**Correspondence:** Chief Executive Officer **Website:** [www.mountisa.qld.gov.au](http://www.mountisa.qld.gov.au) **ABN:** 48 701 425 059

PO Box 815 MOUNT ISA QLD 4825 **Phone:** (07) 4747 3200

**Street Address:** 23 West Street, Mount Isa **E-mail:** [city@mountisa.qld.gov.au](mailto:city@mountisa.qld.gov.au) **Fax:** (07) 4747 3209

|  |  |
| --- | --- |
| **OFFICE USE** | |
| **Organisation** |  |
| **Project** |  |
| **Amount** |  |
| **Year/Round #** |  |
| **MagiQ ID** |  |

***\*Use this application for tangible purchases. Events should be applied for on the sponsorship application form***

**Check List**

**Please ensure the following documents that are highlighted MUST be attached to your application**. **Please refer to the** ***Community Grants & Sponsorship Guidelines*** **for further information.**

****  All questions have been answered in full.

****  The appropriate person/s has signed the application certification. Unsigned or electronically signed applications will not be considered.

****  Incorporation Certificate or Australian Taxation Office Endorsement as a charity, tax exempt fund or deductible gift recipient.

****  Public Liability Certificate of Currency ($20 million value is **compulsory**)

****  Latest audited financial statements (including balance sheet, income and expenditure statements, and profit and loss statement)

****  2 x Quotes – **must** be attached if purchasing equipment or hiring labour.

Site plan setting out the existing infrastructure and the potential work to be carried out

** must** be attached if holding a public event, extending a building or renovating.

****  Letters of support from stakeholders as evidence of community consultation.

****  Permits, Bookings or Landowners permission

Risk management plan – **must** be attached if holding a large event, extending a building or renovating.

You have kept a copy of your application

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**IMPORTANT INFORMATION FOR APPLICANTS:** Please note this application should not be completed without reference to the Mount Isa City Council Community Grants & Sponsorship Program Guidelines. This application process is also available online at www.mountisa.qld.gov.au

**Section A**

**Information about the applicant**

**Q1 Name of Organisation** *(as per incorporation certificate, charity register or other)*

|  |
| --- |
| Click here to enter text. |

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

|  |
| --- |
| Click here to enter text. |

**Q3 Please select**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Click here to enter text. | Address | Click here to enter text. |
| Position | Click here to enter text. | Suburb | Click here to enter text. |
| E-mail | Click here to enter text. | Postcode | Click here to enter text. |
| Mobile | Click here to enter text. | Phone | Click here to enter text. |

**Private Consultant** *(please fill in your details in the box below* ***and*** *the Accountable Officer above)*

|  |  |  |  |
| --- | --- | --- | --- |
| Business Name | Click here to enter text. | Address | Click here to enter text. |
| Name | Click here to enter text. | Suburb | Click here to enter text. |
| Position | Click here to enter text. | Postcode | Click here to enter text. |
| E-mail | Click here to enter text. | Contact No | Click here to enter text. |

**Project Sponsor** *(A project sponsor is required when the applicant organisation is not incorporated, but the Project Sponsor must be incorporated)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Click here to enter text. | Address | Click here to enter text. |
| Position | Click here to enter text. | Suburb | Click here to enter text. |
| E-mail | Click here to enter text. | Postcode | Click here to enter text. |
| Mobile | Click here to enter text. | Phone | Click here to enter text. |

**Q4 Organisation’s address**

|  |  |  |  |
| --- | --- | --- | --- |
| Street Address | Click here to enter text. | PO Box | Click here to enter text. |
| Suburb | Click here to enter text. | Suburb | Click here to enter text. |
| State | Click here to enter text. | State | Click here to enter text. |
| Postcode | Click here to enter text. | Postcode | Click here to enter text. |

**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, tax exempt fund or deductible gift recipient?**

Yes *(please attach a copy of your Incorporation Certificate of Australian Taxation Office Endorsement as a charity tax exempt fund or deductible gift recipient)*

No *(ineligible application)*

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

Yes *(please attach a copy)*

No *(ineligible application. Public liability insurance to the value of $20 million is compulsory)*

**Q8 Does your organisation have any overdue debts (example general rates, excess water) owing to Council? If so, have you an approved payment plan with Council?**

Yes *(please provide details below)*  No *(go to Q9)*

|  |
| --- |
| Click here to enter text. |

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

Yes Date of grant: Click here to enter a date.  No *(go to Q11)*

Description: Click here to enter text.

**Q10 Has your organisation acquitted the Council grant?**

Yes  No *(please provide details below)*

|  |
| --- |
| Click here to enter text. |

**Section B**

**Project Details**

**Q11 What is your project name?**

|  |
| --- |
| Click here to enter text. |

**Q12 What is the location of the project?**

|  |
| --- |
| Click here to enter text. |

**Q13 Brief description of the project including the target audience and the need. Please attach any relevant supporting documentation or further information as required.**

|  |
| --- |
| Click here to enter text. |

**Q14 Please outline how this funding will benefit your organisation and the community.**

|  |
| --- |
| Click here to enter text. |

**Q15 Please outline how often the item funded will be used (if applicable)? (calendar year estimate)**

|  |
| --- |
| Click here to enter text. |

**Q16 Project details.**

|  |  |
| --- | --- |
| Total Project Budget *(as per budget page)* | $ Click here to enter text. |
| Grant Amount Request | $ Click here to enter text. |

**Q17 Project Timeline**

*(Note - commencement of the project before funding approval is received will make the project ineligible- refer to the guidelines for funding timelines)*

|  |  |
| --- | --- |
| Expected Commencement Date | Click here to enter a date. |
| Expected Completion Date | Click here to enter a date. |

**Q18 Does your project require permits?** *(please attach paperwork)*

Building Approval  Yes  No  Not applicable

Temporary Food License  Yes  No  Not applicable

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No  Not applicable

Have these been obtained?  Yes  No  Not applicable

**Q19 Does your project/event have written permission from the landowner?**

Yes (attach copy of letter)  No  Not applicable

**Q20 How will your organisation acknowledge Council’s contribution to the project /event should your application be successful?**

|  |
| --- |
| Click here to enter text. |

**Q21 How will your organisation fund recurrent expenses in future years.**

|  |
| --- |
| Click here to enter text. |

**Q22 Have you applied for funding other than Mount Isa City Council or received funding from any other sources for this project?**

☐ Yes *(please list the sources and amounts below)*  No *(go to Q20)*

|  |  |  |
| --- | --- | --- |
| **Funding Name** | **$ Amount** | **Has the Funding Been Accepted?**  **Yes No Waiting on reply** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Q23 Please provide the full budget of the project.**

**Note: All figures are to be calculated on incl. GST.** *(You may attach a separate project budget if insufficient space below)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Expenditure  (Expenditure is the total cost of the project) | Total | Amount of Grant Request |  | Income  (Money generating to cover the total cost of the project. This includes in-kind contribution and the total CSG grant you are seeking) | |
| A. Materials |  |  | F. Cash in Hand | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | Subtotal F | $ |
|  |  |  |  | |
|  |  |  | G. Donated Materials & Equipment | |
| Subtotal A | $ | $ |  |  |
|  | | |  |  |
| B. Equipment |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Subtotal B | $ | $ | Subtotal G | $ |
|  | | |  | |
| C. Labour Hire |  |  | H. Labour in Kind | |
|  |  |  |  |  |
|  |  |  |  |  |
| Subtotal C | $ | $ | Subtotal H | $ |
|  | | |  | |
| D. Other Expenses |  |  | I. Other Income(sponsorship, donations, fundraisings) | |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Subtotal D | $ | $ | Subtotal I | $ |
|  | | |
| E Total Community Small Grant Request – whole dollars only (transfer this figure to Subtotal K) | | $ | J. Subtotal (F+G+H+I) |  |
|  | |
|  | |  | K. Community Grant Requested(transferred from E) | $ |
|  | |
| TOTAL EXPENSES  (A+B+C+D) Not E ((Must equal Total Income) | $ | TOTAL INCOME  (J+K)(Must equal Total Expenses) | $ |

**Section C**

**Certification by Organisation**

The certification must be signed by two (2) executive officers of the organisation, e.g. the president/chairperson and another executive officer. N.B. Electronic signatures are not accepted.

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 program, project or event:
   1. I will be required to accept the funding in accordance with the Mount Isa City Council’s conditions of funding including any special conditions (refer to Guidelines)
   2. The project report and acquittal form accompanied with receipts and invoices will be completed and returned to Council within six (6) weeks from the end of the program, project or event.
   3. I understand that if the conditions of funding are not complied with:
      1. Council will recover the funds allocated
      2. Future applications for funding from Council may not be considered.

|  |
| --- |
| Click here to enter text. |

Name

|  |
| --- |
| Click here to enter text. |

Position

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Click here to enter a date.

|  |
| --- |
| Click here to enter text. |

Name

|  |
| --- |
| Click here to enter text. |

Position

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Click here to enter a date.

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**Section D**

**Certification by Project Sponsor (if applicable)**

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

1. I declare that should funding be approved, I will take full responsibility for the financial management of the grant on behalf of:

|  |
| --- |
| Click here to enter text. |

*(sponsored organisation)*

1. I also declare that as the project sponsor I will ensure that:

|  |
| --- |
| Click here to enter text. |

*(sponsored organisation)*

1. Will deliver the project, program or event in accordance with the Mount Isa City Council’s conditions and special conditions of funding (refer to the Guidelines)
2. Will deliver the project, program and/or event in accordance with the Mount Isa City Council’s conditions of funding (refer to the Guidelines)
3. Will complete and return to Council the required project report and acquittal from accompanied with receipts and invoices within six (6) weeks from the end of the project, program and/or activity
4. I understand that if the conditions of funding are not complied with:
   1. Council will recover the funds allocated
   2. This will jeopardise our organisation in sponsoring any future applications

|  |
| --- |
| Click here to enter text. |

Name

|  |
| --- |
| Click here to enter text. |

Position

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Click here to enter a date.

|  |
| --- |
| Click here to enter text. |

Name

|  |
| --- |
| Click here to enter text. |

Position

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Click here to enter a date.

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