

# Community Hall Insurance Grant

## Form Preview

## Community Hall Insurance Grant

\* indicates a required field

This grant provides funding to assist not-for-profit community organisations to pay the insurance costs associated with the management of community halls within the South Burnett Regional Council area.

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

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.

Community Hall Insurance grant funding will be open throughout the 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](mailto:info@sbrc.qld.gov.au)

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

## Application Number

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This field is read only.

### Did your organisation receive funding within this financial year? \*

☐ Yes ☐ No

*Applicants who have already received funding in the financial year, will not be eligible to make another application in the same financial year.*

## 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
- 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

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Address

  

**Postal 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 \***

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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	<a href="#">More information</a>
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.

## Hall Details

\* indicates a required field

### Name of Hall \*

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

### Physical address of Hall

Note: must be within the boundaries for the South Burnett Regional Council area

### Amount of Funding requested from Council \*

Must be a dollar amount and no more than 1000.

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### Supporting Documents

**Please upload Insurance Liability Quotes here \***

Attach a file:

A minimum of 1 file must be attached.

e.g. Event schedule/plan/traffic management plan, entertainment information, venue hire information/booking form

### 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 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 approval of support is subject to a signed agreement between the South Burnett Regional Council and the applicant.
- I understand that my application will form part of my Funding Agreement with South Burnett Regional Council.
- 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 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

Last Name

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

**Date \***

Must be a date

### Applicant Feedback

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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.**