

**Environmental Grants Program**

**Application Form**

**OTHER PROJECTS**

|  |  |
| --- | --- |
| Office use only | |
| **Organisation** |  |
| **Project** |  |
| **Amount** |  |
| **Year/Round** |  |
| **Doc ID** |  |

Please ensure that you have read the Environment Grants Program Guidelines and consulted with Environmental Services staff before completing the application form.

**CHECK LIST**

The following highlighted documents must be attached to this application.

|  |  |
| --- | --- |
| **Document/ Activity** | **Check** |
| All questions have been answered in full. |  |
| The application has been signed by an appropriate person/s. |  |
| Evidence of incorporation or charity or tax exemption. |  |
| Public Liability Certificate of Currency ($20 million value is compulsory) |  |
| Latest audited financial statements (balance sheet or income and expenditure) |  |
| Quotes (2 minimum)- must be attached if purchasing equipment or hiring labour. |  |
| Master plan, site plans, risk management plans, photographs. |  |
| Permits and landowner’s permission (including for Council-owned facilities such as parks, the Civic Centre, and Buchanan Park). |  |
| You have kept a copy of your application. |  |

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**Section A: Information about the applicant**

**Q1 Name of Organisation**

**Q2 Briefly outline the nature of your organisation and its primary purpose.**

**Q3 Please select**

☐ Accountable officer (*e.g., President, CEO, Management Committee Member - all correspondence will be sent to this person*.)

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Address |  |
| Position |  | **Suburb** |  |
| Email |  | **Postcode** |  |
| Mobile |  | **Phone** |  |

☐ Private consultant (if applicable*).*

|  |  |  |  |
| --- | --- | --- | --- |
| Business Name |  | Address |  |
| Person Name |  | **Suburb** |  |
| Position |  | **Postcode** |  |
| Email |  | **Phone** |  |

☐ Project sponsor (*if applicable*).

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Address |  |
| Position |  | **Suburb** |  |
| Email |  | **Postcode** |  |
| Mobile |  | **Phone** |  |

**Q4 Organisation address**

|  |  |  |  |
| --- | --- | --- | --- |
| Street address |  | PO BOX |  |
| Suburb |  | **Suburb** |  |
| State |  | **State** |  |
| Postcode |  | **Postcode** |  |

**Q5 Is your organisation registered for GST?**  ☐ Yes ☐ No

**Q6 Is your organisation an incorporated ‘not-for-profit’ organisation or a company limited by guarantee that has been endorsed by the Australian Taxation Office as a charity, income tax-exempt fund, or deductible gift recipient?**

☐ Yes (*Please attach a copy of your incorporation certificate of ATO endorsement as a charity, income tax-exempt fund, or a deductible gift recipient*).

☐ No

**Q7 Does your organisation hold public liability insurance of $20 million?**

☐ Yes (*Please attach a copy of the Certificate of Currency*)

☐ No *(Ineligible to apply. Public liability insurance to the value of $20 million is compulsory).*

**Q8 Does your organisation have any debts (e.g., general rates, excess water) owing to Council? If so, are payments up to date?**

☐ Yes (*please provide details below*) ☐ No (Go to Q9)

**Q9 Has your organisation received a previous Council grant?**

☐ Yes (*Please provide date of grant and description below*) ☐ No

**Section B — Project overview**

**Q10 Project title (*Be creative! 15-word limit*):**

**Q11 Where is the project being held?**

**Q12 Brief project description (*Outline what your project will deliver and achieve, bearing in mind the Grant objectives. 100-word limit*):**

**Q13 How is the project linked to the objectives of the Community Environment and Sustainability Grants program?**

(*E.g., describe how the project helps to improve the health of the Mount Isa environment, capacity building of a sustainable community, increase awareness of environmental issues, increase participation in sustainability initiatives, etc. Please see the EGP guidelines for more information. 300-word limit*).

**Q14 Please provide evidence that your project is supported or requested by the community. How will your project respond to or address community needs?**

(*If possible, attach to your application related committee meeting minutes, letters or emails. 150-word limit*)

**Q15 How does your project contribute to community engagement and education, or raise and encourage action on environmentally friendly and sustainable practices?** (150-word limit).

**Q16 How will you know if your project is successful? How will you demonstrate your success to the community or to Council?** (*Provide details on monitoring to assess and share the impact of your project, e.g., comparing utility invoices, conducting a user survey, sharing content with Council. 150-word limit*.)

**Q17 Project Timeline**

|  |  |
| --- | --- |
| **Expected Commencement Date** | dd/mm/yyyy |
| **Expected Completion Date** | dd/mm/yyyy |

**Q18 Describe your project plan, including timeframe, budget, deliverables, monitoring criteria and project evaluation.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Activity | Total Budget | Amount requested | Exp. Start date | Exp. Completion date | Expected  Outcome |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

**Part D- project approvals**

**Q19 Does your project require permits?** *(Please attach paperwork)*

Council park hire ☐ Yes ☐ No ☐ Not applicable

Council building approval ☐ Yes ☐ No ☐ Not applicable

Planning/structural approval ☐ Yes ☐ No ☐ Not applicable

Other ☐ Yes (Please provide details below)

**Q20 Does your project have written permission from the landowner?**

☐ Yes (*attach a copy of the letter*) ☐ No ☐ Not applicable

**Q21 How will your organisation acknowledge Council’s contribution to the project?**

**Q22 How will your organisation fund recurrent expenses in future years?**

**Part E- Project Budget**

**Q23 Have you applied for funding other than from Mount Isa City Council or received other funding for this project?**

☐ Yes (Please list the source and amount below) ☐ No (Go to Q20)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Funding Name | $ Amount | Has the funding been accepted? | | |
| Yes | No | Waiting on reply |
|  |  | ☐ | ☐ | ☐ |
|  |  | ☐ | ☐ | ☐ |
|  |  | ☐ | ☐ | ☐ |
|  |  | ☐ | ☐ | ☐ |
|  |  | ☐ | ☐ | ☐ |
|  |  | ☐ | ☐ | ☐ |
|  |  | ☐ | ☐ | ☐ |

**Q24 Please provide the full budget of the project**

Note: All figures are to be calculated incl. GST. (*You can use the template below or may attach a separate project budget*)

|  |  |  |
| --- | --- | --- |
| Expenditure (Total cost of the project) | Total | Amount of Grant Request |
| A. Material | | |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Subtotal A | 0 | 0 |
|  | | |
| B Equipment | | |
|  |  |  |
|  |  |  |
|  |  |  |
| Subtotal B | 0 | 0 |
|  | | |
| C. Labour Hire | | |
|  |  |  |
|  |  |  |
|  |  |  |
| Subtotal C | 0 | 0 |
|  | | |
| D. Other Expenses | | |
|  |  |  |
|  |  |  |
|  |  |  |
| Subtotal D | 0 | 0 |
|  | | |
| E Total Grant request-whole dollars only (transfer this figure to subtotal K) |  | 0 |
|  | | |
| Total Expenses (A+B+C+D) Not E (Must equal Total income) | 0 |  |

|  |  |
| --- | --- |
| Income (money generated to cover the total cost of the project. This includes in-kind contribution and the total CESGP grant you are seeking) | |
| F. Cash in Hand | |
|  |  |
|  |  |
|  |  |
|  |  |
| Subtotal F | 0 |
|  | |
| G. Donated Material & Equipment | |
|  |  |
|  |  |
|  |  |
| Subtotal G | 0 |
|  | |
| H. Labour in kind | |
|  |  |
|  |  |
|  |  |
| Subtotal H | 0 |
|  | |
| I. Other income (sponsorship, donation, fundraisings) | |
|  |  |
|  |  |
|  |  |
| Subtotal I | 0 |
|  |  |
| J. Subtotal (F+G+H+I) | 0 |
|  | |
| K. Community Grant Requested (transfer from E) | 0 |
|  | |
| Total Income (J+K) must equal to Total expenses) | 0 |

**Section E- Certification by Organisation**

The certification must be signed by two (2) executive officers of the organisation, e.g., the president or chairperson and another executive officer.

I certify that:

1. To the best of my knowledge the information given in this document is true and accurate
2. If funding is allocated to our project or activity,
3. I will deliver the project or activity in accordance with the Mount Isa City Council conditions of funding (refer to the Guidelines);
4. The project report and acquittal form accompanied with receipts and invoices will be completed and returned to council within 6 weeks from the completion of the project.
5. I understand that if a condition of funding is not complied with:
6. Council will recover the funds allocated
7. Future applications for funding from Council may not be considered

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Name |  |
| Position |  |
| Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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**Section F- Certification by project sponsor (if applicable)**

The certification must be signed by two (2) officers of the sponsor organisation

1. I declare that should funding be approved, I will take full responsibility for the financial management of the grant on behalf of (Sponsored organisation)
2. I also declare that as the Project sponsor:
3. I will support and help to deliver the project or activity in accordance with the Mount Isa City Council conditions of funding (refer to the Guidelines);
4. I will ensure that the project report and acquittal form accompanied with receipts and invoices will be completed and returned to Council within 6 weeks from the completion of the project.
5. I understand that if the condition of funding is not complied with:
6. Council will recover the funds allocated
7. This will jeopardise our organisation for any future grant applications with Council

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name |  |
| Position |  |
| Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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Logo, company name

Description automatically generated

**Creditor Details Form**

Please complete the details below, attach copies of required documentation and email to Mount Isa City Council [**enviroteam@mountisa.qld.gov.au**](mailto:enviroteam@mountisa.qld.gov.au)to enable purchase orders and payments to be processed. If you are required to submit an invoice forward the invoice to the email address above for authorisation and payment.

ABN:48 701 425 059

P O Box 815

Mount Isa Q 4825

Phone: (07) 47 473200

Fax: (07) 47 473209

***Please Note: Mount Isa City Council payment terms are strictly 30 days.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Company Name** |  | | | | |
| **Trading Name** |  | | | | |
| **Postal Address** |  | | | | |
| **Business/Trading Address** |  | | | | |
| **General Email Address** |  | | | | |
| **MICC Council Contact** |  | | | | |
| **Phone** |  | | **Fax** |  | |
| **ABN Number** |  | | **Mobile** |  | |
| **Public Liability** | Yes | | NO | Certificate of Currency must be attached |  |
| Electronic Fund Transfer Payment Details (All payments will be made by EFT) | | | | | |
| **Account Name** |  | | | | |
| **Bank/Institution** |  | | **Branch** |  | |
| **BSB No.** |  | | **Account No.** |  | |
| **Email for Remittance Advice**  ***(Accounts Receivable)*** | |  | | | |
| **Company Authority** | **I agree with Mount Isa City Council’s Payment Terms of Strictly 30 Days** | | | | |
| **FULL NAME & POSITION OF AUTHORISED PERSON** | | | **SIGNATURE** | |

***For Council Office Use Only:*** (SIGN & PRINT NAME OF OFFICER)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Creditors Code** |  | **Copy of Contract Schedule** |  | |
| **Processing Officer:** |  | | Date: |  |
| **Checking Officer:** |  | | Date: |  |

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