Community Impact Grant Application Form

* indicates a required field

Please note:

- You are only permitted to submit **one** application per organisation, per round.
- You are only eligible to receive funding if you have not received a Mackay Regional Council Community Investment grant over the value of \$1500 in the last two financial years.

Is your Organisation being auspiced by an Incorporated Organisation? * Yes No Incorporation Number * Gaming Machines Does your organisation have a Gaming Machine Licence? Yes No If Yes, you are not eligible to apply Previous Funding Has your Organisation received a council grant over \$1,500 within the last 2	Pre-Check Criteria		
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Has your Organisation received a council grant over \$1,500 within the last 2	○ Yes ○ No	a Gaming Machine Licence ?	
	Previous Funding		
○ Yes ○ No If Yes, you are ineligible to continue with this application	financial years? * ○ Yes	No	last 2

	ate within the Mackay Regional Council boundaries? * No
Do the majority of your Orga Council area? *	nisations' members reside in the Mackay Regional
O Yes	No No
○ Yes ○	tted any previous Mackay Regional Council grants? * No ON/A eligible. If unsure, please contact the grants officer on 49619434
	e with Mackay Regional Council? * No
Insurance cover for your proj	uspicing Organisation) have a valid Public Liability ect? *
Treasurer's report covering t	on's most current financial statement or latest he previous 12 months? *
	Organisation's financial statements, if applicable? * No ON/A
Applicant Details	
* indicates a required field	
	cting your information in order to process your application. closed to any other third party with your written aw.
Organisation Name *	Organisation Name
Legal Entity Name *	
	As shown on your ABN details
Contact Person *	Organisation Name
Address *	Address
	Suburb State Postcode

Postal Address *	Address		
i ostai Addi ess	Address		
	Suburb State Postcode		
Telephone *			
•			
Email *			
Organisation Details			
Is your Organisation	○ Yes ○ No		
registered for GST? *			
Does your Organisation have an ABN? *	○ Yes ○ No		
ABN Number (if			
applicable)	The ABN provided will be used to look up the following		
	information. Click Lookup above to check that you have		
	entered the ABN correctly.		
	entered the ABN correctly. Information from the Australian Business Register		
	Information from the Australian Business Register		
	Information from the Australian Business Register ABN Entity name ABN status		
	Information from the Australian Business Register ABN Entity name ABN status Entity type		
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Auspicing Organisation D	Information from the Australian Business Register ABN Entity name ABN status Entity type Goods & Services Tax (GST) DGR Endorsed ATO Charity Type ACNC Registration Tax Concessions Main business location		
Auspicing Organisation D Organisation Name *	Information from the Australian Business Register ABN Entity name ABN status Entity type Goods & Services Tax (GST) DGR Endorsed ATO Charity Type ACNC Registration Tax Concessions Main business location		

Legal Entity Name *				
	As shown on your ABN details			
Contact Person *				
Address *	Address			
	Suburb State	Postcode		
Postal Address *	Address			
	Suburb State	Postcode		
	Suburb State	lostcode		
Telephone *				
Email *				
Is the Organisation registered for GST? *	○ Yes	○ No		
Does the Organisation have an ABN? *	○ Yes	○ No		
Auspice ABN *				
		Lookup above to	look up the following o check that you have	
	Information from th	e Australian Busir	ness Register	
	ABN			
	Entity name			
	ABN status			
	Entity type Goods & Services Ta	ax (GST)		
	DGR Endorsed	(•••)		
	ATO Charity Type		More information	
	ACNC Registration			
	Tax Concessions			

	Main business location		
General Information			
Briefly outline the nature of your organisation and its primary purpose *			
	Word count: If your application relates to a facility, sporting ground or club, you should detail current usage rates and indicate other facilities located in your area. 250 words maximum		
Is your organisation registered with Council's Clubs Connect program?	○ Yes ○ No		
What is your current level of accreditation with Clubs Connect? *	☐ Bronze ☐ Silver ☐ Gold ☐ Platinum ☐ Unknown At least 1 choice must be selected.		
Financial Statements			
Please upload your local organisation's current financial statements *	Attach a file:		
Auspicing Organisation Fi	nancial Statements		
Please upload your	Attach a file:		
Auspicing Organisation's current financial statements *			
Funding Request details			
* indicates a required field			
Funding Limits:			
Community Impact Grant - Maxin	num \$10,000.00		
Grant Amount Requested (Ex GST) *	\$ Must be a dollar amount. Please ensure this amount matches the amount requested in the budget section of the application.		

Details of the project for which you are seeking funding *		
	Word count: Maximum 300 words	
	ign to the following priority ral, Healthy, Capacity Build	
Which priority area does you ☐ Safe ☐ Creative ☐ Inclusive ☐ Cultural ☐ Healthy ☐ Capacity Building No more than 1 choice may be select Please only select one.		
What will be the impact of the community? *	is project on your organisation	and/or the broader
Word count: Maximum 250 words		
Who will benefit from your p	roject? *	
Word count: Maximum 250 words		
	anticipate will be impacted (eith	ner indirectly or
Must be a number.		
Why is the project a priority	for your organisation and/or the	e community
Word count: Maximum 250 words		

your organisation? * ○ Yes (please upload a copy) ○	No		
Strategic or Business Plan Attach a file:			
If attaching strategic docume documents?	nts please identi	fy relevant section	n/s within
Eg Section 2.3, page 6 etc.			
Demonstrate the capab and deliver the project	ility of your or	ganisation to	plan, manage
* indicates a required field			
Have you contacted Community Programs regarding your application? *		○ No : 4961 9434 to discuss nity or Arts Developm	O N/A syour application with ent Officer.
If yes, who have you spoken with? *			
Provide details of your organisations ability to deliver this project? *			
		n 300 words. ence in delivering sim eived a managed, etc.	
Where is the physical			
address of where the project is being delivered?			
Do you have land owner consent to deliver the project?	○ Yes	○ No	○ N/A

Does your Organisation have a Strategic or Business Plan for the development of

Please upload	Attach a file:			
landowners consent, if relevant				
When will your project be completed?	Must be a date. Your Project Outcome Report will be due 8 weeks upon project completion			
Demonstrate how your	organisation is contributing to the project			
Why is grant funding being s	ought for this project (as opposed to self-funded)?			
	ositive net position, please provide commentary to			
justify why grant funding is r	needed?			
Word count: 250 Maximum words.				
Budget				
* indicates a required field				
Budget				
 Total Expenditure MUST eq Volunteer inkind hours shou 	ual Total Income. Id be calculated at the appropriate rate or at a minimum of			

- Volunteer inkind hours should be calculated at the appropriate rate or at a minimum of \$20.00 per hour.
- Income Column should include grants you have already secured or those you have applied for to support this project/event/activity.
- Please describe source of income and the dollar value
- Please Expenditure and the dollar value

Budget

Income	\$ ex GST	Expenditure	\$ ex GST
	Must be a dollar amount.		
	\$		\$
	\$		\$

	\$	\$
	\$	\$
	\$	\$
	\$	\$
Grants from Other Sources	\$	\$
Funds Requested from Council	\$	\$

Total Expenditure Amount

Budget Totals

Total Income Amount

\$	\$	\$
This number/amount is calculated.	This number/amount is calculated.	This figure needs to be \$0
Quotes		
Please attach quotes to support your application. *	Requirement: 1 quote	for items under \$1,500.00, 2 quotes for or 3 quotes for items over \$15,000.00
If you have not inclu the minimum numbe of quotes, please de why.	er	
If your quotes are no engaging local suppl contractors, please detail why.		

Income - Expenditure

Declaration

* indicates a required field

I warrant that:

- I am authorised to submit this application on behalf of the organisation.
- The applicant organisation has knowledge of and does not object to the application being submitted.
- To the best of my knowledge all information provided in the grant application is true and correct and complete.
- Sufficient control mechanisms are in place to ensure that all monies are managed and accounted for appropriately.

- I understand that the application and any material accompanying the application will not be returned.
- The email address from which this application is sent is from an appropriate address to receive information regarding this application.

Declaration *	○ I Agree	0	I Disagree	
Please list additional supporting				
documentation (optional)				
Please attach supporting	Attach a file:			
documentation if applicable				
Tax Forms				
You are required to complete one and complete the form that suits				
Completed Tax Form *	Attach a file:			
Creditor Details Confirmat	tion Form			
In order to process your application download and complete a Credito here.				
Please upload your	Attach a file:			
completed Creditor Details Confirmation				
Form here. *				
Please upload a copy of	Attach a file:			
your Bank Statement here. *	Statement must show	Rank Name	Account Name	Account BSB
	and Account Number. details if desired.			
Where did you hear	□ Previous	□ Word of N		mmunity
about Council' Grant Program? *	Applicant ☐ Council Website	☐ MRC Staff	Newsl □ Mv	etter Community
- 3	□ Media		Updat	e
		☐ Funding F		CI.