

Community Development - Expression of Interest Form

Form Preview

Community Partnership Funding 2024 - Expression of Interest

* indicates a required field

The Community Partnership Funding Program (CPFP) provides a contribution to the operational expenses of well-established not-for-profit organisations for up to three years. Eligible organisations provide facilities or services which support the delivery of council's corporate priorities and demonstrate broad community benefit.

You are encouraged to read the [Community Partnership Funding Guidelines](#) before submitting your EOI.

Name of Organisation *

Organisation Name

Is your organisation one of the following not-for-profit entity types? *

- ☐ Incorporated Association
- ☐ Australian Public Company, Limited by Guarantee
- ☐ Other - please contact a grants officer on 5420 8616 to discuss eligibility

Organisation 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	

Must be an ABN.

Did your organisation have a Community Partnership with Sunshine Coast Council in 2023/24? *

- ☐ Yes
- ☐ No

First Time Applicants

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You must speak to a council Grants Officer prior to completing this form regarding eligibility, program details and appropriate category. It is recommended that you read the Community Partnership Funding Program Guidelines (link is above).

Please advise which Grants Development Officer you have discussed a potential partnership with *

Do you operate within the Sunshine Coast Council Local Government Area or are you able to demonstrate that your application will benefit residents of the Sunshine Coast Local Government Area? *

- ☐ Yes
☐ No - your organisation is not eligible for funding in this program

Have there been any significant changes to your organisations tenure, to the legal structure of your organisation or the focus of your operations since 2021? *

- ☐ No significant changes
☐ Yes - changes to tenure. Please provide detail below
☐ Yes - changes to legal structure. Please provide detail below
☐ Yes - changes to focus of operations. Please provide detail below

Details of changes

Contact Details

Contact Person Name *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Position in Organisation *

Contact Email Address *

Must be an email address.

Contact Phone Number *

Must be an Australian phone number.

Proposed Partnership Summary

* indicates a required field

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Proposed Partnership

Briefly describe what your organisation does *

Must be no more than 150 words.

What would you like to achieve through a partnership with council? *

Word count:

Must be no more than 250 words.

Community Development Category Criteria *

- ☐ encourage involvement, interaction and partnerships between local individuals and community and/or cultural organisations
- ☐ provide significant information, expertise or resources to support other community and/or cultural organisations
- ☐ transfer new skills and capabilities to other community and/or cultural organisations and individuals
- ☐ improve access to and knowledge of community resources and services
- ☐ benefit multiple user groups and/or one or more of the following groups: - families, young people, seniors, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds or people with a disability.

At least 1 choice must be selected.

Proposed Partnership - Funding Amount

What length partnership will you be seeking? *

For the 2024/25 year, what funding amount are you requesting under this program? *

\$

Must be a dollar amount.

What operational item(s) would you be applying for? These are examples of the most common items requested. *

- | | |
|---|--|
| <input type="checkbox"/> Building Insurances | <input type="checkbox"/> Pest management |
| <input type="checkbox"/> Public Liability Insurances | <input type="checkbox"/> Rent |
| <input type="checkbox"/> Volunteer Insurances | <input type="checkbox"/> Rates |
| <input type="checkbox"/> Association Fees | <input type="checkbox"/> Regular Cleaning |
| <input type="checkbox"/> Communication costs (phone & internet) | <input type="checkbox"/> Waste management charges |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Water charges |
| <input type="checkbox"/> Grounds maintenance | <input type="checkbox"/> Other: <input type="text"/> |

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Privacy Certification

* indicates a required field

Privacy

Council will use any personal information provided for the purpose of processing your expression of interest and for remaining in contact with you. Council is authorised to collect this information in accordance with the Local Government Act 2009 and other local government Acts. Your personal information is only accessed by persons authorised to do so.

Please note the information provided on your EOI and in any related documentation/discussions may be provided to members of the assessment panel in order to assist council in processing your expression of interest.

By submitting your expression of interest, this does not guarantee you will be invited to submit a full application for funding.

Your personal information is dealt with in accordance with council's [Privacy Policy](#).

I agree to the privacy statement above *

☐ Yes

Certification

I am authorised as the applicant or organisation committee member to complete this form and I agree that:

- the statements made in this EOI are true
- the organisation will be covered by appropriate insurance
- all relevant health and safety standards will be met
- I understand that submitting an EOI does not guarantee our organisation will be invited to submit a full application for funding.

A council officer will review your application and be in touch within 2 weeks of you submitting your EOI.

I agree to the above *

☐ Yes

Authorised person's name *

Title First Name Last Name

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Authorised person's position *

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Authorised person's phone number *

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Must be an Australian phone number.

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You are now ready to submit. Read and acknowledge message below, then click on “Next page” to review, then Submit. *

☐ You will receive a confirmation email when your application has been submitted. If you do not receive this email then your application has NOT been submitted. Please ensure all questions have been answered and try again. (Check box here to acknowledge that you understand this)