

# Emergency Grant Application Form 2019-20

## Form Preview

### Applicant Eligibility

\* indicates a required field

**Emergency grant funding is available for Sunshine Coast Local Government Area projects which have come about as a consequence of failure, damage or loss of essential equipment or infrastructure due to unforeseen circumstances.**

The incident must be:

- deemed to be an “emergency”
- significantly impact on the organisation’s ability to continue to operate.

Applicants can apply for funding up to \$2,000. Quotes are required for all items over \$500.

Projects may start immediately, but applicants need to be aware that funding is very competitive and council cannot guarantee that the application will be successful.

Projects that are covered by insurance are not eligible for Emergency Grant Funding.

*Note: Projects that are not deemed an emergency or are considered standard or regular maintenance may be eligible to apply for a Community Grant in the next Minor or Major grant round. Contact the Grants Team for more information on 5420 8616.*

Before you start this application, it is important to read the Community Grant [Guidelines](#).

#### **Organisation name \***

Organisation Name

Please ensure your organisation name is the same as the name on your ABN Lookup (on p.5)

#### **Have you read the Community Grants Program Guidelines? \***

- Yes
- No - please read the Guidelines prior to starting an application

### Not-for-profit Status

Only [not-for-profit](#) (NFP) community organisations, as defined by the Australian Taxation Office (ATO), can apply in this program. NFP organisations must be either a **legal entity** or recognised by the Australian Taxation Office (ATO) as a **not-for-profit type**. If an organisation is neither, then the application will need to be [auspiced](#) and administered by a legally constituted NFP entity.

\*Co-operatives and Trusts must submit evidence of their NFP status. This may include an extract of the not-for-profit clause or dissolution clause in their constitution or governing documents.

#### **Are you a legal not-for-profit entity as defined by the ATO? Please choose which one. \***

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**Co-op or Trust, please upload your constitution/ governing documents.**

Attach a file:

## About Your Project

\* indicates a required field

### Location of Project

What is the **SUBURB** where your project or activity will take place? \* What is the **STREET** address (number and name of street) where your project or activity will take place? \*

If more than one suburb, please just name the main suburb

What is this suburb's **postcode**? \*

You can find postcodes [here](#).

### Council Division

**Division where your project will take place? \***

- |                                 |                                 |                                 |   |
|---------------------------------|---------------------------------|---------------------------------|---|
| <input type="checkbox"/> Div. 1 | <input type="checkbox"/> Div. 4 | <input type="checkbox"/> Div. 7 | <input type="checkbox"/> Div. 10                                |
| <input type="checkbox"/> Div. 2 | <input type="checkbox"/> Div. 5 | <input type="checkbox"/> Div. 8 | <input type="checkbox"/> Across the whole Sunshine Coast Region |
| <input type="checkbox"/> Div. 3 | <input type="checkbox"/> Div. 6 | <input type="checkbox"/> Div. 9 | <input type="checkbox"/> Outside the Sunshine Coast             |

Please see below to see which Councillor looks after which Division:

1. Cr Rick Baberowski
2. Cr Tim Dwyer
3. Cr Peter Cox
4. Cr John Connolly
5. Cr Jenny McKay
6. Cr Christian Dickson
7. Cr Ted Hungerford
8. Cr Jason O'Pray
9. Cr Stephen Robinson
10. Cr Greg Rogerson

Not sure who your local councillor is, or which division you're in? Find out on the [Electoral Commission of Queensland website](#).

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**Project Title \***

**What type of incident has occurred? \***

- Failure
- Damage
- Loss
- Other:

**Describe what occurred? ie. what equipment or structure was affected, to what extent and where it occurred? \***

Word count:

ie. What, where, who and how. Please limit your answer to 250 words.

**Why is this project an emergency? ie. How will it impact ability to operate normally? \***

**When did this incident occur? \***

Activities that have already begun PRIOR to submitting a grant are not eligible for funding.

**What do you need funding for? \***

- Repair existing equipment or structure
- Replace / purchase new equipment

**Is this covered by insurance? \***

- Yes - you are not eligible for funding
- No - please provide proof (see below)

**Please provide proof that you are not covered by insurance**

Attach a file:

This can be either a copy of your insurance certificate, or a letter from the insurance company saying they won't cover the claim, or if you don't have insurance, then a signed Statutory Declaration stating this.

**Estimated date to finalise work or purchase \***

When will your project be completed? Date by which you will have spent the grant funds. Your acquittal is due 8 weeks after this date.

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### Who Is Involved?

\* indicates a required field

**How many volunteers are in your organisation? \***

Must be a number.

**How many volunteers will be directly involved in your project? \***

Must be a number.

**How many volunteer hours will be involved in the project? \***

Must be a number.

**Please estimate how many people will actually benefit from this project or activity \***

Must be a number.

**If there are any other organisations helping you to deliver this project, please give details of who they are and their contribution**

Include all groups, individuals, businesses etc that are contributing to the running of your project

### Projects Involving Works on Land or Buildings

\* indicates a required field

**Does your project involve works on land or buildings? \***

- Yes - please answer all questions on this page
- No - please proceed to the next page

#### Land/Property Tenure

If your organisation is not the owner of the land/building where your project is to take place, you must provide a letter/email from the owner showing their support for the project and evidence of your current tenure.

**Who owns the land where the project is to take place? \***

- Federal Government - letter required
- State Government - letter required
- Council (including parkland) - letter required - see details below
- Your Organisation - letter not required

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Other:

### Council Owned Land

All proposals impacting on Council land must be forwarded to Council's Property Management Team for consent prior to any works commencing.

To do this, you will need to fill in an Application for Consent form (you can find it [here](#)). Please fill in and forward the completed form with supporting documentation to [propertymanagement@sunshinecoast.qld.gov.au](mailto:propertymanagement@sunshinecoast.qld.gov.au). For more information or queries please contact the Property Management Branch on 07 5475 7300.

### Attach your letter here showing you have permission for the project, and if applicable evidence of your current tenure

Attach a file:

### Approval

Land/property development may require an appropriate approval. Please [click here](#) for more information regarding planning approvals.

### Please attach project plans (plans are required for all proposed infrastructure projects)

Attach a file:

### Is your building covered by a heritage overlay? \*

- No
- Yes - Please seek architectural/heritage advice prior to completing your application. Phone Council's Urban Designer on 5475 9888 to organise written approval for your project.

## Budget

\* indicates a required field

### Funding Amounts

#### Is your organisation (or auspicer if being auspiced) registered for GST? \*

- Yes - Do NOT include GST in the Total Project Cost, Amount Requested, or Budget items (if successful, GST will be added to the amount funded)
- No - Include GST in the Total Project Cost, Amount Requested and Budget items

[Click here](#) for information on funding amounts and co-funding requirements.

### Project Budget

**Sample Budget** - If you would like to see a sample budget, please click [here](#).

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Please complete your **full** project budget in the table below - *not just the grant portion*. Do not use commas, fullstops or the "\$" sign in your amounts. There is also no need to add a total - the system will do this for you - see budget totals **below** the table.

The total income (including the amount you are seeking from council) should equal the total expenditure - ie there is no profit for the project.

<b>Income</b>	<b>\$</b>	<b>Expenditure</b>	<b>\$</b>
Council grant	\$	Enter first item in this box (delete this text first)	\$
	Must be a whole dollar amount (no cents).		Must be a whole dollar amount (no cents).

### Budget Totals

**Total Income Amount:**

\$   
This number/amount is calculated.

**Total Expenditure Amount:**

\$   
This number/amount is calculated.

**Income - Expenditure**

\$   
This number/amount is calculated.

### Details of Your Request

**What is the total cost of your project? \***

\$

Must be a whole dollar amount (no cents).

What is the total budgeted cost (dollars) of your project?

**What is the amount you are requesting from council? \***

\$

Must be a whole dollar amount (no cents).

What is the total financial support you are requesting in this application?

**Please list the items from your budget that you are requesting funding for \***

Please word exactly as shown in budget. If it is all items, just write 'All items'

### Financial Quotes

Please provide quotes for the budget items you want funded that are **over \$500**.

**Attach quote/s**

Attach a file:

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## Applicant Details

\* indicates a required field

**Does your organisation have an ABN? \***

- Yes  
 No

## ABN Details

**Organisation Australian Business Number ABN/ACN \***

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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Please check that your [ABN](#) details are correct eg ABN name and GST status. You will need to contact the [Australian Business Register \(ABR\)](#) if you need to change your ABN details.

**Please authorise Sunshine Coast Council to create an invoice for payment \***

I agree to allow Sunshine Coast Council to use the details provided in this application, including the organisation ABN, GST status and address, to create an invoice for payment of the grant funds to my organisation, and that my organisation will not create its own invoice for this payment

## Statement by a Supplier

**Please tick so that we can process your payment \***

The whole of the payment that I (or the supplier that I represent) will receive for the grant is exempt from withholding tax

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### Contact Details

#### ORGANISATION CONTACT DETAILS

Postal address (if your address doesn't appear automatically, choose 'Can't find my address' and then enter manually) \*

Address

  

Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia

Email address

Must be an email address.

Phone Number

Must be an Australian phone number.

Mobile Phone Number

Must be an Australian phone number.

#### INDIVIDUAL CONTACT DETAILS

Contact person \*

Title

First Name

Last Name

Position in organisation \*

Contact Email Address \*

Must be an email address.

Contact Phone Number \*

Must be an Australian phone number.

Contact Mobile Phone Number

Must be an Australian phone number.

### Auspicing Details

\* indicates a required field

#### Auspicing Organisation

**You only need to answer this section if you are required to be auspiced.**

If you are a community organisation which is not a legally constituted entity **or** recognised by the ATO as a not-for-profit type, your application will need to be [auspiced](#).

It is the responsibility of the organisation being auspiced to ensure that a clear agreement is reached before applying for funding. **An [Auspicing Agreement Form](#) must be filled out and included with the application of any auspiced organisation.**

**Auspicing organisation name \***

Organisation Name

Please ensure this name is the same as the name on the ABN Lookup below

**Auspice 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



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Entity name
ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type <a href="#">More information</a>
ACNC Registration
Tax Concessions
Main business location

Must be an ABN.

## Auspicing Contact Details

### ORGANISATION CONTACT DETAILS

Postal address (if your address doesn't appear automatically, choose 'Can't find my address' and then enter manually) \*

Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Email

Must be an email address.

Phone Number

Must be an Australian phone number.

Mobile Phone Number

Must be an Australian phone number.

### CONTACT PERSON'S DETAILS

Name \*

Title

First Name

Last Name

Position in Organisation \*

eg President, Secretary, Treasurer

Email \*

Must be an email address.

Phone Number \*

Must be an Australian phone number.

Mobile Phone Number

Must be an Australian phone number.

Please attach auspicing agreement

### Attach Auspicing Agreement

Attach a file:

If unable to attach here please email to [grants@sunshinecoast.qld.gov.au](mailto:grants@sunshinecoast.qld.gov.au)

## Payment Details

\* indicates a required field

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### Bank Details

Should your application be successful, grant payment will be by electronic funds transfer to your nominated bank account.

If you are being **auspiced** please provide the bank details of your **auspicing organisation**. You will find this information on your auspicing agreement - please transfer these details to the fields below.

**Name of your bank \***

**Bank BSB No. \***

**Name of Organisation on Bank Account \***

**Bank Account Number \***

**A copy of your bank statement header is required for all applicants who have NOT previously received a grant payment (OR current applicants who have changed their bank details). This copy should show the Account Name, BSB and Account No.**

**Has your organisation previously been paid a grant by SCC into the bank account you nominated above? \***

- No - please attach a copy of your bank statement below
- Yes - there is no need to attach a bank statement

**Attach copy of your bank statement header here (showing the details you provided above)**

Attach a file:

## Privacy and Certification

\* indicates a required field

### Privacy

Council will use any personal information provided for the purpose of processing your grant application 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.

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

By submitting an application you consent to council publishing the applicant's name, project description and amount funded on our website. This information may also be used for promoting council's grant program.

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

**I agree to the privacy statement above \***

Yes

**APPLICATIONS WILL ONLY BE ELIGIBLE IF THEY HAVE BEEN SUBMITTED ONLINE USING THIS ONLINE APPLICATION FORM.**

**APPLICATIONS MUST BE SUBMITTED BY THE DUE DATE AND TIME. VISIT COUNCIL'S WEBSITE FOR DETAILS.**

I am authorised by my group/organisation to complete this form and I agree that:

- the statements made in this application are true
- all necessary permits/approvals will be obtained prior to the beginning of the project
- the project will be covered by appropriate insurance
- all relevant health and safety standards will be met
- council does not accept any liability or responsibility for the project
- my organisation has met all acquittal conditions and has no debt to council.

If successful, I will:

- ensure that acquittal requirements are met within 8 weeks of the nominated project completion date
- ensure that funds are claimed within three months of notification, except where there is a co-funding requirement
- accept the terms of the grant in accordance with council requirements
- provide proof of successful co-funding (other grant sources) within six months of notification
- complete the project within twelve months of receiving council funding.

**I agree to the above \***

Yes

**Name \***

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

**Authorised person's position \***

**Authorised person's phone number \***

Must be an Australian phone number.

### Additional Support - Contact Details

If you require extra support, please contact the Community Connections team by:

- Phone - (07) 5420 8616 - during business hours 8.15 am to 5.00 pm
- Email - grants@sunshinecoast.qld.gov.au
- Post - to Grants Officer, Sunshine Coast Council, Locked Bag 72, Sunshine Coast Mail Centre, Qld 4560.

If emailing or posting documents, please quote your application number. **Please do not email or post any documents that you have already attached to this application.**

### Submit

**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)