Australia Day Event Sponsorship 2026

* indicates a required field

This grant provides funding to assist not-for-profit community organisations to deliver community events on Australia 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.

Applications made to various grant categories within this Program for the same project will not be eligible to receive more than one (1) allocation of support per financial year.

PRIVACY COLLECTION NOTICE: South Burnett Regional Council collects your personal information for the purpose of processing this form and for use in any Council matters. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will only be disclosed to a third party as per the South Burnett Regional Council Information Privacy Policy.

A hardcopy of this electronic document is considered uncontrolled when printed.

Applications will be assessed by the Community Grants Program Assessment Panel against the Community Grants Program Policy, with approval by the General Manager Liveability.

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

Applicants shall have no outstanding debts with Council (including rates).

Did your organisation receive funding within this financial year? *			
○ Yes	○ No		
If you need to contact us throughout the ap	plication process, please quote the application		
number below:			
Application Number			
This field is read only			
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 <u>Australian Privacy Principles</u> (APPs) as established under the <u>Privacy Act 1988</u> and amended by the <u>Privacy Amendment (Enhancing Privacy Protection) Act 2012</u>. To view our privacy statement, go to <u>Disclaimer – South Burnett Regional Council</u>

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
Postal address Address
Address
Applicant primary phone number *
Must be an Australian phone number.
Email address *
Must be an email address.
Website
Must be a URL.
Best contact person for this application
Primary contact * Title First Name Last Name
This is the person we will correspond with about this grant.
Position held in organisation *
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 *	
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 establi	shed? *
How many members does your organisat	tion have? *
Annual match have many pools access	
Approximately how many people access annually? *	your organisation facilities/services
Does your organisation have an ABN? *	
○ Yes	○ No
You can check here:	

Entity name		
ABN status		
Entity type		
Goods & Services Tax (GST)		
DGR Endorsed		
ATO Charity Type	More information	
ACNC Registration		
Tax Concessions		
Main business location		
		ı
with your application, otherwise the form from the ATO website.	se submit a completed ATO Statem 48.5% of any approved grant may I	
Please upload completed Star Attach a file:	tement of Supplier Form: *	
Max 25mb per file uploaded		
What is your organisation's le Unincorporated association Incorporated association Company limited by guarante If your organisation is unincorporated		1
What is your incorporation nu	ımber? *	
Incorporated Association or Australia	n Company Number	
What type of not-for-profit or Sport Recreation Community Development (e.g. Progress Association/Business	g. Men's Shed)	

Activity

* indicates a required field

Please choose the option that best applies to your organisation.

Activity Name: *

Hall CommitteeHistorical Society

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? *
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 no earlier than 26/1/2025. If unknown, provide your best guess
Location of project
Where will this event/project take place? *
There 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 evaluat	e your project *
Attendance records, photographs, ev	aluation forms etc
Supporting Material	
-	and must be submitted with the application.
These documents are compaisory	and must be submitted with the application.
Copy of Public Liability * Attach a file:	
A minimum of 1 file must be attached	d.
Letter of Support - Committee Attach a file:	e Members Letters of Support not accepted. *
A minimum of 2 files must be attache Commitee Members Letter of Suppor	
Latest Financial Statements - Attach a file:	cannot be bank statements *
Attach a nie:	
A minimum of 1 file must be attached	d.
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', 'equipment purchase (integral to the delivery of project)'.

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 (\$)	
			\$	
			\$	
			\$	
			\$	

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	re Type Expenditure AmountNotes (\$)		
		\$		
		\$		
		\$		
		\$		
Add more rows if neede	d			

Budget Totals

This is a calculated field

Total Income Amount	Total Expenditure Amount	Income - Expenditure
\$	\$	
This number/amount is	This number/amount is	This field must equal zero
calculated.	calculated.	1

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.

I have read and agree to the above: *	○ Yes	○ No		
Name of authorised person *	First Name Must be a senior staff me authorised volunteer	Last Name mber, board m	nember or appropriately	
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 foun ○ Very easy ○ Easy		on process: Difficult	○ Very difficult	
How many minutes in total di			•	
Estimate in minutes i.e. 1 hour = 60				
Please provide us with your s additions to the application p				