

COMMUNITY GRANTS PROGRAM (\$451 OR MORE)

APPLICATION FORM

Please read the information provided prior to completing the form. For inquiries or assistance with your application phone Council Customer Service Centre on (07) 4671 1122

APPLICANT DETAILS:

Full name of Group/Organisation: _____
Postal Address _____ Postcode _____
Contact Person _____
Contact Numbers _____(W) _____(AH) _____(FAX)
Email _____
Position held within Group/Organisation _____

CERTIFICATION:

To be signed by the Chair or President and Treasurer of the organisation.

- I certify that to the best of my knowledge the statements made within this application are true.
- I understand that if the Goondiwindi Regional Council approves a grant, I will be required to accept the conditions of the grant in accordance with Goondiwindi Regional Council as outlined in the grant application guidelines.

Name: _____(Chair / President)

Signature: _____ Date: _____

Name: _____(Treasurer)

Signature: _____ Date: _____

PREVIOUS GRANTS

Have you previously received a grant from the Council? Yes No

If YES, please give details of the grant received, name of the project, the date it was received and the date it was acquitted (if applicable).

Proposed Commencement date and duration of Program / Project.

Main Location of Activities for this Program / Project / Event

Total Cost of Project / Activity

Amount Sought

\$ _____

\$ _____

Status of Organisation

- (a) Is your organisation a Not-for-Profit Community Organisation? Yes
 No
- (b) Do the majority of the organisations members reside in the Goondiwindi Regional Council area? Yes
 No
- (c) Does your organisation hold current public liability insurance? Yes
 No
- (d) Does the organisation have any debts (eg Rates) owing to Council? Yes
 No
- (e) Does your organisation have an ABN?
- Yes → ABN no. _____ GO TO (f)
- No → Complete the attached Statement by a Supplier form. GO TO (g)
- (f) Is your organisation registered or required to be registered for GST?
- Yes – You must lodge with this application, a completed Tax Invoice for the amount sought inclusive of GST.
(Note: The Tax Invoice should include at the minimum, the information shown on the attached Sample A)
- No - You must lodge with this application, a completed Tax Invoice for the amount sought.
(Note: The Tax Invoice should include at the minimum, the information shown on the attached Sample B)
- NOTE:** A tax invoice is not required for “In Kind” assistance for **Plant & Equipment**
- (g) Please note that if a properly completed Tax Invoice or Statement by a Supplier form is not submitted with this application, the application will be returned for completion and resubmission.

Community Grants/Donations Program

ESTIMATE – IN KIND SUPPORT

If the assistance sought includes “in kind” support, contact must be made with the relevant section within Council to obtain an estimate of cost.

IMPORTANT – THIS FORM MUST BE FULLY COMPLETED & LODGED WITH YOUR APPLICATION.

** If the “in kind” support involves the use of Council’s plant and equipment (e.g. tractor & slasher, water truck) contact should be made with Council’s Director of Technical Services on (07) 46711122.*

If the “in kind” support is for some other purpose (e.g. waiving of fees for the hire of a Council facility) please contact Council’s Customer Service Centre on (07) 46711122.

IMPORTANT – If the application is to waive hire fees or regulatory fees, in accordance with Council’s policy, the applicant must pay the full amount of the fees to Council, with a refund of the amount approved (if any) being made to the applicant.

Name and Date(s) of Event/Function

Brief description of assistance sought including an estimate of time each item required if plant (e.g. grading access road to grounds, grader 2 hours. Waive hire fee for Texas Sport Centre)

Name of Group/Organisation

Signature of Applicant

Council use: Complete below or provide applicant with a signed quotation.

Estimate of cost: \$ _____ ex GST/Incl GST

Name of Council Officer providing estimate

Signature of Council Officer providing estimate

Date estimate provided / /

SAMPLE A (ABN AND REGISTERED FOR GST)

ABC Association Inc
PO Box 123
TEXAS QLD 4385

*<Your Group/Organisation Name
<Your Group/Organisation Address*

ABN: 11 222 333 444

<Your Group/Organisation ABN

1st January 2009

<Date

To: Chief Executive Officer
Goondiwindi Regional Council
LMB 7
INGLEWOOD QLD 4387

TAX INVOICE

Contribution towards xyz	\$1500.00
GST	\$ 150.00
Total including GST	<u>\$1650.00</u>

SAMPLE B (ABN BUT NOT REGISTERED FOR GST)

XYZ Association Inc
PO Box 123
INGLEWOOD QLD 4387

*<Your Group/Organisation Name
<Your Group/Organisation Address*

ABN: 11 222 333 555

<Your Group/Organisation ABN

1st January 2009

<Date

To: Chief Executive Officer
Goondiwindi Regional Council
LMB 7
INGLEWOOD QLD 4387

TAX INVOICE

Contribution towards xyz	\$1500.00
Total	<u>\$1500.00</u>

This invoice includes GST of :\$0.00

COMMUNITY GRANTS PROGRAM

ACQUITTAL REPORT

For inquiries or assistance with your acquittal report phone Council Administration on (07) 4671 1122.

INFORMATION ABOUT YOUR COMMUNITY GRANTS PROGRAM

It is the grant recipient's responsibility to ensure that all amounts and information recorded on this form and other related documents are accurate and can be justified.

Any Community Grants money received and not used for the specific project will need to be returned to Council with this report if it has not already been returned.

All receipts relating to project must be attached to the acquittal report.

Council must receive acquittals within 3 months of the completion of the project.

GRANT RECIPIENT DETAILS:

Full name of Group/Organisation: _____

Postal Address _____ Postcode _____

Contact Person _____

Contact Numbers _____(W) _____(AH) _____(FAX)

Email _____

Position held within Group/Organisation _____

CERTIFICATION:

To be signed by the Chair or President and Treasurer of the organisation.

- I certify that to the best of my knowledge the statements made within this application are true.
- I understand that if the Goondiwindi Regional Council approves a grant, I will be required to accept the conditions of the grant in accordance with Goondiwindi Regional Council as outlined in the grant application guidelines.

Name: _____(Chair / President)

Signature: _____ Date: _____

Name: _____(Treasurer)

Signature: _____ Date: _____

FINANCIAL SUMMARY

The financial summary should detail income and expenditure of the project.

Please include detail on revenue received both from Council’s Community Grants Program as well as other income sources put toward the project where the amount sought on the application for the grant was not the amount of the project.

These figures provided should take into account the GST situation of the organisation.

Project Revenue Received	(A) What you expected to receive (Refer to your application form)	(B) Amount Actually Received	Variance (A - B)
Goondiwindi Regional Council Community Grant			
Organisation Contributions			
Other (give details):			
Total			

Project expenditure items	(A) What you expected to spend (Refer to your application form)	(B) Amount Actually Spent	Variance (A-B)
Total			

Is there any Goondiwindi Regional Council Grant Program Funding to be returned?

Yes

No

\$

