

COMMUNITY GRANTS APPLICATION FORM

1. GRANT PROGRAM - tick one box <i>Do not use this form for RADF, Events or Shade Trees applications</i>		<input type="checkbox"/> Community Support Grant <input type="checkbox"/> Cultural and Arts Support Grant (CAS) <input type="checkbox"/> Sport and Recreation Grant <input type="checkbox"/> Environmental Grant <i>This is a cover sheet and summary. Attachments may be required.</i>	
2. APPLICANT ORGANISATION			
Postal Address			
Contact person for this application			
Contact person position in organisation			
Contact Details		Phone (Business Hours)	Fax
		Mobile	
Email address			
Website address			
Is your organisation non-profit? Please attach documents to this application		<input type="checkbox"/> Yes <input type="checkbox"/> No (Ineligible) <input type="checkbox"/> Constitution and/or Aims and Objectives attached <input type="checkbox"/> Latest Financial Statements attached	
ABN		Registered for GST? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your organisation Incorporated? To be eligible to apply organisations must be incorporated or be sponsored by an incorporated organisation. The sponsor organisation becomes the applicant.		<input type="checkbox"/> Yes - attach a copy of a Certificate of Incorporation. <input type="checkbox"/> No - the application must be sponsored by another incorporated organisation, which accepts legal and financial responsibility for the grant. Attach a copy of the sponsors Certificate of Incorporation and a letter agreeing to auspice the application.	
Is your organisation listed on the Toowoomba Regional Community Directory? You can list at www.mycommunitydirectory.com.au/queensland/toowoomba/		<input type="checkbox"/> Yes <input type="checkbox"/> No	
What year was your organisation/group established?	How many members does your organisation/group have?	Approximately how many people access your organisation/group facilities/services annually?	
3. PROJECT Describe the project or activity, or if the request is for a contribution to utility, insurance or regulatory expenses		Project Name: Short Description:	
Date of program / commencement of project			
4. LOCATION Must be within the boundaries of the Toowoomba Regional Council area		Physical Address (site of project):	

<p>5. SUPPORTING DOCUMENTS</p> <p>This form is a cover sheet only.</p> <p>Please attach the following supporting documents.</p> <p><i>For Sport and Recreation Applicants, please skip this section and complete the Sport and Recreation Grant Supplement Form.</i></p>	<p><input type="checkbox"/> Project Need and Community Benefit statement – how did you identify the need and how will it benefit the community?</p> <p><input type="checkbox"/> How does the project meet the grant objectives? (refer to the guidelines for the relevant grant program)</p> <p><input type="checkbox"/> Plans, budgets, scope, estimates and/or quotes – how will the funds be spent, and how were expenses calculated? Where is other funding coming from?</p> <p><input type="checkbox"/> Letters of support, funding confirmation, evidence of other funding sought.</p> <p><input type="checkbox"/> Quote or evidence of expenditure (for Utility, Insurance or Regulatory expenses)</p>	
<p>6. SUPPLEMENTARY INFORMATION</p> <p>Some grant programs require a supplement to this form. Some require review by a Council Officer.</p>	<p><input type="checkbox"/> Sport and Recreation grants supplementary information attached</p> <p><input type="checkbox"/> Cultural and Arts Support grants supplementary information attached</p> <p><input type="checkbox"/> Reviewed by relevant Council Officer:</p> <p>Officer: _____ Signature: _____ Date: _____</p>	
<p>7. Amount of Funding</p> <p>Amount of funding requested from Council for this project</p>		
<p>8. CERTIFICATION</p> <p>To be signed by the two members of the executive of the Incorporated Organisation or Sponsor Organisation.</p>	<ul style="list-style-type: none"> • I certify to the best of my knowledge that the statements made in this application are true and correct. • I understand that approval of support is subject to agreement between the Toowoomba Regional Council and the applicant. • I understand that the Toowoomba Regional Council does not accept any liability or responsibility for the proposal in this application and that it is the responsibility of the applicant or their sponsor to provide the appropriate insurance cover. • I agree a project summary and financial report (acquittal) will be supplied (including a copy of all required receipts) within 6 weeks of completion. <p>Name:</p> <p>Signature: _____ Date: _____</p> <p>Position:</p> <p>Name:</p> <p>Signature: _____ Date: _____</p> <p>Position:</p>	
<p>9. LODGEMENT OF APPLICATION</p> <p>Late applications may not be considered.</p> <p>Applications must be postmarked before 5 pm on the closing date advertised.</p> <p>Faxed or emailed applications must be followed up with a hard copy of the cover and signature pages.</p>	<p>Post to:</p> <p>Deliver to:</p> <p>Fax to:</p> <p>Email to:</p>	<p>Toowoomba Regional Council Community Grants Scheme PO Box 3021 Toowoomba Qld 4350</p> <p>Any Toowoomba Regional Council Service Centre by close of business on the closing date.</p> <p>1800 448 882</p> <p>info@tr.qld.gov.au</p>