

Australia Day/ANZAC Day Events Sponsorship

Form Preview

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* indicates a required field

This grant provides sponsorship funding to assist not-for-profit community organisations to deliver community events on Australia Day and/or ANZAC Day by sponsoring free community breakfasts. Council will determine on a case-by-case basis the requirements for acknowledgment of sponsorship. Successful applicants will need to reapply each year for assessment on merit. The fund will provide individual event sponsorship of up to \$1,000.

Applications will be assessed by the Community Grants Program Assessment Panel against the Community Grants Program Policy based on the Assessment Criteria. A recommendation will be made by the Community Grants Program Assessment Panel with approval by the General Manager Liveability.

Applications can be made through out the financial year. Not-for-profit community organisations are permitted to submit one application per event financial year.

Policy Statement

South Burnett Regional Council ('Council') recognises the important contribution community organisations and individuals make to the Council area. Through the provision of community grants program, Council demonstrates its commitment to investing in initiatives and partnerships that align with Council's corporate priorities encouraging individuals and groups to make a positive and ongoing contribution to the region.

This policy is to guide the administration of Council's Community Grants Program so to ensure the grants contribute to Council achieving its strategic goals, identified key initiatives, and align with the intent of the Local Government Act 2009 ('Act') and the Local Government Regulation 2012 ('Regulation'), which state that assistance will be used for a purpose that is in the public interest.

This policy applies to all grants, donations, sponsorship and other assistance made to:

- eligible not-for-profit community organisations delivering programs, activities and events within the Council area: and
- eligible individual South Burnett residents to attend competitions or programs representing Queensland or Australia in their chosen performance field.

The provision of concessions and waivers relating to building and development applications, undetected water leaks, provision of recycled water, lease payment fees, rates and utilities charges are not covered by this policy.

For further information the Funding Guidelines can be found [HERE](#).

Should you need any further information or assistance, don't hesitate to contact the South Burnett Regional Council (07) 4186 9100 or email info@sbrc.qld.gov.au

Did your organisation receive funding within this financial year? *

☐ Yes

☐ No

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If you need to contact us throughout the application process, please quote the application number below:

Application Number

This field is read only.

Confirmation of Eligibility

I confirm that the applicant ...

- has read and understands the funding guidelines and funding criteria
- is able to demonstrate alignment between their project and the aims of this program
- is a not-for-profit organisation
- is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- is located in South Burnett Regional Council area
- is able to demonstrate financial viability
- does not have any outstanding acquittals or outcome reports for Council's Community Grants Program
- has no outstanding debts with Council
- has minimum \$20m public liability insurance

Please select below: *

☐ Yes, I meet all the above eligibility criteria ☐ No

You must confirm that all statements above are true and correct.

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to [Disclaimer – South Burnett Regional Council](#)

Applicant Details

Organisation Name *

Organisation Name

For organisations: please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Primary address

Address

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Postal address

Address

Applicant primary phone number *

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Must be an Australian phone number.

Email address *

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Must be an email address.

Website

--

Must be a URL.

Best contact person for this application

Primary contact *

Title	First Name	Last Name
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This is the person we will correspond with about this grant.

Position held in organisation *

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e.g., Manager, Board Member or Fundraising Coordinator.

Phone number *

--

Must be an Australian phone number.

Mobile Phone Number *

--

Must be an Australian phone number.

Office phone number

--

Must be an Australian phone number.

Email address *

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This is the address we will use to correspond with you about this grant.

Organisation Details

* indicates a required field

About your Organisation

What year was your organisation established? *

How many members does your organisation have? *

Approximately how many people access your organisation facilities/services annually? *

Does your organisation have an ABN? *

☐ Yes

☐ No

You can check here: <https://www.qld.gov.au/law/laws-regulated-industries-and-accountability/queensland-laws-and-regulations/check-a-licence-association-charity-or-register>

Applicant 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	
Main business location	

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As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO website](#).

Please upload completed Statement of Supplier Form: *

Attach a file:

Max 25mb per file uploaded

What is your organisation's legal structure? *

- ☐ Unincorporated association
- ☐ Incorporated association
- ☐ Company limited by guarantee

If your organisation is unincorporated, it must have an auspice organisation

What is your incorporation number? *

Incorporated Association or Australian Company Number

What type of not-for-profit organisation are you? *

- ☐ Sport
- ☐ Recreation
- ☐ Community Development (e.g. Men's Shed)
- ☐ Progress Association/Business Development
- ☐ Hall Committee
- ☐ Historical Society

Please choose the option that best applies to your organisation.

Activity

* indicates a required field

Activity Name: *

Provide a name for your project/program/initiative. Your title should be short but descriptive

Please provide a short summary of your activity: *

Be descriptive, but succinct. Include a brief summary of who this project is for (i.e. beneficiaries), what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes).

How will this activity benefit the community? *

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Tell us why your initiative is needed, and why you believe the activities you propose will produce the outcomes you seek. Provide statistics/evidence (where available) of both the need and the link between the work you will do and the outcomes you seek. Go to the Funding Centre's Answers Bank at <https://www.fundingcentre.com.au/answersbank#Qu2> if you need some ideas about how to frame your response.

How did you identify the need for this project? *

This could be from feedback from community meetings, data & statistics, a recognised need from another community group, declining member numbers of your organisation

Commencement date of activity *

Must be a date and between 1/7/2023 and 30/6/2024.

If unknown, provide your best guess

Location of project

Where will this event/project take place? *

Must be within the boundaries of the South Burnett Region

Evaluation

How will you evaluate the success of the project?

Evaluating the success of a project can be as simple as counting the number people that attended the event/workshop, the number new members expected or received after the event, the number of volunteers to be engaged.

List your projects intended achievements, including approximate numbers (if possible), in the following table.

Describe how you will evaluate your project *

Attendance records, photographs, evaluation forms etc

Supporting Material

these documents are compulsory

Copy of Public Liability *

Attach a file:

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A minimum of 1 file must be attached.

Letter of Support *

Attach a file:

A minimum of 2 files must be attached.

Project Budget

* indicates a required field

All budget figures are GST free

Total Funding Requested

*

\$

Must be a dollar amount and no more than 1000.

Total Project/Program Cost *

\$

What is the total cost of your project?

Budget

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns,

Examples of income may include 'council community grant', 'trivia fundraising night', 'company X sponsorship'.

Examples of eligible expenses may include 'venue hire', 'presenter/artists fees', 'entertainment', 'traffic management plan', 'waste management', 'equipment purchase (integral to the delivery of project)'. Items that are ineligible expenses are catering and consumables.

Use the 'Notes' column for any additional information you think we should be aware of.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). This must also equal your total project cost.

Please **do not add commas** to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly.

Income Description	Income Type	Confirmed Funding?	Income Amount (\$)	Notes
			\$	
			\$	
			\$	
			\$	

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Project Expenditure

List all expenditure here. This amount must equal your income amount and match your total project cost. You can add more rows if required.

Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Notes
		\$	
		\$	
		\$	
		\$	
Add more rows if needed			

Budget Totals

This is a calculated field

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

This field must equal zero

Declaration and Feedback

* indicates a required field

Certification

- I certify that to the best of my knowledge the statements made within this application are true and correct.
- I understand that approval of support is subject to a signed agreement between the South Burnett Regional Council and the applicant.
- I understand that the South Burnett Regional Council does not accept any liability or responsibility for the supported project/event and that it is the responsibility of the applicant to provide the appropriate insurance cover.
- I understand that if South Burnett Regional Council approves the grant, I will be required to accept the conditions of the Funding Agreement in accordance with Council audit requirements.
- I understand that if Council approves the grant, I will be bound by the contents of my application to carry out my project as I have described.
- I understand that I am required to submit an activity summary and financial report (acquittal) will be supplied (including a copy of all required receipts) within six (6) weeks of the completion of the project.
- I consent to the information contained within this application being disclosed to or by South Burnett Regional Council for the purpose of assessing, administering and monitoring my current and any future Council grant applications.
- I consent to South Burnett Regional Council using information contained within this application for reporting and publishing purposes.

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I have read and agree to the above: *

☐ Yes

☐ No

Name of authorised person *

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:

☐ Very easy

☐ Easy

☐ Neutral

☐ Difficult

☐ Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.