, including any attachments hereto is true and correct in every particular. 2. I am authorised by the applicant organisation to prepare and submit this application. 3. If funds are granted by Banana Shire Council, they will be spent on the approved project/event. 4. I understand that if Banana Shire Council approves funding or assistance, I will be required to accept the terms and conditions as detailed in the Community Grants policy and procedures. 5. Any funds not expended on the completion of the project/event will be returned to Banana Shire Council. 6. I will supply a financial acquittal including receipts and evidence of compliance with any conditions set upon approval of the application within six (6) weeks of the project/event concluding. 7. If our application is approved, Banana Shire Council's contribution will be acknowledged **DECLARATION** in any publicity/promotional material published for the approved project/event and will adhere to Council's guidelines for use of the logo. Where appropriate, Council will provide a plaque to be fixed to any tangible items. 8. I understand that Banana Shire Council does not accept any liability or responsibility for the outcome of this project/event. 9. All necessary approvals/permits are obtained prior to the commencement of the project/event. 10. Further details may be sought concerning this application from the contact person nominated in this application, and that the nominated contact person is specifically authorised to respond to all such requests from Council. 11. I will provide appropriate insurance to cover the proposed project and abide by all relevant health and safety standards. Name: Position: Signature: Date: Banana Shire Council is collecting your personal information to process your application. The information

will not be disclosed to any other person or agency external to council without your consent, unless

required by or authorised by law. Personal information will be handled in accordance with the *Information*

Privacy Act 2009. Program application details (including applicant organisation name and amount funded)

will be published by Council and summarised in Council's annual report.