

Community Impact Application form

Form Preview

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.

Pre-Check Criteria

Is your Organisation Incorporated? *

- Yes No

Incorporation Number *

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 financial years? *

- Yes No

If Yes, you are ineligible to continue with this application

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Does your Organisation operate within the Mackay Regional Council boundaries? *

- Yes No

Do the majority of your Organisations' members reside in the Mackay Regional Council area? *

- Yes No

Has your Organisation acquitted any previous Mackay Regional Council grants? *

- Yes No N/A

If No, do not continue as you are ineligible. If unsure, please contact the grants officer on 49619434

Is your Organisation debt free with Mackay Regional Council? *

- Yes No

Does your Organisation (or Auspicing Organisation) have a valid Public Liability Insurance cover for your project? *

- Yes No

Do you have your Organisation's most current financial statement or latest Treasurer's report covering the previous 12 months? *

- Yes No

Do you have your Auspicing Organisation's financial statements, if applicable? *

- Yes No N/A

Applicant Details

* indicates a required field

Mackay Regional Council is collecting your information in order to process your application. This information will only be disclosed to any other third party with your written authorisation or as required by law.

Organisation Name *

Organisation Name

Legal Entity Name *

As shown on your ABN details

Contact Person *

Organisation Name

Address *

Address

Suburb State Postcode

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Postal Address *

Address

Suburb State Postcode

Telephone *

Email *

Organisation Details

Is your Organisation registered for GST? *

Yes No

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.

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	

Auspecting Organisation Details

Organisation Name *

Organisation Name

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Legal Entity Name *

As shown on your ABN details

Contact Person *

Address *

Address

Suburb State Postcode

Postal Address *

Address

Suburb State Postcode

Telephone *

Email *

Is the Organisation registered for GST? *

Yes

No

Does the 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	

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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 Financial Statements

Please upload your Auspicing Organisation's current financial statements *

Attach a file:

Funding Request details

* indicates a required field

Funding Limits:

Community Impact Grant - Maximum \$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.

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Details of the project for which you are seeking funding *

Word count:
Maximum 300 words

How does your project align to the following priority areas: Safe, Creative, Inclusive, Cultural, Healthy, Capacity Building

Which priority area does your project align with? *

- Safe
- Creative
- Inclusive
- Cultural
- Healthy
- Capacity Building

No more than 1 choice may be selected.
Please only select one.

What will be the impact of this project on your organisation and/or the broader community? *

Word count:
Maximum 250 words

Who will benefit from your project? *

Word count:
Maximum 250 words

Total number of people you anticipate will be impacted (either indirectly or directly) by the project? *

Must be a number.

Why is the project a priority for your organisation and/or the community

Word count:
Maximum 250 words

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

Yes (please upload a copy) No

Strategic or Business Plan

Attach a file:

If attaching strategic documents please identify relevant section/s within documents?

Eg Section 2.3, page 6 etc.

Demonstrate the capability of your organisation to plan, manage and deliver the project

* indicates a required field

Have you contacted Community Programs regarding your application? *

Yes No N/A

If not, please contact 4961 9434 to discuss your application with the relevant Community or Arts Development Officer.

If yes, who have you spoken with? *

Provide details of your organisations ability to deliver this project? *

Word count:

Must be no more than 300 words.

Consider past experience in delivering similar projects, other grants you have received 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

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Please upload landowners consent, if relevant

Attach a file:

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 sought for this project (as opposed to self-funded)?

Word count:

200 Maximum words.

If your financials present a positive net position, please provide commentary to justify why grant funding is needed?

Word count:

250 Maximum words.

Budget

* indicates a required field

Budget

- Total Expenditure **MUST** equal Total Income.
- 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.		
	\$		\$
	\$		\$

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

Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

\$

This figure needs to be \$0

Quotes

Please attach quotes to support your application. *

Attach a file:

Requirement: 1 quote for items under \$1,500.00, 2 quotes for items over \$1,500.00, or 3 quotes for items over \$15,000.00

If you have not included the minimum number of quotes, please detail why.

If your quotes are not engaging local suppliers/contractors, please detail why.

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.

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- 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

I Disagree

Please list additional supporting documentation (optional)

Please attach supporting documentation if applicable

Attach a file:

Tax Forms

You are required to complete **one** of the attached forms. Please download the forms [here](#), and complete the form that suits your organisation. You can then upload the form below.

Completed Tax Form *

Attach a file:

Creditor Details Confirmation Form

In order to process your application faster, should you be successful, you are required to download and complete a Creditor Details Confirmation Form. You can download the form [here](#).

Please upload your completed Creditor Details Confirmation Form here. *

Attach a file:

Please upload a copy of your Bank Statement here. *

Attach a file:

Statement must show Bank Name, Account Name, Account BSB and Account Number. Please Note: You can blank out transaction details if desired.

Where did you hear about Council' Grant Program? *

Previous Applicant

Word of Mouth

Community Newsletter

Council Website

MRC Staff

My Community Update

Media

Funding Finder

Other:

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