City of Moreton Bay - Grant Application 26/27 - Our Healthy Environments

Form Preview

Introduction

* indicates a required field

Before completing the application form, you should have read the Our Healthy Environments Grant Guidelines and the Our Healthy Environments Grant Resource Kit.

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

Late or incomplete applications will not be accepted. Failure to include all information requested may result in the application being ineligible for funding.

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.

All documents attached in this application must be clearly labelled to ensure they are easy to locate, open and view.

Once this form is submitted a confirmation email, with a copy of your application attached, will be sent to the email address registered on the SmartyGrants user account. If this differs from the main contact for the project, please ensure the information is passed on. *

○ We confirm that the SmartyGrants user account email address is actively monitored and that information will be passed on to the relevant person in the organisation.

Privacy Collection Notice

Moreton Bay City Council is collecting your personal information for the purpose of assessing your funding application. Council is authorised to collect this information under the Local Government Act 2009 (Qld). Council may provide your personal information to external auditors or funding bodies for compliance and reporting purposes. Council will also use your personal information to update Council's customer information records and to contact you about other functions and services of Council.For more information, please visit https://www.moretonbay.qld.gov.au/Privacy.

If you do contact us throughout the application process, please quote the application ID below.

Application ID

This field is read only.

Confirmation of eligibility

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. Before proceeding, please confirm the following:

- *I have read and understood the program guidelines;*
- *Our organisation is an eligible entity type for this grant as listed on page 3 of the guidelines;*
- *I am able to demonstrate alignment between the project and the aims of this program;*
- *I have watched the Our Healthy Environments PowerPoint presentation on the City of Moreton Bay website;*
- *Our organisation and/or project is based in the City of Moreton Bay, or are able to demonstrate that the project will benefit residents and our healthy environments in the City of Moreton Bay;*
- *Our organisation is able to demonstrate financial viability;*
- *Our organisation does not have any outstanding debts to Council;*
- *Our organisation does not have any overdue acquittal reports due to Council;*
- *Our organisation has the appropriate type and level of insurance for the activities that are the subject of this grant;*
- *I have discussed and received support from the organisation's management committee or board for this funding request.*

If you have any questions in regard to these eligibility criteria, please contact the Community Grants and Partnerships Unit on (07) 3205 0555 or at grants@moretonbay.qld.gov.au.

The statements above are true and correct *
○ Yes, I agree to the above

If you are unable to agree to the above statements, you are not eligible for this grant.

Contact details

* indicates a required field

Applicant details

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.

Organisation street address *
Address

Organisation postal address *
Address

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 or social media page

Must be a URL.

What type of eligible organisation are you? *
- ○ Incorporated association
- ○ Registered charity
- ○ Company limited by guarantee (that is not a registered charity)
- ○ Kindergarten, School or P&C Association
- ○ Church
- ○ Traditional Custodian group - Kabi Kabi Peoples Aboriginal Corporation (www.kabikabination.com.au), Jinibara People Aboriginal Corporation (www.nativetitle.org.au/find/pbc/7794) or Turrbal Tribe (www.turrbal.com.au)
- ○ Group registered with the Australian Government Office of the Registrar of Indigenous Corporations
- ○ Unincorporated community group (you will require an auspice for this application)

Is the organisation one of the following? *
- ○ For profit organisation
- ○ Government department or agency
- ○ Political group
- ○ Unincorporated community group (with no auspice)
- ○ None of the above

Proof of not-for-profit status *
Attach a file:

E.g. certificate of incorporation or constitution

Based on the above response, the organisation is ineligible to apply for this grant. Please refer to page 2 of the Our Healthy Environments Grants Guidelines for applicant eligibility 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.

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	

Contact for application

Contact name *

First Name | Last Name

Position in organisation *

Phone number *

Must be an Australian phone number.
Including area code.

Email address *

Where possible, please provide an organisational address (e.g. president@yourclub.com.au) rather than a personal address.

Important correspondence relating to your application will be sent to this email address. Please ensure that the information is passed on to the relevant person in your organisation who has the authority to action any requests. *

○ I confirm that this email address will be actively monitored and that information will be passed on to the relevant person in the organisation.

Organisation Purpose

The following questions are for reporting purposes only and will not impact the assessment of your application.

Is the primary purpose of your organisation to provide support, advocacy or representation for any one of these groups? *

○ Aboriginal and Torres Strait Islander peoples

○ Culturally and Linguistically Diverse peoples
○ People with Disability
○ People who identify as LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, or other identities within the spectrum)
○ Women and Girls
○ Young People
○ Older People
○ None of these

If your organisation supports more than one group (e.g., CALD and LGBTQIA+), please tell us which ones:

Please indicate if one of the following is true about your organisation: *
○ Incorporated under the Corporations (Aboriginal and Torres Strait Islander) Act 2006, Aboriginal Land Act 1991, or Torres Strait Islander Land Act 1991
○ Has a majority of Aboriginal and Torres Strait Islander people as members or on our governance body
○ Has a majority of Culturally or Linguistically Diverse people as members or on our governance body (people who are not from an Anglo-Celtic background or who were born overseas)
○ Has a majority of people with disability as members or on our governance body
○ Has a majority of people who identify as LGBTIQA+ as members or on our governance body
○ Has a majority of women and girls as members or on our governance body
○ Has a majority of young people as members or on our governance body
○ Has a majority of older people (over 65 years) as members or on our governance body
○ None of these

Auspice information

* indicates a required field

Unincorporated organisations must be auspiced by an incorporated association to apply for this grant.

Please refer to the grant guidelines for applicant eligibility criteria or contact the Community Grants and Partnerships Unit on (07) 3205 0555 or grants@moretonbay.qld.gov.au to discuss this application.

Auspice organisation details

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.

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 or social media page

Must be a URL.

What type of eligible organisation is the auspice? *
- ○ Incorporated association
- ○ Registered charity
- ○ Kindergarten, school or P&C Association
- ○ Company limited by guarantee (that is not a registered charity)
- ○ Church
- ○ Traditional Custodian group - Kabi Kabi Peoples Aboriginal Corporation (www.kabikabination.com.au), Jinibara People Aboriginal Corporation (www.nativetitle.org.au/find/pbc/7794) or Turrbal Tribe (www.turrbal.com.au)
- ○ Group registered with the Australian Government Office of the Registrar of Indigenous Corporations

Does the auspice organisation have an ABN? *
- ○ Yes
- ○ No

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.

Please attach a letter from the auspice organisation using this template to confirm their support for the application, project, and willingness to auspice the grant.

*
Attach a file:

Auspice organisation contact

Contact name *
First Name Last Name

We may contact this person to verify that the auspice arrangement is valid and current.

Position in organisation *

Phone number *

Must be an Australian phone number.
Including area code.

Email address *

Where possible, please provide an organisational address (e.g. president@yourclub.com.au) rather than a personal address.

Project details

* indicates a required field

Project title *

Word count:
Title should be short but descriptive (Maximum 15 words).

Provide a short description of the project, including the key project activities: *

Word count:
What is the organisation planning to do and why? (Maximum 200 words)

Are the project activities taking place on public and/or private land? *
☐ Public land (Including Council Managed Land)
☐ Private land
Note: No evidence of consent is required for activities on land owned by City of Moreton Bay; any requirements will need to be addressed once an application has been approved.

Upload evidence of land owners consent: *
Attach a file:

Does the project include community capacity building activities? *
○ Yes
○ No
This may include workshops, training, demonstrations, distribution of education materials, online networks etc.

Describe the community capacity building activities you plan to undertake: *

Word count:
Must be no more than 200 words.

List all the key stakeholders/project partners (If there are no project partners, please put N/A) *

Include other organisations you are collaborating with, contractors, community groups, community volunteers etc.

What is/are your project location/s? *

Include lot and plan number or street, suburb, state and postcode.

Upload a map of the project location/s *
Attach a file:

The map/s must clearly show the specific area/s where the project will take place.

Anticipated project start date *

Must be after 1 June 2026

Anticipated project end date *

Must be completed by 31 May 2027

Please refer to the eligible Project start dates on page 1 of the Our Healthy Environments Grants Guidelines.

Upload your Project Planning Spreadsheet *
Attach a file:

The template would have been provided to you after consultation with Council Officers.

Risk Management

The applicant will ensure project risks (e.g., inability to obtain volunteers, organisation risk) are considered and managed effectively. *

○ Yes

Workplace, health and safety risks

The applicant will ensure workplace health and safety risks (extreme weather, heat stress, trips and falls, snake bites, exposure to asbestos) are considered and managed effectively.

Do you acknowledge that you will:

- Ensure all parties involved in the project adhere to associated workplace, health, and safety obligations.
- Ensure all risks, hazards and barriers identified are to be communicated to all project participants.
- Ensure all contractors and subcontractors have plans in place in case of an incident occurring.

*

○ Yes

Biosecurity Risks

Fire ant biosecurity zones are in place in areas of City of Moreton Bay and across South East Queensland to restrict the movement of materials that could spread fire ants.

Under the *Biosecurity Act 2014*, individuals and organisations whose activities involve the movement or storage of fire ant carriers will have a general biosecurity obligation (GBO) to take all reasonable steps to ensure they do not spread fire ants.

The *Biosecurity Regulation 2016* prescribes procedures that you must follow when moving or storing a fire ant carrier.

The suspected presence of Asbestos must be reported to Councils Authorised Officer immediately. The Contractor must remain in attendance on site as directed by Councils Authorised Officer.

Do you acknowledge that under the Biosecurity Act 2014, individuals and organisations have a general biosecurity obligation (GBO) to take all reasonable steps to ensure they do not spread exotic pests and diseases, invasive weeds, contaminated materials, or fire ants. *
○ Yes

Project Alignment

Which of the following program aims aligns with the proposed project? *
☐ Facilitate urban greening
☐ Connect, protect and enhance ecological linkages and wildlife habitats
☐ Sustain conservation-significant species across the landscape
☐ Improve catchment health
☐ Support Traditional Custodian organisations to maintain and enhance biodiversity through traditional knowledge and practices
☐ Build community knowledge, awareness and capacity, and improve biodiversity data
☐ Address biodiversity knowledge gaps
Tick all that apply

Which of the following priorities aligns with the proposed project? *
☐ Are undertaken on public or private land in key parts of our conservation network (e.g. core areas, stepping-stone habitat, ecological corridors, restoration areas)
☐ Enhance urban biodiversity
☐ Improve ecological connectivity (e.g. restore ecological corridors, remediate barriers to fish passage)
☐ Improve stewardship of biodiversity values and catchment health (e.g. recover conservation-significant species and habitats, or restore waterway, wetland and coastal environments)
☐ Manage threatening processes (e.g. invasive species, soil erosion and sedimentation, altered fire regimes, stock access to riparian areas)
☐ Build community networks to foster participation in biodiversity conservation and citizen science initiatives
☐ Support community nurseries in City of Moreton Bay and use locally native plants
☐ Protect and connect biodiversity values through recognised Conserved Areas (under the National Other Effective area-based Conservation Measures Framework) and designated Protected Areas (e.g. National Parks, Conservation Parks, Nature Refuges)
☐ Improve biodiversity data which contributes to datasets such as QWildlife, WildNet, iNaturalist Australia (e.g. strategic assessments of conservation-significant species, BioBlitzes)
☐ Support recognised Traditional Custodian Groups representing Jinibara, Kabi Kabi and Turrbal peoples, in delivering Country-centric biodiversity initiatives
☐ Address biodiversity knowledge gaps to improve community understanding of conservation requirements
Tick all that apply

Assessment questions

Please refer to the Our Healthy Environments Grants Guidelines when answering the questions in this section.

What is the environmental need that the project responds to and how does the project address the need? *

Who needs this project and why? How was this need identified? What evidence do you have to confirm this need? Does the project contribute towards City of Moreton Bay's strategic priorities and how does it align with the program aims and priorities?

How will City of Moreton Bay residents benefit from the project and how will it contribute to Our Healthy Environments? *

Describe the benefits to people and the environment.

What consideration have you given to reducing the amount of waste this project may generate? *

E.g. use of recyclable or compostable food containers and cutlery, online resources instead of printing etc. For further information: https://www.moretonbay.qld.gov.au/Services/Waste-Recycling

What will be the impact on your organisation if you don't get this grant? *

Are you able to obtain funds from other sources? Would the project still be able to go ahead? Would certain components be scaled back?

How will the project be promoted? *

- ☐ Social media
- ☐ Website
- ☐ Newsletter
- ☐ Brochures, flyers
- ☐ Signage e.g. billboard, corflutes, banners
- ☐ Print media e.g. newspaper, magazine
- ☐ Community radio
- ☐ Other:

Tick all that apply

How will Council be acknowledged for the funding? *

- ☐ Social Media
- ☐ Website
- ☐ Newsletter
- ☐ Brochures, flyers
- ☐ Signage e.g. billboard, corflutes, banners
- ☐ Print media e.g. newspaper, magazine
- ☐ Community radio
- ☐ Other:

At least 1 choice must be selected.
Tick all that apply. If successful, you will be required to show evidence of this in the acquittal report.

Focusing on inclusion

Through this grant program, we are committed to improving engagement and representation of the following groups.

The following question is for reporting purposes only and will not impact the assessment of your application.

Which, if any, of these groups will your project primarily benefit? *

- ○ Aboriginal and Torres Strait Islander peoples
- ○ Culturally and Linguistically Diverse peoples
- ○ People with disability
- ○ People who identify as LGBTQIA+
- ○ Women and girls
- ○ Young people
- ○ Older people
- ○ None of these

No more than 1 choice may be selected

Will the project provide any benefit to a secondary group? *

- ○ Aboriginal and Torres Strait Islander peoples
- ○ Culturally and Linguistically Diverse peoples
- ○ People with disability
- ○ People who identify as LGBTQIA+
- ○ Women and girls
- ○ Young people
- ○ Older people
- ○ No secondary group

How will you make the project inclusive for this / these specific group/s? *

Project budget

Project income

- Include all income sources if relevant, including the grant amount being requested e.g. cash contribution or fundraising.
- This grant provides funding of up to $50,000 for community groups.
- If you require more rows click the add more button. If you add more rows than you need please ensure you remove them before submitting.

Example budgets can be found within the Our Healthy Environments Grants Resource Kit

GST Information

- All quotes and project budgets must be GST inclusive.
- An applicant/organisation's GST registration status will not impact the total amount paid if successful.
- Click here for an online GST calculator to assist with your budget.

Income description	Is funding confirmed?	Income amount (A)
E.g. In-kind contribution, cash, other funding, Council grant		Must be a dollar amount.
Council grant		
In-kind contribution		
Cash contribution by applicant		

Other external funding		

Project expenditure

- **Quotes** - Quotes are required for all expenditure items, except administration of the grant.
- **Item description** - list each item on a separate line.
- **Total item cost** - total cost of each expenditure item must match quote supplied.
- **Grant portion** - this could be the full item cost or a portion of the total item cost.
- **Supplier name** - the business supplying the product or service.

Refer to page 2 of the Our Healthy Environments Grants Guidelines to ensure your expenditure items are eligible under this grant.

If you require more rows click the add more button. If you add more rows than you need please ensure you remove them before submitting.

-

Item description	Total Item cost (B)	Grant portion (C)	Supplier name	Quotes
e.g. Contractor fee, Venue hire etc.				
	$	$		

Budget totals

Total income amount (A)

$

This amount is automatically calculated.

Total expenditure amount (B)

$

This amount is automatically calculated.

Income less expenditure (A - B)

$

This amount is automatically calculated. Income less Expenditure must equal zero.

Total grant amount requested (C)

$

This amount is automatically calculated. Max. $50,000 funding.

Approvals and supporting documents

* indicates a required field

Approvals

Statutory approvals may be required prior to commencement of any proposed works or activities (e.g., animal ethics, regulated works, planning scheme). Evidence of approvals, approvals in progress, or preliminary/in-principal approvals should be provided with the application.

Are statutory approvals required to deliver this project? *
- ○ Yes
- ○ No

What statutory approvals are required to deliver this project? *

E.g. Animal ethics, regulated works, planning scheme

Statutory Approval Documents *
Attach a file:

Upload any statutory approval documents

Financial Statements & Insurances

Financial statements should be no more than 18 months old and include the following:

- a profit and loss statement (for income and expenditure)
- a balance sheet (for assets and liabilities)
- all mortgages, charges and securities that affect any of your property at the end of the financial year
- a copy of a signed audit report or verification statement from your accountant, auditor or verifier - the type of report depends on the size of your association.

Please review the Queensland Government Office of Fair Trading (OFT) information before completing the financial statements section of the form.

What OFT reporting level is your organisation? *
- ○ Large Association
- ○ Medium Association
- ○ Small Association

Upload your organisation's most recent financial statements signed by your registered auditor or certified accountant *
Attach a file:

Date the report/statements were signed by your auditor/accountant *

Must be a date.

Upload your organisation's most recent financial statements signed by your registered auditor, certified accountant or approved person *
Attach a file:

Date the report/statements were signed by your auditor/accountant/approved person *

Must be a date.

Upload your organisation's most recent financial statements verified by your president or treasurer (or signed by your registered auditor if required by law) *
Attach a file:

Date the report/statements were signed by your president/treasurer (or registered auditor if required by law) *

Must be a date.

Current public liability insurance certificate *
Attach a file:

Date of expiry of public liability insurance cover *

Must be a date.

Current motor vehicle indemnity insurance (only required if driving on Council land)
Attach a file:

Date of expiry of motor vehicle indemnity insurance

Must be a date.

Current group volunteer accident cover and/or workers' compensation insurance *
Attach a file:

Date of expiry of group volunteer accident cover/workers' compensation insurance *

Must be a date.

Additional documents to support your application (optional)

Attachments must be clearly labelled to ensure they are easy to locate, open and view. Additional documents for this grant may include:

- Detailed proposals
- Minutes of planning meetings
- Promotional collateral
- Construction drawings/designs
- Letters of support from key collaborators and project partners that describe how they will contribute and / or benefit from the project. Must be dated and include the contact details of the author.

Attach a file:

Declaration and feedback

* indicates a required field

Declaration

This section must be completed by a member of the management committee or board on behalf of the applicant organisation. This may be different to the contact person listed earlier in this application form.

I declare that to the best of my knowledge the statements made in this application are true and correct, and I understand that if our organisation is approved for this grant, we will be required to accept the terms and conditions of the grant.

I agree *
○ Yes

Name *
First Name Last Name

Position in organisation *

Auspice Declaration

This section must be completed by a member of the management committee or board on behalf of the auspice organisation. This may be different to the contact person listed earlier in this application form.

I declare that to the best of my knowledge the statements made in this application are true and correct, and I understand that if the applicant

organisation is approved for this grant, we will be required to accept the terms and conditions on behalf of the applicant organisation for the grant.

I agree *
○ Yes

Name *
First Name Last Name

Position in organisation *

Applicant feedback (this section is optional)

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback. If you would rather provide anonymous feedback, please email grants@moretonbay.qld.gov.au.

Please indicate how you found the online application process
○ Very easy
○ Easy
○ Neutral
○ Difficult
○ Very difficult

How many minutes in total did it take you to complete this application?

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.

Submit

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. DO NOT SUBMIT THIS APPLICATION UNTIL ALL REQUIRED INFORMATION AND SUPPORTING DOCUMENTS HAVE BEEN PROVIDED.

You are now ready to submit. Read and acknowledge the 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)