

## Indigenous Affairs Fund

\* indicates a required field

This fund recognises that small activities, projects and events, deserving of support from Council, come up in an ad hoc way throughout the year. Requests for assistance are assessed by the Indigenous Affairs Portfolio Councillor with approval by the General Manager Liveability.

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

### 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) 4189 9100 or email [info@sbrc.qld.gov.au](mailto:info@sbrc.qld.gov.au)

**Has the organisation received funding within this financial year \***

☐ Yes ☐ No

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

# Indigenous Affairs Fund

## Form Preview

### 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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## Form Preview

### 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 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	

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: \***

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## Form Preview

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.

## Auspice Information

\* indicates a required field

### Is your organisation auspiced by another organisation for the purpose of this grant? \*

- ☐ Yes
- ☐ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

## Auspice Organisation Details

### Auspice organisation name \*

Organisation Name

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.

### Auspice primary address

Address

# Indigenous Affairs Fund

## Form Preview

### Auspice postal address

Address

  

### Auspice primary phone number \*

Must be an Australian phone number.

### Auspice email address \*

Must be an email address.

### Auspice website

Must be a URL.

### Primary contact person at auspice organisation \*

Title      First Name      Last Name

            

We may contact this person to verify that the auspice arrangement is valid and current.

### Position held in organisation \*

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

### Auspice primary contact primary phone number \*

Must be an Australian phone number.

### Auspice primary contact office phone number

Must be an Australian phone number.

### Auspice Project Contact Mobile Phone Number \*

Must be an Australian phone number.

### Auspice primary contact email address \*

Must be an email address

**Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. \***

Attach a file:

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## Form Preview

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

### Does the auspice organisation have an ABN? \*

☐ Yes ☐ No

### Auspice 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	

Must be an ABN.

As the auspice organisation does 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

## Project Details

\* indicates a required field

### Activity/Event \*

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

# Indigenous Affairs Fund

## Form Preview

### Description of activity/event and why funding is requested (min 150 words)

#### Anticipated start date activity/event \*

Must be a date and between 1/7/2023 and 30/6/2024.  
If unknown, provide your best guess

#### Anticipated end date activity/event \*

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

### Supporting Material

these documents are compulsory

#### 1. Certificate of currency for public liability of minimum \$20m \*

Attach a file:

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

#### Product Liability if applicable

Attach a file:

### Project Budget

\* indicates a required field

All budget figures are GST free

#### Total Funding Requested

\*

Must be a dollar amount and no more than 3000.

#### Total Project/Program Cost \*

What is the total cost of your project?



# Indigenous Affairs Fund

## Form Preview

Please list any other funding sources and \$ amount:

## 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
			\$	
			\$	
			\$	
			\$	

## 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

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## Form Preview

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 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 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 acquire the appropriate insurance cover.
- I understand that I am required to submit an activity summary and financial report (acquittal) within six (6) weeks of the 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 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.

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**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.**