

# Community Impact Grant Application Form 26.27

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.

### 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

#### 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? \*

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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

## Child Safety Requirements

**Will the grant funded project include activities or services that will involve children (individuals under the age of 18), or facilities/activities where children are under your organisations supervision? \***

Yes

No

## Child Safety Declaration

*The Grantee acknowledges that it is exclusively responsible for ensuring the safety of children involved in the funded activity and for complying with all applicable child safety obligations (including the Child Safe Organisations Act 2024 (Qld) and the Child Safe Standards and Universal Principle, where applicable). Council's receipt or sighting of any child-safety related policies or evidence is solely for Council's assurance and to confirm the Grantee's compliance efforts. Council's review shall not be taken as endorsement of the content or as a transfer of responsibility for the effectiveness of those policies, which remains with the Grantee.*

For further information about Child Safe Organisations - [Child Safe Organisations | Queensland Family and Child Commission](#).

I agree

I disagree

**Please upload any supporting documentation**

Attach a file:

Documents could include a copy of your Child Safety and Wellbeing Policy, Code of Conduct; a brief details of their risk management measures (e.g. supervision arrangements/ratios, transport arrangements, reporting pathways etc).

## Applicant Details

\* indicates a required field

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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

**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.

ABN

Entity Name

ABN Status

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Entity Type  
Goods & Services Tax (GST)  
DGR Endorsed  
ATO Charity Type  
ACNC Registration  
Tax Concessions  
Main Business Location

### Auspecting Organisation Details

**Organisation Name \***

Organisation Name

**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

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### **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.

ABN  
Entity Name  
ABN Status  
Entity Type  
Goods & Services Tax (GST)  
DGR Endorsed  
ATO Charity Type  
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

NOTE: If your organisation does not have audited Financial Statements please provide a Profit and Loss Statement and a balance sheet. These can be generated out of MYOB, Quickbooks etc.

**Please upload your local organisation's current financial statements \***

Attach a file:

### Auspsicing Organisation Financial Statements

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**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.

**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? \***

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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

**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? \***

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**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

**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

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### Budget

- Total Expenditure **MUST** equal Total Income.
- Volunteer in-kind 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 describe expenditure and the dollar value

### Budget

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

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**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.
- 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:

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### 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? \***

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Previous Applicant | <input type="checkbox"/> Word of Mouth  | <input type="checkbox"/> Community Newsletter        |
| <input type="checkbox"/> Council Website    | <input type="checkbox"/> MRC Staff      | <input type="checkbox"/> My Community Update         |
| <input type="checkbox"/> Media              | <input type="checkbox"/> Funding Finder | <input type="checkbox"/> Other: <input type="text"/> |