

City of Moreton Bay - Grant Application 24/25 - 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 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.

Privacy Notice

City of Moreton Bay is collecting your personal information for the purpose of assessing your funding application and/or finalising your funding 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.

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 2 of the [guidelines](#);
- I am able to demonstrate alignment between the project and the aims of this program;
- 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;

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- *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

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- ☐ 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.

Does the organisation have an ABN? *

- ☐ Yes
- ☐ No

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

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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.

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.

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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)

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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 confirming 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.

1. Project details

* indicates a required field

1.1 Project title *

Word count:

Title should be short but descriptive (Max. 15 words).

1.2 Provide a short description of what the organisation plan to do: *

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Word count:

What are you planning to do and why? (Maximum 100 words)

1.3 Where is the project location? *

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

1.4 Anticipated project start date *

Must be after 1 June 2025

1.5 Anticipated project end date *

Please refer to the eligible Project start dates on page 1 of the [Our Healthy Environments Grants Guidelines](#).

1.6 Which of the following best describes the proposed project? *

- ☐ Facilitate urban greening
- ☐ Connect, protect and enhance ecological linkages and wildlife habitats, sustain conservation-significant species across the landscape and improve catchment health
- ☐ Support Traditional Custodian groups to build Country-centric biodiversity capacity and connection to Country, and elicit traditional ecological knowledge
- ☐ Build community knowledge, awareness and capacity, and improve biodiversity data

Tick all that apply

2. Assessment questions

Please refer to the Assessment Criteria on page 3 of the [Our Healthy Environments Grants Guidelines](#) when answering the questions in this section.

2.1 How will the project contribute to the assessment criteria contained in the Our Healthy Environments Grant Guidelines? *

Assessment Criteria: Need, Value for money, and Capacity to deliver the project

2.2 Who will benefit and how will they benefit from the delivery of this project? *

Assessment Criteria: Benefit. Describe the benefits to people and the environment

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

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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>

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

2.7 How will the project be promoted? *

- | | |
|--|---|
| <input type="checkbox"/> Social media | <input type="checkbox"/> Signage e.g. billboard, corflutes, banners |
| <input type="checkbox"/> Website | <input type="checkbox"/> Print media e.g. newspaper, magazine |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Community radio |
| <input type="checkbox"/> Brochures, flyers | <input type="checkbox"/> Other: <div></div> |

Tick all that apply

Focusing on inclusion

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

2.8 Will your project specifically benefit any of the following inclusion focus groups? *

- | | |
|--|--|
| <input type="checkbox"/> Aboriginal and Torres Strait Islander peoples | <input type="checkbox"/> Women and girls |
| <input type="checkbox"/> Culturally and Linguistically Diverse peoples | <input type="checkbox"/> Young people |
| <input type="checkbox"/> People with disability | <input type="checkbox"/> Older people |
| <input type="checkbox"/> People who identify as LGBTQIA+ | <input type="checkbox"/> None of these |

No more than 3 choices may be selected.

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

3. Biosecurity Risks

[Fire ant biosecurity zones](#) are in place in areas of the Council Region 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 Council's Authorised Officer immediately. The Contractor must remain in attendance on site as directed by Council's Authorised Officer.

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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 weeds, contaminants, or fire ants. *

☐ Yes

4. Project risks

Describe any / all of your projects risks, hazards and barriers *

E.g. Weather, inability to obtain volunteers, personal safety, organisational risk, environmental risk

Describe what you will do to address these risks *

Project timeline and outcomes

* indicates a required field

5. Activities and Outputs

5.1 What are the activities and outputs that are sought from the project? *

What are you seeking to do (activities - e.g., tree planting, weeding, workshops) and produce (outputs - e.g., leaflets, reports)?

6. Outcomes

Please tell us at least one outcome you expect from this project. Outcomes are the changes you expect to occur for the beneficiaries (direct or indirect) of your project.

Your outcomes

Select timeframe

What are you seeking to achieve (outcomes - e.g., improved conservation/stewardship of species/vegetation community, improved community capacity, improved data availability)?	

7. Project plan

What are the major stages/steps involved in delivering your project? What is the project timeline?

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.

Task	Completion date	Notes
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	Provide approximate date. Must be a date.	Add explanatory notes if required

Project budget

8. 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		

9. 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
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e.g. Garden items, Venue hire, Equipment etc.				
	\$	\$		

10. 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.

11. Maintenance and Monitoring

* indicates a required field

Further information can be found within the [Our Healthy Environments Grants Resource Kit](#)

11.1 Will your project require ongoing onsite maintenance? *

- ☐ Yes
☐ No

11.2 Please provide details as to the timing, cost and plan for maintenance *

12. Data and Reporting

12.1 What data will this project generate and how will it be shared? *

12.2 What metrics will you monitor to satisfy reporting requirements? *

E.g. ha of x weed control, ha of vegetation community x enhanced, ha of conserved area

Approvals and supporting documents

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* indicates a required field

13. Approvals

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

Landowner's consent

- For works on public (Council-managed) land, an application for the [Alteration of Public Land](#) will be required.
- For works on private land, please provide evidence of the landowner's consent.

Is landowner's consent required to deliver this project? *

- ☐ Yes
- ☐ No

Attach Landowner's Consent *

Attach a file:

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.

To find out more about annual reporting requirements, visit the Queensland Government's [Financial responsibilities for incorporated associations webpage](#).

Most recent audited or verified financial statements *

Attach a file:

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Current public liability insurance certificate *

Attach a file:

Date of expiry of insurance cover *

Must be a date.

Additional documents to support your application

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

- Project management spreadsheets
- Event budgets
- Minutes of planning meetings
- Media plans
- Promotional collateral
- Construction drawings
- Development approval
- Site maps/plans
- Formal proposals
- 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 *

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☐ 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.

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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)