Form Preview

### Introduction

\* indicates a required field

Discretionary funds may be allocated by the Mayor and Councillors to community organisations for a community purpose. Council's discretionary funds support the sustainable delivery of community, cultural, sporting and environmental projects that provide a demonstrated benefit to the City of Moreton Bay.

Please read the <u>Discretionary Funds Guidelines</u> carefully before commencing and submitting this application.

Successful applicants will also be required to agree to Council's <u>Funding Terms and</u> Conditions.

A maximum of \$2,000 can be received through the Discretionary Funds Program per financial year.

Please note that most fields in this form are mandatory and if not completed your form will not be able to be submitted. An error message will highlight which questions require completion.

I hav	e read	and	understand	the	<b>Discretionary</b>	<b>Funds</b>	<b>Guidelines</b>	*
$\sim$ $\vee$	00							

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

### I have read and understand the Funding Terms and Conditions

O Yes

O No - please read the Terms and Conditions prior to starting an application

# I am aware that the application may take up to 15 business days processing time from the date Council receives a complete application

O Yes

Applications with projects dates of less than 15 business days from receipt of application may not be funded by Council.

### SUPPORTING DOCUMENTATION REQUIRED FOR THIS APPLICATION;

- Current Public Liability Insurance Certificate for projects that engage the community; and
- Bank statement header.

### **ACQUITTAL AND RETURN OF FUNDS**

- If this application is successful, an acquittal report, including receipts of expenditure, must be submitted four weeks after project completion.
- Unspent funds, or funds expended on unapproved items, must be returned to Council at the time of acquittal.

### Eligibility

Organisation Name \*

# 2024 Discretionary Funds Application Form Form Preview

Organisation Name
Official entity, group or organisation name (no acronyms). Please ensure your organisation name is the same as the name on your ABN Lookup (on page 2).
Is the organisation a not-for-profit community organisation? *  O Yes  O No
Organisation type *  Incorporated association Registered charity Company limited by guarantee (that is not a registered charity) School or P&C Association Unincorporated community group
Please note if the group is a branch or chapter of a larger organisation and the branch or chapter is NOT incorporated in their own name, please select the "Unincorporated Community Group" option above.
If you are unsure, please contact Council's Community Grants and Partnerships Unit on (07) 3205 0555.
Is the organisation a political group? *  O Yes  O No
Auspice
Unincorporated community groups may apply through an Auspice which is able to accept legal and financial responsibility for the project.
Where community organisations act as an Auspice for unincorporated community groups, these funds will not form part of the auspicing organisation's maximum annual funding limit.
Auspice Organisation Name * Organisation Name
Official entity, group or organisation name (no acronyms). Please ensure your organisation name is the same as the name on your ABN Lookup (on page 2).
Organisation type *  Incorporated association Registered charity Company limited by guarantee (that is not a registered charity) School or P&C Association
Is the organisation a political group? *  O Yes O No

Form Preview

Must be a URL

○ Yes

Does the organisation have an ABN? \*

Based on the above responses, the organisation is ineligible to apply for Discretionary Funds.

Please refer to the <u>Discretionary Funds Guidelines</u> for applicant eligibility criteria or contact the Community Grants and Partnerships Unit on (07) 3205 0555 to discuss this application.

IF SUBMITTED, THIS APPLICATION WILL NOT BE CONSIDERED AND NO FURTHER NOTIFICATION WILL OCCUR.

Does the organisation have any OVERDUE Moreton Bay Regional Council grant acquittals? *
<ul><li>Yes (please contact Council's Community Grants and Partnerships Unit)</li><li>No</li></ul>
<ul> <li>Unsure (please contact Council's Community Grants and Partnerships Unit)</li> <li>N/A - not a previous grant recipient</li> </ul>
Eligible applicants must have no overdue grant acquittals.
Applicant Details
* indicates a required field
Organisation Details
Organisation Street Address * Address
Address Line 1. Cultural Town Chata/Dravings and Destroyde are growingd. Country growth to Australia
Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia
Organisation Postal Address * Address
Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia
If entering a PO Box address, start by typing in the PO Box, click "Can't find your address?" and then manually enter the postal address.
Organisation Website

Form Preview

○ No			
ABN *			
	be used to look up the ntered the ABN correct		Click Lookup above to
Information from the Au	stralian Business Register		
ABN			
Entity name			
ABN status			
Entity type			
Goods & Services Tax (G	SST)		
DGR Endorsed			
ATO Charity Type	More informa	ation	
ACNC Registration			
Tax Concessions			
Main business location			
Must be an ABN.			
Please check that you	r ARN details are correc	tea ABN name and C	SST status. You will need
	an Business Register (A		
Contact for Applic	cation		
Contact Name *			
First Name	Last Name		
Position in Organisa	ition *		
Phone Number *			
i none number			
Must be an Australian ph	one number.		
Including area code.			
Email *			

Where possible, please provide an organisational address (e.g. <a href="mailto:president@yourclub.com.au">president@yourclub.com.au</a>) rather than a personal address.

Has the request for funding (outlined in this application) been discussed with the organisation?  $\mbox{\ensuremath{^{\ast}}}$ 

Form Preview

<ul><li>Yes - the application has been discussed and is supported.</li><li>No</li></ul>
This application cannot proceed until it has been discussed, and supported, by the organisation.
Auspice Details
Provide the following details of the organisation that will be the auspice for the project.
Auspice Street Address * Address
Address Line 1, Suburb/Town, State/Province, and Postcode are required.
Auspice Postal Address *
Address
Address Line 1, Suburb/Town, State/Province, and Postcode are required.
If entering a PO Box address, start by typing in the PO Box, click "Can't find your address?" and then manually enter the postal address.
Auspice Website
Must be a URL.
Does the organisation have an ABN? *  ○ Yes  ○ No
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

### Form Preview

DGR Endorsed

Goods & Services Tax (GST)

ATO Charity Type	More inform	<u>ation</u>	
ACNC Registration			
Tax Concessions			
Main business location			
Must be an ABN.			
	r <u>ABN</u> details are correction Business Register (A		GST status. You will need nge your ABN details.
	s must include a lette ming their willingnes		
<b>Proof of not-for-pro</b> Attach a file:	ofit status *		
Attach a file.			
E.g. certificate of incorpo	oration or constitution		
Contact for Appli	cation		
Contact Name * First Name	Last Name		
Position in Organisa	ation *		
Phone Number *			
Must be an Australian ph Including area code.	none number.		
Email *			
Where possible, please plan a personal address	orovide an organisational .	address (e.g. <u>president@</u> y	vourclub.com.au) rather

**Current Public Liability Insurance Certificate** 

Attach a file:

# 2024 Discretionary Funds Application Form Form Preview

Date of expiry of insurance cover	
Must be a date.	
Proof of not-for-profit status * Attach a file:	
E.g. certificate of incorporation or constitution	
Banking Details	
Should your application be successful, grant your nominated bank account.	payment will be by electronic funds transfer to
If you are being auspiced, please provio organisation.	e the bank details of your auspicing
Bank Name *	
Account Name (must be in the name of	the community organisation) *
DCD *	
BSB *	
XXX-XXX (e.g. 123-456)	
Account Number *	
No spaces.	
A recent copy of your bank statement heade bank statement header should include the fo	
Bank name	
<ul> <li>Account name (in the name of the organ auspiced)</li> <li>BSB</li> </ul>	isation or the auspicing organisation if being
Account number	
Upload your bank statement header * Attach a file:	

Form Preview

Please be advised, if there are any discrepancies between the bank details provided in this form and those on the bank statement header (or the document supplied is not a bank statement header), there will be a delay in processing the application.

### **Project Information**

\* indicates a required field

### **IMPORTANT TO NOTE:**

- For any facility construction and improvement projects, applicants with an existing land tenure agreement with Council or a Council lessee, require an approved <a href="Improvement Works Application (IWA)">Improvement Works Application (IWA)</a>.
- An event or activity on public or private land that is open to the general public, may require a relevant Council permit. Please visit <u>Council's website</u> to check before completing this application.

<b>Brief Project</b>	Description (what d	o you want the fundi	ng for?) *
Must be no more	e than 12 words.		
Provide a mo	ore detailed descript	ion of the project *	
What is the proj	ect? Who needs the proje	ect and why?	
How will the	project benefit your	organisation and/or	the local community? *
Who will benefit	from the project? What o	changes may occur as a re	sult of the project?
Which Counc	il division/s will rece	eive a direct benefit f	rom the funding?
	□ 5	□ 8	□ 11
□ 2 □ 3	□ 6 □ <b>7</b>	□ 9 □ 10	☐ 12 ☐ All divisions
□ 4	<u> </u>	□ 10	L / All divisions
Street addre	ss where the project	t will be delivered/ite	ms will be primarily used *
Street (including	g number), suburb, state	and postcode required.	
Start Date (n submitted) *	o earlier than 15 bu	siness days from the	date the application is
,			
Completion D	Date *		

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Form Prev	view				

### **PLEASE NOTE:**

- Projects/expenditure must not commence before the application outcome is known;
   and
- If successful, an Acquittal Report will be due four weeks after the Completion Date.

### Project expenditure \*

O I confirm that the project and/or expenditure has NOT taken place and will not take place before written confirmation is received from Council.

Retrospective funding is ineligible

### **Project Budget**

- A maximum of \$2,000 can be requested per application.
- List all the individual expenditure items to be funded by the Dscretionary Fund.
- One quote from a registered business (inclusive of GST) is required for each expenditure item \$500 or over.

### Expenditure items

# Description of Expenditure Cost (\$) Quotes Item

List each item on a separate line.	(no cents).	Individual items valued \$500 or greater must be accompanied by a valid quote.
	\$	
	\$	
	\$	

### Total Funding Requested (maximum available is \$2,000) \*

This amount is automatically calculated.

### Supporting Documents

Please attach any additional information which may support your application e.g. formal proposal, collateral or letters of support.

Attach a file:		

### Feedback and Declaration

\* indicates a required field

Form Preview

### Feedback

Moreton Bay Regional Council is committed to continuous improvement and we welcome your feedback on the application process. Please respond to the following questions to assist us.

How did you hear at OMBRC website Councillor Council Officer	oout this grant? *	<ul><li>Email</li><li>Facebook</li><li>Other:</li></ul>	
○ Newsletter			
	d you find completin 2 - Mostly hard () 3 - No		* y easy
<ul><li>Provision of support</li><li>Budget tables</li><li>Written content</li></ul>	difficult aspect of the ting documents	<ul><li>Using SmartyGran</li><li>N/A (i.e. no aspect difficult)</li><li>Other:</li></ul>	s of the application were
How many hours did	l this application tak	e to complete? *	
Must be a number.			
Further feedback co	mments		
Applicant Declara	ation		
I certify that I have aut to the best of my know documentation) is true	vledge the information		our organisation and that tion (and supporting
Name * First Name	Last Name		
Position *			
Name of organisation	n *		

# 2024 Discretionary Funds Application Form Form Preview

### **Auspice Declaration**

An authorised member of the auspicing organisation must also sign this declaration.

I certify that I have authority to submit this application of behalf of our organisation and that to the best of my knowledge the information detailed in this application (and supporting documentation) is true and accurate.

Name * First Name	Last Name
Position *	
Name of organisation *	

### **Privacy Statement**

City of Moreton Bay is collecting your personal information for the purpose of assessing your grant application and/or finalising your grant application requirements. Council will use your personal information to update Council's customer information records and to contact you about other functions and services of Council. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.

### Submit

You are now ready to submit. Read and acknowledge the message below, then click on 'Next page' to review, then Submit. \*

O 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)