

Isaac Regional Council is collecting personal information you supply on this form in accordance with the Information Privacy Act 2009. Your personal information will be used by Council officers who have been authorised to do so. The information will not be given to any other person or agency unless required by law or unless your permission is sought. Personal information will be handled in accordance with the Information Privacy Act 2009.

## INTRODUCTION

Isaac Region's Community Grants Program assists local community groups and organisations undertaking projects or activities which benefit the community. Before completing this application, please read the Community Grants Guidelines to ensure your application meets the criteria. Upon completion of this form please see the Application Checklist to ensure your application is complete: www.isaac.gld.gov.au/community/isaac-community-grants To complete your application online, go to https://speakup.isaac.gld.gov.au/isaac-community-grants

## WHICH GRANT ARE YOU APPLYING FOR:

MINOR GRANT (MAXIMUM \$1,000) APPLICATION CATEGORY REMAINS OPEN YEAR-ROUND.	MAJOR GRANT (MAXIMUM \$5,000) This Application Category has set FUNDING ROUNDS THROUGH THE YEAR.		
Community Development	Community Development		
Community Facilities	Community Facilities		
Community Events	Community Events		
□ Sport, Recreation and Healthy Living	□ Sport, Recreation and Healthy Living		

## **GROUP/ORGANISATION DETAILS**

ORGANISATION NAME	
APPLICANT'S NAME	
POSITION/TITLE	
ADDRESS	
PHONE	
EMAIL	
IS YOUR GROUP/ORGANISATION INCORPORATED?	<ul> <li>Yes – Incorporation Number:</li> <li>No – You will need a sponsoring body that is incorporated to proceed with this application (please complete Section 2)</li> <li>Exempt from incorporation under legislation (P&amp;C Associations or Registered Charity). Please specify:</li> </ul>
DOES YOUR GROUP/ORGANISATION HAVE AN ABN?	□ Yes – ABN Number: □ No

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IS YOUR GROUP/ORGANISATION REGISTERED FOR GST?	□ Yes □ No
WILL YOUR GROUP/ORGANISATION COVER THE PUBLIC LIABILITY FOR THIS PROJECT/ACTIVITY?	<ul> <li>Yes – Please provide a copy of the current certificate of currency.</li> <li>No</li> <li>NOTE: Public liability coverage of no less than \$20m is required.</li> </ul>
CAN YOU PROVIDE YOUR ORGANISATIONS MOST RECENT AUDITED FINANCIAL REPORT?	<ul> <li>Yes – Please provide a copy.</li> <li>No – Please provide an explanation:</li> <li>NOTE: Your group/organisations audited financial report will have been adopted at your most recent Annual General Meeting and presented to the Office of Fair Trading as part of your Annual Return (Form 32).</li> </ul>
CAN YOU PROVIDE A BUDGET FOR YOUR PROJECT/EVENT (MANDATORY)?	<ul> <li>Yes – Please provide a copy, including written quotes for expenses.</li> <li>No – This application is not eligible.</li> <li>NOTE: A budget template can be found on the Council website www.isaac.qld.gov.au/community/isaac-community-grants</li> </ul>

## **AUSPICING GROUP/ORGANISATION DETAILS (IF APPLICABLE)**

NOTE: If this application is being auspiced by another group/organisation, please provide their details below.

NAME	
ADDRESS	
PHONE	
EMAIL	
INCORPORATION NUMBER:	
DOES YOUR GROUP/ORGANISATION HAVE AN ABN?	□ Yes - ABN Number: □ No
IS YOUR GROUP/ORGANISATION REGISTERED FOR GST?	□ Yes □ No
WILL YOUR GROUP/ORGANISATION COVER THE PUBLIC LIABILITY FOR THIS PROJECT/ACTIVITY?	<ul> <li>Yes – Please provide a copy of the current certificate of currency</li> <li>No</li> <li>NOTE: Public liability coverage of no less than \$20m is required.</li> </ul>

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#### **PROJECT OR ACTIVITY SNAPSHOT**

PROJECT/ACTIVITY NAME				
LOCATION				
DATE				
DESCRIPTION OF YOUR PROPOSAL: (PLEASE INCLUDE A DETAILED DESCRIPTION OF YOUR PROPOSAL INCLUDING THE BENEFITS TO OUR REGION AND WHO WILL BENEFIT FROM THE GRANT FUNDING)				
TARGET AUDIENCE				
REACH (HOW MANY PEOPLE DO YOU EXPECT TO ATTEND)				
FUNDING DETAILS	Council's Engaged Communities team (1300 communitygrants@isaac.qld.gov.au) prior to Council cannot be the sole funding source for the value of the grant request, a co-contribut cash, in-kind, or other grants. \$1,001 - \$2,50	E: Applicants seeking amounts over \$5,000 must first contact cil's Engaged Communities team (1300 ISAACS or <u>nunitygrants@isaac.qld.gov.au</u> ) prior to completing this application. cil cannot be the sole funding source for a project. Depending on alue of the grant request, a co-contribution is required. This can be in-kind, or other grants. \$1,001 - \$2,500 requires 20%, \$2,501 - 0 requires 30%, and \$5,001+ requires 40% co-funding. Please ate your contribution using the table below.		
BREAKDOWN OF FUNDING	Amount requested from Council:			
INCLUDING CO-FUNDING AMOUNT CONTRIBUTED BY	Cash contribution:			
YOUR GROUP OR OTHER FUNDING BODIES. (PLEASE PROVIDE EVIDENCE OF	In-kind: Note: This figure should not include volunteer labour			
CO-FUNDING CONTRIBUTIONS)	Grants/Sponsorships (other than Council):			
TOTAL COST OF EVENT: (FIGURE MUST MATCH BUDGET)				
WHAT WILL THE REQUESTED FUNDS BE SPECIFICALLY USED FOR?				

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HAVE YOU DISCUSSED YOUR PROPOSAL WITH RELEVANT COMMUNITY STAKEHOLDERS? E.g. relevant community groups or	□ Yes - please indicate who:		
individuals affected by your event/activity	□ No		
PROJECT OR ACTIVITY PERMITS/APPROVALS			
WILL YOUR PROJECT OR ACTIVITY INVOLVE THE PREPARATION, SERVING	<ul> <li>Yes – Food licence is required. Please provide a copy of your food licence or proof of lodgement (receipt)</li> </ul>		

<u>OR SELLING OF FOOD OR</u> ⊔ No **REFRESHMENTS?** WILL YOUR PROJECT OR □ Yes – Liquor licence is required. Please provide a copy of your liquor **ACTIVITY INVOLVE THE** licence or proof of lodgement (receipt) SERVING OR SELLING OF **ALCOHOLIC BEVERAGES? DOES YOUR PROJECT OR** □ Yes – please provide a copy or proof of lodgement (receipt) **ACTIVITY REQUIRE LOCAL** AND STATE PLANNING OR □ No **BUILDING APPROVALS?** □ Yes – We have leasehold or approval of leaseholder OR an approved booking for Council open space/facility OR approval to use privately DOES YOUR ACTIVITY owned land/facility HAVE APPROVAL TO **OCCUR AT A PLANNED** □ No – Approval/permission must be obtained prior to application LOCATION? **NOTE:** if you need to hire a Council facility to hold your event please visit http://www.isaac.qld.gov.au/hiring-council-facilities □ Yes – please complete an application for Works on Road Corridor/Road Property form. The Traffic Management Company will also need to complete a Non-Engaged Contractors Site Access Occupancy Form. These must be submitted with the appropriate DOES YOUR ACTIVITY Traffic Management Plan (TMP) and Traffic Guidance Scheme (TGS) **REQUIRE PLACEMENT OF** at least 4 weeks before the event. (Please note that TMP and TGS can TEMPORARY SIGNAGE ON take up to 4 weeks to be completed before you can submit with these **COUNCIL PROPERTY OR** applications). These forms can be found at: **CLOSURE OF COUNCIL** https://www.isaac.gld.gov.au/homepage/237/roads **ROADS OR FOOTPATHS?** □ No For more information please send enquiries through to records@isaac.qld.gov.au or call 1300 ISAACS.

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This Event Plan should accompany any Minor or Major Grant Application under the Community Grants Guideline.

#### **DETAILS OF EVENT**

NAME OF EVENT		
DATE OF EVENT		
TIME OF EVENT		
LOCATION OF EVENT		
	NOTE: if you need to hire a Council facility to hold your even http://www.isaac.gld.gov.au/hiring-council-facilities	nt please visit
CONTACT PERSON/S		
PHONE		
EMAIL		

#### **DESCRIPTION/TIMELINE OF EVENT**

PLEASE PROVIDE
A DESCRIPTION
OF THE EVENT
AND DETAIL OR
ATTACH AN
OFFICIAL
PROGRAM IF
AVAILABLE

#### **RISK ASSESSMENT**

IDENTIFY POSSIBLE
RISKS AND
DEVELOP
STRATEGIES TO
MINIMISE THEM.
WHAT IS YOUR
BACK UP PLAN IN
WET WEATHER?

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ISAAC REGIONAL COUNCIL ABN 39 274 142 600



#### **COUNCIL REPRESENTATION AT EVENT**

WHAT OPPORTUNITIES ARE THERE FOR COUNCIL REPRESENTATION AT THE EVENT? IS THERE AN OFFICIAL ROLE (e.g. presentation of speech)?	<ul> <li>Would you like a representative from Isaac Regional Council to attend?</li> <li>Yes - please indicate who</li> <li>No</li> <li>If yes, please provide details below if there will be a requirement for an official role?</li> <li>Task</li> <li>Time Required Contact Person</li> <li>Where to meet</li> </ul>
IS THIS A SPONSORSHIP REQUEST?	<ul> <li>Yes – please indicate level of tier</li> <li>No</li> </ul>
WHAT DOES THE SPONSORSHIP INCLUDE? IF APPLICABLE, PLEASE COMPLETE THESE DETIALS	Number of Event Tickets         Tables(s) Available for Council representatives         Does the event include catering for sponsors?         When will tickets be provided         Please list contact person and contact details         Please add any relevant details of sponsorship package

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#### **EVENT PROMOTION**

	Local media (newspaper, radio)
	TV Advertising
	Flyers/posters/letterbox drop
	Regional media (Daily Mercury, Rockhampton Bulletin, CQ News)
HOW WILL YOU PROMOTE YOUR EVENT AND ITS	Council's online Events Calendar – refer to <a href="https://www.isaac.gld.gov.au/community/community-events-calendar">https://www.isaac.gld.gov.au/community/community-events-calendar</a>
SPONSORS?	Facebook/Social Media
	An Isaac banner will be displayed at the event
	Isaac Regional Council's vision video will be displayed at the event
	Other (please specify):

Once completed please send form and any attachment to:

records@isaac.qld.gov.au or Isaac Regional Council, PO Box 97, Moranbah QLD 4744 or deliver in person to your local Isaac Regional Council office

#### **DEPARTMENT USE ONLY**

PROCESSED BY	Signature	Date	
	Print Name	Dale	





# SUPPLIER REQUEST DETAILS (REQUIRED FOR PAYMENT TO GROUP / ORGANISATIONS)

**NOTE:** Electronic Funds Transfer (EFT) is Isaac Regional Council's preferred method of payment. To ensure that payments are made to the correct bank account, please provide a copy of your Bank Deposit Slip or top portion of the statement of the EFT on business letterhead.

ORGANISATION NAME	
TRADING NAME	
ABN	

### **PAYMENT ADDRESS DETAILS (FOR ALL REMITTANCE)**

Please list the organisation details not personal details.

NAME	
POSITION TITLE	
ADDRESS	
PHONE	
EMAIL	

#### **BANK ACCOUNT DETAILS**

ACCOUNT NAME	
BANK	
BSB (6 DIGITS)	
ACCOUNT NUMBER	

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#### **AUTHORISATIONS**

IN SUBMITTING THIS APPLICATION, I CONFIRM THAT:	<ul> <li>I am an authorised representative of the applying organisation and am acting on their behalf</li> <li>I have read the Isaac Regional Council Community Grants Guidelines</li> <li>The statements made in this application are true.</li> <li>All necessary permits/approvals will be obtained prior to the beginning of the project.</li> <li>The project will be covered by appropriate insurance.</li> <li>All relevant health and safety standards will be met.</li> <li>I acknowledge that Council does not accept any liability or responsibility for the project.</li> </ul>
IF MY APPLICATION IS SUCCESSFUL, I WILL:	<ul> <li>Ensure acquittal requirements are met within 12 weeks of the project completion or prior to another major grant application.</li> <li>Accept the terms of the community grant in accordance with Council requirements set out in the Letter of Offer and Funding Agreement.</li> <li>Provide proof of other successful co-funding (if unconfirmed) within six months of notification.</li> <li>Complete the project within 12 months of receiving Council funding.</li> </ul>
AUTHORISED PERSON	Name Date

Please check this application against the Application Checklist to ensure it is complete: www.isaac.qld.gov.au/community/isaac-community-grants

> Once completed please send form and any attachment to: records@isaac.qld.gov.au or Isaac Regional Council, PO Box 97, Moranbah QLD 4744 or deliver in person to your local Isaac Regional Council office.

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