



# **Longreach Regional Council**

**Ilfracombe Isisford Longreach Yaraka**

**Longreach Regional Council**

**Application Form**

**Community Grant**

These Guidelines are prepared in accordance with the Longreach Regional Council Community Grants Programme Policy 11.6

## **PURPOSE**

The purpose of this Policy is to provide a transparent, equitable and accountable framework for the Longreach Regional Council Grants Programme that:

- Enhances the community's resilience, wellbeing and sustainability;
- Contributes to vibrant and engaged communities;
- Provides community organisations with financial support to meet identified community need and provides benefit to the broader Longreach region communities;
- Achieves Council's strategic objectives, as identified in the Corporate Plan.

## **GRANT CRITERIA**

- i. Applicants must demonstrate strong community benefit or need and support for the project or activity.
- ii. Activities or proposed events will contribute to the strategic outcomes as outlined in Longreach Regional Council's Corporate Plan.
- iii. The applicant or proposed project or activity must be based within the Longreach Regional Council boundaries; or clearly demonstrate direct benefit to the Longreach Regional Council communities.
- iv. Where funding is provided to an individual, the recipient should reside permanently within the boundaries of the Longreach Regional Council, and will demonstrate exceptional ability and potential, and be willing to contribute this skill within the Longreach community.
- v. Council will not fund retrospective applications to cover costs already incurred.
- vi. Incorporated entities should be able to provide a copy of their most recent financial statements that are prepared in accordance with the *Associations Incorporation Act 1981* and the *Associations Incorporation Regulation 1999*.
- vii. Applicants must be able to demonstrate financial viability and/or competence to achieve the stated goals of the project or activity.
- viii. Political parties are not eligible to apply for funds under the Community Grants Programme.
- ix. Applicants must not have any Longreach Regional Council funded projects or activities that have not been acquitted in accordance with the relevant Programme Policy and Guidelines.
- x. Activities and projects will not be funded from multiple Council funding programmes.

## **GRANT LIMITS**

The maximum allowable grant limit per applicant in any one financial year under this programme is \$5,000. This can be through one application or a series of smaller applications that do not exceed the maximum allowable limit in a financial year.

## **APPLICATION**

- i. Applications will be received via completion of application form.
- ii. Submissions should include copies of quotes where the purchase of goods and services form part of your proposal.
- iii. Where possible, goods and services should be purchased from the providers based within the Longreach Regional Council area.

## **PAYMENT**

- i. If the applicant is being auspiced, payment will be made to the auspicng organisation.
- ii. Applicants are required to complete a Longreach Regional Council Banking Authorisation Form to allow for electronic transfer of awarded funds.

## **ACQUITTAL**

- i. All grant money must be acquitted within two months of project completion using the *Community Grants Acquittal Form* (see pages 6 to 8 of this document).
- ii. The grant must be fully expended within six months from the date of notification of your successful application.
- iii. Any funding not expended in accordance with the Programme Guidelines is to be returned to Longreach Regional Council.

## **ACKNOWLEDGEMENT**

In any publicity relating to the approved project, the funding recipient must ensure that financial and other support from Council is acknowledged in a manner approved by Council.

## **APPLICANT SUPPORT**

For further information or help completing applications, please contact Council on (07) 4658 4111 or via email to [assist@longreach.qld.gov.au](mailto:assist@longreach.qld.gov.au).

**Note:** Office hours are 8.30 am to 5.00 pm, Monday to Friday (excluding public holidays).

Council can provide assistance to develop your project and explore other funding opportunities. If you do not have your own computer, you can access a computer at any of Council's Libraries at no cost.

Funding applications should be returned to:

Chief Executive Officer  
Longreach Regional Council  
PO Box 144  
ILFRACOMBE QLD 4727

**CONTACT INFORMATION:**

<b>Name:</b> <i>(Group or Organisation)</i>	
<b>Contact Person's Name:</b>	
<b>Postal Address:</b>	
<b>Telephone:</b>	
<b>Mobile:</b>	
<b>Email:</b>	

**PROJECT/ACTIVITY DETAILS:**

<b>Project Name:</b>	
<b>Project Date:</b>	
<b>Brief Description of Project:</b>	
<b>\$ Amount Requested:</b>	\$
<b>In-kind Support Requested:</b> <i>Please list (eg. use of 10 tables and 20 chairs)</i>	

**ELIGIBILITY ASSESSMENT:**

**1. Are you a non-for profit organisation?**

Yes       No

**2. Is your project or activity based within the Longreach Regional Council Area or do you reside permanently within the boundaries of Longreach Regional Council.**

Yes       No

**If NO,** does your project or activity demonstrate benefits to Longreach Regional Council communities?

Yes       No

**3. Please explain how your project/activity demonstrates strong community or individual benefit, or need and support?**

**4. Do you have an event management plan for the project/activity which includes insurance and a risk management strategy?**

Yes       No

**If YES,** please provide a copy of the Event Management Plan.

**If NO,** please contact Council to discuss prior to lodging an application for your project/activity.

**5. Is this a 'one - off' event?**

Yes       No

**If NO,** how will you fund future projects/activities?

**6. Does the applicant have any Longreach Regional Council funded projects or activities that have not been acquitted in accordance with the relevant Programme Policy and Guidelines?**

Yes                       No

**If YES, please provide details:**

**7. Have you sought funding through other avenues for your project/activity?**

Yes:                       No:

**If YES, please provide details?**

**DECLARATION BY RECIPIENT:**

- I certify that to the best of my knowledge, information detailed in this application (and relevant attachments) is true and correct.
- I understand I may be asked to provide the Council with additional information on the funded project.

<p><b>Signature:</b>  Note: If you are under the age of 18, your legal guardian must also sign this application</p>	
<b>Date:</b>	
<b>Name in Full:</b>	
<b>Community Group/Organisation:</b>	
<b>Position in Group or Organisation:</b> (if applicable)	

# LONGREACH REGIONAL COUNCIL

## Community Grants Guidelines



*Please attach copy of relevant meeting minutes approving the request to Council for support of the project/activity.*

If you require any further information regarding Community Grants, please contact the Longreach Regional Council Community and Youth Development Officer on (07) 4658 4111.

**GRANT RECIPIENT DETAILS:**

<b>Name:</b> <i>(Group or Organisation)</i>	
<b>Contact Person's Name:</b>	
<b>Postal Address:</b>	
<b>Telephone:</b>	
<b>Mobile:</b>	
<b>Email:</b>	

**PROJECT SUMMARY:**

<b>Project Name:</b>	
<b>Project Date:</b>	Start Date:    /    /                      End Date:    /    /
<b>Project Location/s:</b>	
<b>Date of Funding:</b>	
<b>Grant Amount:</b>	\$
<b>Project Description:</b> <i>(approx 20 words)</i>	



1. Were any changes made to the project from the initial application?

Yes:                       No:

If YES, what were the changes?

2. Describe the main activities undertaken in this project.

3. Identify any community groups who were involved in the project.

<input type="checkbox"/> Aboriginal people	<input type="checkbox"/> Older people (over 55 years of age)
<input type="checkbox"/> Torres Strait Islanders	<input type="checkbox"/> People with a disability
<input type="checkbox"/> Australian South Sea Islanders	<input type="checkbox"/> Women
<input type="checkbox"/> Children and young people (30 years and under)	<input type="checkbox"/> People from culturally and linguistically diverse backgrounds

4. What did people think of the project/s? Include any written feedback or quotes from participants and media coverage.

**5. List all receipts that relate to the spending of your grant or donations:**

(Individuals receiving grants of less than \$500 are not required to complete this section)

Receipt	Amount	
		<input type="checkbox"/> Attached
		<input type="checkbox"/> Attached
		<input type="checkbox"/> Attached
		<input type="checkbox"/> Attached
		<input type="checkbox"/> Attached
		<input type="checkbox"/> Attached
		<input type="checkbox"/> Attached
		<input type="checkbox"/> Attached
Council In-Kind Assistance or a copy of the letter showing the costs for Council work.		<input type="checkbox"/> Attached

**DECLARATION BY RECIPIENT:**

- I certify that to the best of my knowledge, information detailed in this report (and relevant attachments) is true and correct.
- I understand I may be asked to provide the Council with additional information on the funded project.

<b>Signature:</b> Note: If you are under the age of 18, your legal guardian must also sign this application	
<b>Date:</b>	
<b>Name in Full:</b>	
<b>Community Group/Organisation:</b>	
<b>Position in Group or Organisation:</b> (if applicable)	

**SUPPLIER REGISTRATION FORM**

Longreach Regional Council  
 ABN: 16 834 804 112  
 P: 07 4658 4111  
 F: 07 4658 4116  
 assist@longreach.qld.gov.au  
 PO Box 144, Ilfracombe QLD 4727



## Supplier Registration Form

Please complete the attached form and return via post, email or fax (details outlined above).

Supplier Name:	
Business Type (e.g. Printer, Builder etc.):	
Address Line 1:	
Address Line 2:	
Address Line 3:	
ABN Number:	
Registered for GST (yes/ no):	
<b>PAYMENTS</b>	
Accounts Contact:	
Accounts Email (for remittance):	
Accounts Phone:	
Accounts Fax:	
<b>ORDERING</b>	
Sales Contact:	
Sales Email Address (for purchase orders):	
Sales Phone:	
Sales Fax:	
<b>FOR ELECTRONIC FUND TRANSFER (EFT)</b>	
Financial Institution:	
BSB:	
Account Number:	
Preferred payment Method (E=EFT or C=Cheque):	
<b>Note: Council prefers to pay by EFT</b>	

I \_\_\_\_\_ in my capacity as (position title) \_\_\_\_\_ being the authorised representative, state that I have read and agree to the Longreach Regional Council terms and conditions for the supply of goods and services and having the authority to give this direction for the supplier, request Longreach Regional Council to make payments for the supplies and/or services as per payment method requested above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Statement:**

*Longreach Regional Council is collecting your personal/ banking information for the purpose of streamlining our purchasing/payment activities with you/your company. The collection of this information is authorised under the Local Government Act 2009. Your information will not be given to any other person or agency unless you have given us permission or we are required by law*