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

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.

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

Application Number	
This field is read only.	
Did your organisation receive funding w	<u>-</u>
○ 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 <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
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 established? *	
How many members does your organisation have? *	
Approximately how many people access your organisation faciliannually? *	ties/services
Does your organisation have an ABN? *	
○ Yes ○ No	
You can check here:	

ACNC Registration
Tax Concessions
Main business location
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? * O Unincorporated association O Incorporated association O 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 fo the South Burnett Regional Council area

Amount of Funding requested from Council *
\$
Must be a dollar amount and no more than 1000.
Constitute Barrana la
Supporting Documents
Please upload Hall Insurance Tax Invoice for payment here * Attach a file:
A minimum of 1 file must be attached.
Latest Financial Statements - cannot be bank statements * Attach a file:
A minimum of 1 file must be attached.

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 sta authorised voluntee	aff member, board mer er	mber or appropriately
Date *	Must be a date		
Applicant Feedback			
You are nearing the end of the application click the SUBMIT button please to			
Please indicate how you foun ○ Very easy ○ Easy	d the online appl	lication process: O Difficult	Very difficult
How many minutes in total di	id it take you to o	complete this appl	lication? *
Estimate in minutes i.e. 1 hour = 60			
Please provide us with your s additions to the application p			