

# Community Facilities March 2025 Major Grant Application Form

## Form Preview

### Applicant Eligibility

\* indicates a required field

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

**Is this a MINOR project (requesting \$2,000 or less)? We are also accepting applications for MINOR grants on this form. Please continue.**

**Organisation name \***

Organisation Name

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

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

- ☐ Yes - Incorporated Association in Queensland
- ☐ Yes - Registered with the Australian Charities and Not for Profits Commission
- ☐ Yes - Australia Public Company, Ltd by Guarantee
- ☐ Yes - Incorporated by Letters Patent (please provide proof that your organisation is a NFP)
- ☐ Yes - Co-operative (please provide proof that your organisation is a NFP)
- ☐ Yes - Trust (please provide proof that your organisation is a NFP)
- ☐ No - Org. is an Unincorporated NFP (you will need to be auspiced - please complete Auspicing section)
- ☐ No - Org. is a Business - NOT ELIGIBLE - Do not fill in this form
- ☐ No - I'm an Individual - NOT ELIGIBLE - Do not fill in this form

**If you are a Co-op or Trust, please upload your constitution/governing documents**

Attach a file:

### Are you filling in the correct form?

It is important that your application is assessed under the correct category or you may not be successful.

**Is your project for the development, maintenance or improvement of land or buildings/permanent fixtures? \***

- ☐ Yes - please continue filling in this Community Facilities application form
  - ☐ No it is for an event, activity or purchase of a non-fixed item - do not fill in this form.
- Check category priorities to see which category you should be applying under

**Does your organisation have any overdue acquittals? \***

- ☐ No - please continue
  - ☐ Yes - you can continue but please ensure you complete the acquittal as soon as possible.
- Funding will not be paid to any groups with an overdue acquittal

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☐ I don't know - please email [grants@sunshinecoast.qld.gov.au](mailto:grants@sunshinecoast.qld.gov.au) and ask us to check for you

### Have you attended a Grants Writing Workshop before? \*

- ☐ Yes  
☐ No

Grants Writing Workshops are held at the beginning of every major grants round. If you haven't attended a workshop before we encourage you to register for one next time.

## Project Alignment with the Community Facilities Category

This form is to be used for **Community Facilities Category** applications only.

This category supports infrastructure projects that involve the development, maintenance or improvement of buildings or land that contribute to providing a safe, accessible and inclusive community facility.

**NOTE: Projects that are shovel ready will be a higher priority.**

### Which of the following Community Facilities priorities will your project achieve? (must address all) \*

- ☐ Provide well maintained and accessible community facilities which enable opportunities for social interaction
- ☐ Adhere to principles of access and equity
- ☐ Address issues of risk management or compliance with Australian Standards
- ☐ Minimise environmental impact - Reuse, Reduce, Recycle - and follow the seven principles of sustainable construction: sustainable design, durability, energy efficiency, waste reduction, indoor air quality, water conservation, sustainable building materials
- ☐ Have a current Maintenance Schedule

**IMPORTANT: If you are having difficulty aligning your project with the above priorities you may be in the wrong category. Please contact a Grants Officer on 5420 8616.**

## 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, name the main suburb only

What is this suburb's postcode? \*

You can find postcodes [here](#).

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

Name of venue (if relevant)

### Project Title \*

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### Start Date \*

Note projects that have started before submission of your application are not eligible.

### End Date \*

### 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.

### Why do you think this project is worthwhile? Who will benefit? \*

Word count:

What is the genuine community need and benefit of this project? What challenges are you facing? What research, facts or figures can you provide? Please limit your answer to 200 words.

### Attach documents that support the need and benefit of your project (optional)

Attach a file:

This may include survey results, needs analysis or photographs of the current situation.

## 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](#).

Please complete your **full** project budget in the table below - *not just the grant portion*. Do not use commas, full stops 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.

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Income - list each source of income, eg Council grant, other grant, own funds, sponsorship, ticket sales	\$ Amount of this income	Expenditure - list each item/ service you will be purchasing (separate line for each)	\$ Cost of this item/ service
Council grant	\$	Type here	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

### Budget Totals

Total Income Amount:	\$	Total Expenditure Amount:	\$
	This number/amount is calculated.		This number/amount is calculated.
		<b>Income - Expenditure</b>	\$
			This number/amount is calculated.

### Details of Your Request

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

\$

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

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

\$

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 equal to or over \$500. (Please use local suppliers where available.)

Please note that although quotes are not required for requested budget items under \$500, you may also submit quotes for lesser amounts to clarify costs of your budget items and strengthen your application.

### Attach quotes

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Attach a file:

### Co-Funding Status and Shortfalls

Please check the guidelines for details re co-funding requirements.

Please note that where the amount funded has a co-funding requirement, you will need to provide evidence of full project costs in your acquittal. In situations where only part of the planned project is completed some grant funds *may* need to be returned.

**Please indicate the status of any co-funding, including loans, indicated in your budget above \***

- ☐ Secured - co-funding secured and/or received
- ☐ Progressing - applied for funds and awaiting approval/notification
- ☐ Not sought yet - intending to apply for other sources of funds but no application submitted yet
- ☐ N/A - co-funding not required

**If there is a shortfall in funding, please advise how you will address this? \***

Word count:

We would like to know if or how the project will proceed if part-funding is offered or other sources of funding do not eventuate. Please limit your answer to 150 words.

### Projects Involving Works on Land or Buildings

\* indicates a required field

#### 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

**Does your project have the necessary approval from the owner of the land? \***

- ☐ Yes - please attach below
- ☐ No but I am currently in the process of securing. Please continue and email when available.
- ☐ N/A

#### Council Owned Land

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Note: Organisations with formal council tenure are required to complete any works required under their leasing arrangements prior to being funded for other projects.

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 on this [page](#) (scroll down a little to find it). 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.

**If available attach your letter here showing you have permission for the project, and if applicable, evidence of your current tenure**

Attach a file:

If you are awaiting council consent, please continue filling in this application without it. You can email this to us separately, even after round closure.

### Planning 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:

If you are awaiting planning approvals, please continue filling in this application without it. You can email this to us separately, even after round closure

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

- ☐ No
- ☐ Yes - please seek architectural/heritage advice prior to completing your application. Phone Council's Urban Planner on 0448 356 604 to organise written approval for your project

**What are your regular operating hours? Detail the hours your facility is open to the community each day of the week. \***

Indicate the amount of regular weekly usage, eg. Mon, Tue & Wed 10am-5pm = 21 hours/week; or 7 days 9am - 9pm = 84 hours/week.

**What are the main activities carried out at your facility? Summarise your program of activities/events \***

eg youth programs, seniors activities, specific sports, music or cultural pursuits etc.

### Who Is Involved?

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\* indicates a required field

**How many current members does your organisation have? \***

Must be a number.

**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.

**Please estimate how many people will directly benefit from this particular project or activity? \***

Please ensure your answer directly relates to THIS project (not to your organisation as a whole). Direct beneficiaries are those who are directly involved with your project and benefit from it. eg participants in project, attendees at events, users of equipment, service or facility

**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

**Letters of Support.** Letters of support are valuable for showing that there is support for your project. The most valuable evidence of support will come either from community members/organisations who will benefit from your project, or from your project partners.

If you have mentioned a partnership with an organisation in your application it is recommended you demonstrate this with a letter of support.

Letters of support are NOT required from the Mayor or Councillors.

**Please attach letters of support from your project partners or those benefitting directly from your project**

Attach a file:

Letters of support are NOT required from the Mayor or Councillors

## Council Division

**In which division will your project take place? \***

☐ Div. 1

☐ Div. 4

☐ Div. 7

☐ Div. 10

☐ Div. 2

☐ Div. 5

☐ Div. 8

☐ Across the whole

☐ Div. 3

☐ Div. 6

☐ Div. 9

Sunshine Coast Region

☐ Outside the  
Sunshine Coast

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

1. Cr Jenny Broderick
2. Cr Terry Landsberg
3. Cr Tim Burns
4. Cr Joe Natoli
5. Cr Winston Johnston OAM
6. Cr Christian Dickson
7. Cr Ted Hungerford
8. Cr Taylor Bunnag
9. Cr Maria Suarez
10. Cr David Law

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

## Applicant Details

\* indicates a required field

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

- ☐ Yes  
☐ No

## ABN Details

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 payment

**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

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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.

## 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

**Organisation's Physical Address (Not Post Office) \***

Address

  

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

**Organisation Phone Number \***

**Organisation Mobile Phone Number**

**Organisation Email**

### INDIVIDUAL CONTACT DETAILS

**Contact person \***

Title

First Name

Last Name

**Position in organisation \***

**Contact's phone number \***

**Contact's Mobile Number**

**Contact's email \***

## Auspicing Details

**\* indicates a required field**

### Auspicing Organisation

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](#).

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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.**

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

Must be an ABN.

### Please attach a copy of the auspicing agreement

Attach a file:

### Auspicing organisation name \*

Organisation Name

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

## Auspicing Contact Details

### ORGANISATION CONTACT DETAILS

#### Auspice Physical Address (Not Post Office) \*

Address

  

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

#### Auspice Org Phone Number \*

Auspice Email

### CONTACT PERSON'S DETAILS

#### Name \*

Title

First Name

Last Name

This is the person from the auspicing organisation

#### Position in organisation \*

#### Contact's Phone Number \*

From the auspicing organisation

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**Auspice Mobile Phone Number**

**Email \***

From the auspicing organisation

**Mobile Phone Number**

From the auspicing organisation

## 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 balances

## 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 [Information Privacy Policy](#).

**I agree to the Privacy Statement above \***

☐ Yes

### **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:

- accept the terms of the grant by submitting the online funding agreement within 8 weeks of notification
- provide proof of successful co-funding (other grant sources) within six months of notification (if relevant)
- complete the project within twelve months of receiving council funding
- complete the online acquittal within 8 weeks of the project end date given in the application

**I agree to the above \***

☐ Yes

**Name \***

Title      First Name      Last Name

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Must be a member of the committee

**Position \***

**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 8.30 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.**

### Reminder

***To ensure your supporting documentation is reviewed by the assessment panel, please upload it directly to your application before you submit. Unfortunately, due to the large volume of applications received, we cannot guarantee that information provided to the Grants Team after submission will be uploaded to your application in time for it to be considered in the assessment. This may affect the outcome of your submission.***

### 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)