

Festive Funding Program Application 2020-21

Form Preview

Applicant Details

* indicates a required field

Before you start this application, it is important to read the [Festive Funding Program Guidelines](#).

Questions marked with an * are mandatory and require a response

Organisation Name *

Organisation Name

Have you spoken with an Events Officer about your project? *

- Yes - please continue
- No - please contact an Events Officer about your project before completing this application

Which officer did you speak with? *

Have you applied for funding for this project from other sources? *

- Yes
- No

Is yes, please provide details

Organisation Not-for-profit Status

Are you a legal not-for-profit entity as defined by the ATO? *

- Yes - Incorporated Association
- Yes - Australian Public Company, Ltd by Guarantee
- Yes - Charitable Institution
- Yes - Charitable Fund
- Yes - Public Benevolent Institution
- Yes - Income Tax Exempt Fund
- Yes - Co-operative (please provide proof that your organisation is a NFP)
- Yes - Trust (please provide proof that your organisation is a NFP)
- No - Unincorporated NFP - you will need to be auspiced. Please complete auspicings section
- No - Business - not eligible. Do not fill in this form
- No - Individual - not eligible. Do not fill in this form

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*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.

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

Attach a file:

This program is available to organisations where the division in which they belong has no more than one Festive Season program council-funded decorated community Christmas Tree.

Currently Divisions 1, 2, 3, 6, 7 and 9 are eligible for this funding.

Divisional Fund for which you are applying *

- | | |
|----------------------------------|----------------------------------|
| <input type="radio"/> Division 1 | <input type="radio"/> Division 6 |
| <input type="radio"/> Division 2 | <input type="radio"/> Division 7 |
| <input type="radio"/> Division 3 | <input type="radio"/> Division 9 |

Not sure which division you're in? Find out on the [Electoral Commission of Queensland website](#)

About Your Project

* indicates a required field

Location of Project

What is the **SUBURB** where your project or activity will take place? *

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

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

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

Project Details

Project Title *

Describe your project, ie what are you going to do? *

Word count:

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

How will your project benefit the broader community? *

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Word count:

What is the genuine community benefit of this project? Please limit your answer to 200 words.

Project Start Date *

Must be a date.

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

Project End Date *

Must be a date.

The date by which you will have spent the grant funds. Your acquittal is due 8 weeks after this date.

Who is involved?

How many people will benefit directly from your project? *

Must be a number.

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

Must be a number.

Projects involving works on Land or Buildings

* indicates a required field

Does your project involve works on land or buildings?

- No - please proceed to next page
- Yes - please answer all questions on this 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. This also applies for works on council land, state government land and federal government land.

Council Owned Land

If the project is to take place on a council leased area, please contact council's Land Management Team on (07) 5475 7272 for a letter of approval.

If your project is to take place on Council land but is not a community leased area, e.g. if you are proposing to install public art in a council park, you can contact Council's [Customer Service Centre](#) for assistance in determining who can provide a letter of approval.

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On what type of land/property will the project take place? *

- Private property
- Council land (including parkland)
- Road Reserve
- Bushland Conservation Reserve
- Conservation Area
- State Government Land
- Federal Government Land

Attach proof of permission from the land/property owner for the project

Attach a file:

Proof is not required if the owner is the applicant

Approval

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

Does your project have the necessary approvals? *

- Not relevant - no approvals required
- Currently in the process of securing
- Yes - attach evidence below

Please provide details re the status of approvals

Attach approval if relevant

Attach a file:

Attach plans if relevant

Attach a file:

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

Project Budget

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

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.

Income - list each source of income, eg Council grant, other grant, own funds, sponsorship	\$ Amount of this income	Expenditure - list each item/ service you will be purchasing (separate line for each)	\$ Cost of this item/ service
	Must be a whole dollar amount (no cents).		Must be a whole dollar amount (no cents).
Council Grant	\$	Write here	\$

Budget Totals

Total Income Amount	\$ <input type="text"/>	Total Expenditure Amount	\$ <input type="text"/>
	This number/amount is calculated.		This number/amount is calculated.
		Income - Expenditure	
		\$ <input type="text"/>	
		This number/amount is calculated.	

Detail 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'

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Quotes

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

Attach quote/s

Attach a file:

Applicant Details

* indicates a required field

Does your organisation have an ABN? *

- Yes
 No

ABN Details

Applicant 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.

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

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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

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.

Physical Address of Organisation (NOT Post Office Address) *

Address

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

If your address doesn't appear automatically, choose 'Can't find my address' and then enter manually

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

Auspicing Organisation

You only need to answer this section if you are being auspicied.

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 [auspicied](#).

It is the responsibility of the organisation being auspicied 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 auspicied organisation.**

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Auspecting 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	
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.

Auspecting 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

Email Address

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

Auspice Contact person

Title

First Name

Last Name

Position in Organisation

Email Address

Must be an email address.

Phone Number

Must be an Australian phone number.

Mobile Phone Number

Must be an Australian phone number.

Please attach auspecting agreement

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Attach Auspicing Agreement

Attach a file:

If unable to attach here please email to grants@sunshinecoast.qld.gov.au

Payment Details

* indicates a required field

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:

You can black out sensitive info like account amounts and balances

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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.

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

Certification

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

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Authorised Person's 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 & Partnerships team by:

- Phone - (07) 5420 8616 - during business hours 8.30 am to 4.30 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)