

# CMB Application 2024/25 - Local Community Support Grant Form Preview

## Introduction

\* indicates a required field

Before starting this application form, you should have read the [Community Grant Guidelines](#).

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

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.

Documents that you attach to this form 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 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 8 of the [guidelines](#);
- Our organisation is able to provide recent audited or verified financial statements;
- 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 \$20 million public liability insurance for the project;
- We 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 Community Grants and Partnerships on (07) 3205 0555 or at [grants@moretonbay.qld.gov.au](mailto:grants@moretonbay.qld.gov.au).

**The statements above are true and correct \***

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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 not-for-profit eligible organisation are you? \*

- Incorporated association
- Registered charity
- Company limited by guarantee (that is not a registered charity)
- School or affiliated parents' association
- Unincorporated organisation (you will require an auspice for this application)

#### Is the organisation a political group? \*

- Yes
- No

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## 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 8 of the [Community Grants Program 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	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

## Contact for application

### Contact name \*

First Name

Last Name

### Position in organisation \*

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## 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](mailto: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 Community Grants and Partnerships on (07) 3205 0555 or [grants@moretonbay.qld.gov.au](mailto: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

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Must be a URL.

## What type of eligible organisation is the auspice? \*

- Incorporated association
- Registered charity
- Company limited by guarantee (that is not a registered charity)

## 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	<a href="#">More information</a>
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 \*

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## 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](mailto:president@yourclub.com.au)) rather than a personal address.

## Project details

\* indicates a required field

- **For any facility construction and improvement projects, applicants with an existing land tenure agreement with Council or a Council lessee, require an approved [Improvement Works Application \(IWA\)](#).**
- **For any facility construction and improvement projects on non-Council owned land, provide evidence of landowner consent at the end of the application form in supporting documents.**
- **An event or activity on public or private land that is open to the general public, may require Council approval. Please visit [Council's website](#) to check before completing this application.**

## Project title \*

Word count:

The title should be short but descriptive (Max 15 words)

## Provide a short description of what the organisation plans to do \*

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

## Does this project include the purchase of equipment? \*

- Yes  
 No

## For what purpose will this be used and who in the organisation will use it? \*

How long will it last? Will it be added to your asset register? Is it replacing something?

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**Street address where the project will be delivered \***

Street (including number), suburb, state and postcode required.

**Anticipated project start date \***

**Anticipated project end date \***

Please refer to the eligible Project start dates on page 7 of the [Community Grants Program Guidelines](#).

## Assessment questions

Please refer to the Assessment Criteria on page 11 of the [Community Grants Program Guidelines](#) when answering the questions in this section.

**Why is the project needed? \***

Who needs this project and why? How was this need identified? What evidence do you have to confirm this need?

**Who will benefit from this project? \***

How will the project benefit the organisation and / or City of Moreton Bay residents?

**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 visit Council's [Waste, recycling and organics webpage](#).

**What consideration have you given to ensuring this project is inclusive and accessible for everyone? \***

Refer to the Definitions (for inclusive and accessible) on page 12 of the Guidelines.

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

**How will the project be promoted? \***

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

## Focusing on inclusion

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

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

- 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 3 choices may be selected.

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

## Project plan (this section is optional)

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

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.

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

## 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 \$5,000. Up to \$2,000 of this amount can be for equipment.
- Applicants can receive up to \$5,000 per financial year through the Local Community Support 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.



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[Example budgets \[PDF 879.7 kB\]](#)

## 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	Status	Income amount (A)
E.g. Council grant or Fundraising activities		Must be a dollar amount.
Council grant		

## Project expenditure

- **Item description** - list each item on a separate line.
- **Item cost** - the total cost of the expenditure item.
- **Grant contribution** - the portion of the item cost covered by the grant funding (this may be the same as the **Item cost**).
- **Supplier name** - the business supplying the product or service.
- **Quotes** - Council will accept up to \$1,000 of project expenses without quotes. However any expenses above this amount must have quotes. For example, if you are requesting \$1,600 you must have quotes for at least \$600 worth of expenses.

Refer to page 9 of the [Community Grants Program 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.

Organisations can only receive funding for the purchase of equipment (up to \$2,000) once per financial year. Equipment means: Portable physical items required for an organisation to deliver its services and activities.

If funding has already been received through the Local Community Support Grant program for the purchase of equipment in the current financial year, the organisation will not be eligible to receive further funding for the purchase of equipment.

Item description	Item cost (B)	Grant contribution (C)	Supplier name	Quotes
e.g. Venue hire, entertainment etc.	e.g. \$1,000	e.g. \$800		
	\$	\$		

## 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)**

\$

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This amount is automatically calculated. Max. \$5,000 funding.

## Supporting documents

\* indicates a required field

**All documents must be clearly labelled to ensure they are easy to locate, open and view.**

**As your application is being auspiced, you must provide Financial Statements and Public Liability Insurance in the name of the auspice organisation.**

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:

### **Current public liability insurance certificate \***

Attach a file:

### **Date of expiry of insurance cover \***

Must be a date.

**For projects that enhance native vegetation and wildlife habitats on Council-owned and controlled land, Council approval needs to be attached:**

Attach a file:

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To obtain this approval, please email the proposed project to [esmailbox@moretonbay.qld.gov.au](mailto:esmailbox@moretonbay.qld.gov.au) prior to submitting a funding application.

**If you are planning an event, you may need Council approval. Find out if you require approval at [Planning an event in Moreton Bay](#).**

**I have read and understand the requirements of planning an event in Moreton Bay mentioned above: \***

- Yes
- N/A

**For any facility construction and improvement projects, applicants with an existing land tenure agreement with Council or a Council lessee, require Council consent. Is an Improvement Works Application (IWA) consent letter required? \***

- Yes
- No

For any queries, contact Council's Community Leasing Team on (07) 5433 2555 or at [communityleasing@moretonbay.qld.gov.au](mailto:communityleasing@moretonbay.qld.gov.au)

[Link to City of Moreton Bay Community Leasing Improvement Works Application](#)

**Upload IWA consent letter \***

Attach a file:

## Additional documents

You may attach any additional information to support your application. This may include:

- Landowner consent for facility improvement and construction projects on non-Council owned land;
- Promotional collateral;
- Letters of support (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**

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**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 \***

## Unsuccessful applicants

- At the request of the applicant, unsuccessful applications can be considered for all subsequent rounds within the financial year without the applicant needing to resubmit their application.
- Reconsideration of applications is subject to the application remaining eligible under the [Community Grants Program Guidelines](#) and Council's [Community Grants Policy](#).

**If this application is unsuccessful, would you like it to be considered in the next round of assessments (subject to the application remaining eligible)?**

Yes

No

## Applicant feedback

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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](mailto: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)