Councillor Discretionary Fund

* indicates a required field

Pursuant to *Local Government Regulation 2012 (QLD)*, a Councillor may use any Councillor Discretionary Fund in any of the following ways:

- 1.for capital works of the local government that are for a community purpose;
- 2.to a community organisation for a community purpose; or
- 3.for another community purpose.

Requests for assistance are assessed by the relevant Councillor with approval by the General Manager Liveability.

Grants are available for up to a total of \$1,000 to eligible applicants.

Applications can be made throughout the financial year and must be received by Council a minimum of three (3) weeks prior to the activity/event.

Applicants must indicate on the request if they are seeking support from multiple Councillors Discretionary Funds for the same activity/project/event.

Funding is not available for activities/events that have already commenced prior to approval.

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.

Prior to submission of an application, applicants must contact the relevant Councillor/s and have a discussion regarding the amount being requested.

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

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 changes are not covered by this policy.

To ensure that assistance delivered through the Community Grants Program is distributed to support the provision of programs, events and initiatives which respond to identified community need, contribute to the building of stronger and vibrant communities, meet relevant guidelines and are in accordance with Council's strategic objectives as identified in Council's Corporate Plan.

Council provides the Community Grants Program ('Program') to be used for a purpose that is in the public interest.

The Program is competitive. Applications will be assessed on merit with no obligation by Council to fully expend the allocations identified in Council's annual budget.

Council will determine annually, through the budget process, the amount of funding to be made available under this Program.

For further information the Funding Guidelines can be found HERE.

Should you need any further information or assistance, please don't hesitate to contact the South Burnett Regional Council (07) 4189 9100 or email info@sbrc.gld.gov.au

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

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

| Application Number | |
|---------------------------|--|
| | |
| This field is read only. | |

Please select the Councillor/s from which you are seeking funding

Funding is not available for activities/events that have already commenced prior to approval (Please refer to Community Grants Program Policy).

This grant provides small miscellaneous discretionary grants to eligible not-for-profit community organisations.

Please select the Councillor/s from whom you are requesting the funds:

The total amount from all Councillors cannot be more than \$1000.

ontact the relevant or your event/project.

| | of the application, applicants must c g them of your request for support f |
|---------------------------|---|
| Mayor Kathy Duff | |
| Must be a dollar amount a | and no more than 1000. |
| Councillor Jane Erker | ns (Division 1) |
| \$ | |

Must be a dollar amount and no more than 1000.

Councillor Linda Little (Division 2)

\$

Must be a dollar amount and no more than 1000.

Councillor Danita Potter (Division 3)

\$

Must be a dollar amount and no more than 1000.

Councillor Deb Dennien (Division 4)

\$

Must be a dollar amount and no more than 1000.

Councillor Heath Sander (Division 5)

\$

Must be a dollar amount and no more than 1000.

Councillor Ros Heit (Division 6)

Must be a dollar amount and no more than 1000.

Total Amount of Funding Requested

\$

This number/amount is calculated.

Note: maximum amount of funding that can be requested is \$1000

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 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

Please select below: *

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

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

Has the relevant Councillor/s been contacted and advised of support being requested.

| Until the relevant Councillor/s have been contacted the application cannot be submitted. * ☐ Yes ☐ No |
|--|
| 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 |
| nadi ess |
| |
| Postal address Address |
| |
| |
| Applicant primary phone number * |
| Must be an Australian 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 Title | r contact * First Name | Last Name | |
|----------------------|---------------------------|------------------------------------|----------------------|
| TILLE | riist Name | Last Name | |
| This is the | | a a a a a a a unit la cala a un ta | hia awa mb |
| inis is the | e person we will corr | espond with about t | nis grant. |
| Position | n held in organis | ation * | |
| | J | | |
| e.g., Man | ager, Board Member | or Fundraising Coor | dinator. |
| Phone r | number * | | |
| | | | |
| Must be a | n Australian phone r | number. | |
| | | | |
| Mobile | Phone Number * | | |
| | | | |
| Must be a | n Australian phone r | number. | |
| Office n | hone number | | |
| Office p | none number | | |
| Must be a | an Australian phone r | numbor | |
| Must be a | iii Australiaii pilolle i | iumber. | |
| Email a | ddress * | | |
| | | | |
| This is the | e address we will use | to correspond with | you about this grant |

Organisation Details

* indicates a required field

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

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

Please choose the option that best applies to your organisation.

Project Details

* indicates a required field

Project title: *

| Provide a name for your project/program/initiativ | e. Your title should be short but descriptive |
|--|--|
| | formalism in manuscript of (miles 150 consults) * |
| Description of activity / event and wny | funding is requested (min 150 words) * |
| | |
| Be descriptive, but succinct. Include a brief summer what you will do (i.e. the activities you will perfor activities (outcomes). | nary of who this project is for (i.e. beneficiaries), m), and what effects you expect to result from your |
| How will this activity benefit the comm | unity? * |
| | |
| | |
| How did you identify the need for this | oroject? * |
| | |
| This could be from feedback from community me another community group, declining member nu | eetings, data & statistics, a recognised need from |
| | |
| | |
| Anticipated start date * | Anticipated end date * |
| Anticipated start date * Must be a date and between 1/7/2024 and | Anticipated end date * Must be a date and between 1/7/2024 and |
| | |
| Must be a date and between 1/7/2024 and 30/6/2025. If unknown, provide your best guess | Must be a date and between 1/7/2024 and 30/6/2025. |
| Must be a date and between 1/7/2024 and 30/6/2025. If unknown, provide your best guess Location of project | Must be a date and between 1/7/2024 and 30/6/2025. If unknown, provide your best guess |
| Must be a date and between 1/7/2024 and 30/6/2025. If unknown, provide your best guess | Must be a date and between 1/7/2024 and 30/6/2025. If unknown, provide your best guess |
| Must be a date and between 1/7/2024 and 30/6/2025. If unknown, provide your best guess Location of project | Must be a date and between 1/7/2024 and 30/6/2025. If unknown, provide your best guess |
| Must be a date and between 1/7/2024 and 30/6/2025. If unknown, provide your best guess Location of project Where will this event/project take place | Must be a date and between 1/7/2024 and 30/6/2025. If unknown, provide your best guess |
| Must be a date and between 1/7/2024 and 30/6/2025. If unknown, provide your best guess Location of project Where will this event/project take place Must be within the boundaries of the South Burne | Must be a date and between 1/7/2024 and 30/6/2025. If unknown, provide your best guess |
| Must be a date and between 1/7/2024 and 30/6/2025. If unknown, provide your best guess Location of project Where will this event/project take place Must be within the boundaries of the South Burne Supporting Material | Must be a date and between 1/7/2024 and 30/6/2025. If unknown, provide your best guess |
| Must be a date and between 1/7/2024 and 30/6/2025. If unknown, provide your best guess Location of project Where will this event/project take place Must be within the boundaries of the South Burne Supporting Material This section is compulsory Certificate of Currency (if applicable) * | Must be a date and between 1/7/2024 and 30/6/2025. If unknown, provide your best guess |
| Must be a date and between 1/7/2024 and 30/6/2025. If unknown, provide your best guess Location of project Where will this event/project take place Must be within the boundaries of the South Burne Supporting Material This section is compulsory Certificate of Currency (if applicable) * Attach a file: | Must be a date and between 1/7/2024 and 30/6/2025. If unknown, provide your best guess ett Region |

A minimum of 1 file must be attached.

Project Budget

* indicates a required field

All budget figures are GST Exclusive

| Total Funding Requested - GST exclusive * | \$ Must be a dollar amou | int and no more than 1000. |
|--|------------------------------|----------------------------|
| Total Project/Program Cost - GST Exclusive * | \$ What is the total cost | of your activity/event? |

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 the 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 activity/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 agree an activity/event summary and financial report (acquittal) will be supplied (including a copy of all associated receipts) within six (6) weeks of completion of the activity/event.
- 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 | Last Name | | |

| | Must be a senior staff mem authorised volunteer | nber, board mem | ber or appropriately |
|--|--|--------------------------|----------------------------------|
| Date * | | | |
| | Must be a date | | |
| Applicant Feedback | | | |
| You are nearing the end of the a click the SUBMIT button please | | | |
| Please indicate how you fou ○ Very easy ○ Easy | | on process: Difficult | Very difficult |
| How many minutes in total o | lid it take you to comple | ete this applic | cation? * |
| Estimate in minutes i.e. 1 hour = 60 | 0 | | |
| Please provide us with your additions to the application | | | |
| | | | |
| | | | |