Welcome to the Grassroots Fund application form.

* indicates a required field

Grassroots Fund

The Grassroots Fund is intended for proposals of under \$10,000.

The Grassroots Fund is divided into five funding objectives. For an application to be eligible it must align to ONE of these objectives:

Capacity Objective

The purpose of the Capacity objective is to encourage collaborations and partnerships that strengthen individuals, groups and organisations to prosper and grow.

The Capacity Funding objective aims to enable development and delivery of partnerships, projects, initiatives and activities that strengthen our community and the Region.

Place Objective

The purpose of the Place objective is to enable the development of accessible, vibrant, inclusive and engaging places and spaces for community through projects and initiatives that create safe, exciting and engaging spaces for people to connect with the community.

The Place objective aims to enable the development and delivery of initiatives, projects and activities that activates Council's facilities, parks and open spaces and/or ensure Council's infrastructure provides safe and accessible social infrastructure that meets the needs of the community now and into the future.

Wellbeing Objective

The purpose of the Wellbeing initiative is to enable the development and delivery of programs and initiatives that foster healthy, safe and supported communities.

The Wellbeing objective aims to provide financial and in-kind funding toward the development and delivery of community led partnerships, initiatives and projects that deliver programs, resources and activities that promote healthy lifestyles, positive wellbeing and safe communities.

Planning Objective

The Planning objective enables the region's diverse community to develop projects, plans and strategies so groups and organisation prosper and grow the future of our region.

The Planning objective aims enable the development and delivery of Initiatives and projects that enable our diverse community and organisations to develop effective programs, plans and strategies that strengthen our region, organisations and community.

Connect Objective

The Connect objective enables the development and delivery of initiatives and projects that foster well connected communities through the provision of community led programs and activities.

The Connect Funding objective aims to enable the development and delivery of programs and activities that increase community connection, civic participation and understanding across all sectors of the community.

Please indicate the funding initiative your program, project or event aligns to:- * □ Capacity □ Place □ Wellbeing □ Planning □ Connect No more than 1 choice may be selected.			
While the project may align to multiple objectives, please select the ONE with the strongest alignment.			
Development Application Fee Reimbursement			
Does this application relate to a Development Application Fee Reimbursement? * ○ Yes ○ No			
Eligibility			
* indicates a required field			
Before completing this application form, you should have read the Gladstone Regional Council Grassroots Fund guidelines.			
If your organisation aligns to any of the following statements, please do not continue as your organisation does not meet the eligibility for the Grassroots Fund. If you have any questions in regards to these eligibility criteria, please contact Gladstone Regional Council's Community Partnerships team on 4976			
6300. ☐ Be a religious or worship group.			
Be a Local, State, Federal government agency.Be a political organisation or political party.			
☐ Have a delinquent debt to Council (excluding interest free loans) or any outstanding matters/concerns with Council.			
☐ Have failed to adequately acquit, manage or deliver outcomes from previous Council			
funding. ☐ Have access to funds generated internally from permanently licensed premises or onsite			
gaming machines. Have already received funding under the same funding stream in the financial year that the application is lodged.			
If any of these are ticked do not proceed with application			
CAPACITY, WELLBEING, PLANNING, CONNECT OBJECTIVES - Does your organisation identify with any of the following categories?			
To apply to the Grassroots Fund for the Capacity, Wellbeing, Planning or Connect Objective an organisation MUST align to one of the statements below:- * □ a not-for-profit sporting club or active recreational group based in or servicing the Gladstone Regional Council area			
 □ Be a commercial business based in and servicing the Gladstone Regional Council area. □ Be an educational institution based in and servicing the Gladstone Regional Council area. 			

□ be a not-for-profit community organisation based in and servicing the Gladstone Regional Council area and may be an Australian Registered Charity but not a Religious or Worship Group; Educational insitutions may only apply under the Connect objective for travel/excursions to Council facilities.				
PLACE OBJECTIVE - Does your organisation identify with any of the following categories?				
To apply to the Grassroots Fund for the PLACE Objective an organisation MUST align to one of the statements below: - *				
□ a not-for-profit sporting club or active recreational group based in or servicing the Gladstone Regional Council area				
□ Be a commercial business based in and servicing the Gladstone Regional Council area.□ Be an educational institution based in and servicing the Gladstone Regional Council				
area. □ be a not-for-profit community organisation based in and servicing the Gladstone Regional Council area and may be an Australian Registered Charity but not a Religious or Worship Group;				
Educational insitutions may only apply under the Connect objective for travel/excursions to Council facilities.				
Incorporation Details				
Incorporation Status ☐ Be incorporated (NA for Businesses) ☐ Unincorporated - Application to be auspiced by incorporated organisation Is your organisation incorporated?				
Incorporation Details				
Please upload a copy of your organisation's Certificate of Incorporation and Organisational Constitution here.				
**Incorporation gives your group its own legal identity (the group becomes a 'separate legal entity' from its members). The incorporated group can enter into contracts, sign a lease, employ people, and sue and be sued.				
Incorporated groups are incorporated under law (which can be either state or federal) and report to the regulator responsible for their type of structure, for example the Australian Securities and Investments Commission.				
Incorporated groups follow a particular structure, with group rules (or constitution), members, and a governing body (often called a board or committee).				
Being incorporated has consequences for people who are going to be on the board or committee of management of a not-for-profit group, as these people have legal duties in their roles.**				
Certificate of Incorporation * Attach a file:				
Account a file.				

Organisation Constitution or Governing Document * Attach a file:			
ABN Details			
Does your organisation have an ABN? O Yes O No One must be selected to proceed. If you do not have an ABN you will need to submit a Statement by a Supplier form.			
ABN Details			
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 <u>More information</u>			
ACNC Registration			
Tax Concessions			
Main business location			
Must be an ABN.			
Statement by a Supplier			
If your organisation does not have an ABN you must attach a Statement by a Supplier form to this application.			
You can access this form here; https://www.ato.gov.au/uploadedfiles/content/mei/downloads/statement%20by%20a%20supplier.pdf			
Please upload the completed form to this application form in the file upload field below.			
Statement by a Supplier Form * Attach a file:			

Contact Details

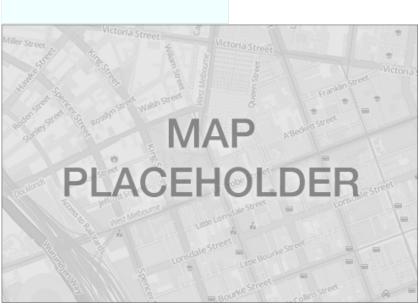
* indicates a required field

Applicant Organisation Details

Applicant organisation name *
Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Applicant primary address Address



Applica Address	nt postal addr	ess
Applica	nt website	
Must be a	a URL	
-	/ contact perso	on * Last Name
This is th	e person we will c	orrespond with about this grant

Position held in organisation *
e.g. Manager, Board Member, Fundraising Coordinator
Primary phone number *
Back-up phone number
Primary contact person's email address *
This is the address we will use to correspond with you about this grant.
Organisation Details
* indicates a required field
What is your organisation's purpose or mission? *
What is your organisation's legal structure? *
Unincorporated associationIncorporated association
Cooperative
Company limited by guaranteeIndigenous corporation, association or cooperative
Organisation established through specific legislationTrust
O Unknown
If your organisation is unincorporated it must have an auspice organisation in order to apply for funding through the Grassroots Fund.
Auspice Information
* indicates a required field
Is your organisation auspiced by another organisation for the purposes 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
Name of auspicing organisation *
Organisation Name
Auspicing organisation's website
Primary contact person at auspicing organisation * Title First Name Last Name
Auspice Primary Address
Address
Miller Street Victoria Street Victoria Street Victoria Street Victoria Street Victoria Street Victoria Street
Roder of the fare life and the state of the
PLACEHOLDER STEEL PLACE OF THE PROPERTY OF THE
Lonsdale Street Street Street
Bourte Street Collins Street
Auspice Postal Address Address
Position held in organisation
e.g. Manager, CEO
Contact person's primary phone number *

Contact person's back-up phone numbe	r
Contact person's email address *	
Must be an email address	
Please attach a letter from the auspicin arrangement is valid and current * Attach a file:	g organisation confirming this
Letter must be signed by an appropriately author must include, name, position, signature and date	ised person (e.g. manager, CEO, Board Chair) and
Does the auspicing organisation have a ○ Yes	n Australian Business Number (ABN)? * O No
Auspice Information	
Please upload a copy of the Auspice organisa Organisational Constitution here.	ation's Certificate of Incorporation and
Auspice Certificate of Incorporation Attach a file:	
Auspice - Organisational Constitution Attach a file:	
Traction of line.	
ABN of auspicing organisation	
The ABN provided will be used to look up the check that you have entered the ABN correct	e following information. Click Lookup above to tly.
Information from the Australian Business Register	r
ABN Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type More inform	nation
ACNC Registration	

Tax Concessions				
Main business location				
Must be an ABN				
As the auspicing 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: Statement by a supplier - ATO form				
Please upload a completed Statement of Supplier form Attach a file:				
recedent a line.				
Max 25mb				
Application Details				
* indicates a required field				
Proposal Name *				
Provide a name for your project/program/initiative/activity. Your title should be short but descriptive				
Tell us more				
Anticipated start date Anticipated end date				
If unknown, provide your best guess or leave blank If unknown, provide your best guess or leave blank				
Project Location				
Where is the project to be held?				
Who owns the land/ facility of where the project will take place? Council State Government Applicant				
Other If your project is being held at a Council owned facility or park please ensure you have the appropriate approval or letter of consent to carry out the project. Please contact Council via email info@gladstone.qld.gov.au requesting a park booking or letter of consent for the project. For more information contact Council on 07 4970 0700.				
Has approval by the land owner/ facility been granted to carry out this project as the above mentioned location? *				
○ Yes ○ No				

Approval is required to complete the application.

Please upload a copy of Lessor consent	or booking confirmation. *
Attach a file:	

Capacity Objective

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The Connect Funding objective aims to enable the development and delivery of programs and activities that increase community connection, civic participation and understanding across all sectors of the community.

Please provide a short summary of the partnership, project, initiative or activity you are seeking funding toward? *
Word count: Must be at least 30 words. 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). Go to the Funding Centre's Answers Bank at https://explore.fundingcentre.com.au/help-sheets/answersbank#Qu1 if you need some ideas about how to frame your response.
What is the need? How will your proposal address this need? *
Word count: Must be at least 30 words. 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://explore.fundingcentre.com.au/help-sheets/answersbank#Qu2 If you need some ideas about how to frame your response. Alignment - How will your partnership, project, initiative or activity meet the
objective identified above? *
Word count: Must be at least 30 words. Provide details of how the project, initiative, program or activity you are seeking funding toward development or delivery will meet the above objective.
Please provide a short summary of how your organisation will collaborate with others to assist with the project, initiative or activity delivery *
Word count: Must be at least 15 words. This fund encourages collaborations and partnerships that strengthen individuals, groups and organisations to prosper and grow. Please outline how you will achieve this above.

Who are the expected primary beneficiaries of this project/program?

Please type in the groups or sections of the community you think would benefit from your proposal. These would be considered project beneficiaries. Choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, 'Universal – no particularly targeted beneficiaries'

Who is the target audience?

Hint: Who will be attending your project? What is the target age/demographic? Tell us who you want to see at your project. Is it young adults, families, people between the ages of 25-35, interstate travellers

Outcomes

Please tell us about the outcomes you expect to result from this initiative.

- Skills, knowledge, confidence, aspiration, motivation, (these are generally **immediate** or short-term outcomes)
- Actions, behaviour, change in policy (these are generally **intermediate** or medium-term outcomes)
- Social, financial, environmental, physical conditions (these are generally **long-term** outcomes)

Immediate outcomes occur directly following an activity (e.g. within 1 month); intermediate outcomes are those that fall between the immediate and long-term (e.g. between 1 month and 2 years); and long-term outcomes are those we expect to see years later (e.g. 2, 5, 10 or 50 years after the activity).

If you need more help understanding what outcomes are, read the materials at www.ourcommunity.com.au/evaluation

What are the expected outcomes of the project?

Word count:

Must be at least 30 words.

Describe three things you want the project to achieve in terms of benefits for participants and/or others (200 words recommended)

How will you know if these outcomes have been achieved?

Word count:

Must be at least 30 words.

Describe three changes you will see if the expected outcomes of the project occur (150 words recommended)

Beneficiaries

	tive have commu hic communities re proposing? *				
O Yes Evidence of commu be more successful		○ Don't ally highly regarded		Not Applicable imunity buy-in tend to	
What evidence	do you have that	this project/pro	gram has commu	inity support? *	
answersbank#Qu7	Centre's Answers Ban if you need some ide	as about how to fran	ne your response.	u/help-sheets/	
Please upload le Attach a file:	etters of support	(if available/rele	evant)		
A maximum of 5 file	es can be attached				
What are the m initiative?	ajor steps / stage	es (i.e. milestone	es) involved in de	elivering your	
Milestone	Start Date (if known)	Finish Date (if known)	Location (if relevant)	Notes	
e.g. planning; major activities; evaluation	Provide approximate date or leave blank if unknown or dependent on unknown factors Must be a date.	Provide approximate date or leave blank if unknown or dependent on unknown factors Must be a date.	(e.g. add address, suburb, region if known; otherwise type 'unknown' or 'not applicable')	Add explanatory notes if required	
Budget					
* indicates a requ	iired field				
Total Amount Requested ex GST *		\$ Must be a whole dollar amount (no cents) and no more than 10000. What is the total financial support you are requesting in this application?			
Total Project/Pr Cost *	_	\$ What is the total budgeted cost (dollars) of your project?			

Percentage (%) of contribution	This number/amount is ca	alculated.
	This number/amount is Co	aicuiated.

IMPORTANT: If your organisation is **NOT** registered for GST, this component on any submitted invoices is not be payable by Council.

Budget (GST exclusive)

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. All amounts should be GST exclusive.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.

Use the 'Notes' column for any additional information you think we should be aware of.

Please do not add commas to figures - e.g. type \$1000 not \$1,000.

Income Description	Income Type	Confirmed Funding?	Income Amount (\$)	Notes
			\$	
			\$	
			\$	
			\$	

Expenditure Description	Expenditure Type	Expenditure AmountNotes (\$)		
		\$		
		\$		
		\$		
		\$		

Budget Totals

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT). Please **do not add commas** to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly.

Total Income Amount	Total Expenditure Amount	Income - Expenditure		
\$	\$			
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.		

Quotes

To ensure value for money in accordance with the sound contracting principles outlined in the Regulation and Council's Procurement Policy, quotes for individual line items within the project budget breakdown will be required as detailed below:

- Under \$4,999 (ex GST) 1 verbal/written quote required.
- \$5,000 \$14,999 (ex GST) 2 written quotes required (from 2 different suppliers).
- Over \$15,000 (ex GST) 3 written quotes required (from 3 different suppliers).

Quotes are to be current (no older than 2 months), cover all components of the funding requested and itemised.

In the event that there is only 1 supplier available to carry out the work/service, this should be noted in the application. A quote will still need to be submitted.

Please attach quotes	
Attach a file:	
Please attach quotes Attach a file:	
Please attach quotes	
Attach a file:	
What other resources (financial and/ or in kind) will you need in order to	Confirmed?
successfully carry out this project?	
Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, in-kind	
contributions, advocacy, and other types of support.	

Development Fee Reimbursement Applications

* indicates a required field

Development Application Fee Reimbursement

This section is for Development Application fee reimbursement only. Fees eligible for reimbursement must be paid to GRC and no older than 6 months.

Applications under this section relate to the Planning objective which enables the region's diverse community to develop projects, plans and strategies so groups and organisation prosper and grow the future of our region.

The Planning objective aims enable the development and delivery of initiatives and projects that enable our diverse community and organisations to develop effective programs, plans and strategies that strengthen our region, organisations and community.

Amount	ot	tee	tor	reim	burs	ement	:?

\$
Must be a dollar amount.
Amount of the application fee paid (ex GST)

Please upload	Council issu	ued receipt fo	r payment DA *
Attach a file:		_	

Please provide a short summary of the project you are seeking the DA reimbursement for

Detail the project that you have sought the DA for. 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). Go to the Funding Centre's Answers Bank at https://www.fundingcentre.com.au/answersbank#Qu1 if you need some ideas about how to frame your response.

What is the need of your project? How will your proposal address this need?

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.

Alignment - How will your project meet the Grassroots Fund objective identified above?

Detail how your project relates to the Grassroots Fund objectives.

Applicant Capacity

* indicates a required field

Now that we know about your partnership, project, initiative or activity we want to find out more about your organisation's capacity to undertake the work you propose. Please provide some information about your organisation that will give

in this application. *	ence that you can complete the work you've describe
volunteers time/expertise, equipme and how you will complete this pro	about your strategies for providing the resources (money, staff/ent, facilities, pro bono or in-kind contributions, advocacy, etc.) ject/program within the proposed timelines. Provide information demonstrate your organisation's capacity to undertake this work. material if available/relevant.
Please provide a link to or a	ttach a copy of any relevant attachments:
Your most recent Annual	Attach a file:
Organisation Report (if applicable) or Audited Financial Statement. *	Mandatory attachement
Certificate of Currency (Public Liability) *	Attach a file:
	Mandatory Attachments
Your most recent Profit and Loss Statement *	Attach a file:
	Mandatory Attachments
Additional file to support your application	Attach a file:
	(Note: you can upload multiple files at once when you choose files if they are all saved in the same file location on your computer)
Additional file to support	Attach a file:
your application	(Note: you can upload multiple files at once when you choose files if they are all saved in the same file location on your computer)
Additional file to support	Attach a file:
your application	(Note: you can upload multiple files at once when you choose files if they are all saved in the same file location on your computer)

Acknowledgements

* indicates a required field

How will Gladstone Regional Council be acknowledged for their support? *
For further information about Council's acknowledgement expectations refer to the Gladstone Regional Council Fundseeker Toolkit.
Other suggestions ☐ Acknowledgement Statement published on the organisation's Social Media platform using a graphic and text to be provided by Council ☐ Sticker on item purchased
 □ Council acknowledgement at the official opening or launch of the project □ Approved Council logo to be displayed on signage during project construction. □ Acknowledgement Statement and logo published in the organisation's newsletter □ Acknowledgement Statement and logo published on promotion material relating to the project (e.g. flyers)
☐ Acknowledgement Statement and logo published on the organisation's website/other communication platforms
Lodgement and Feedback
* indicates a required field
Review attachments
Attachments Statement by Supplier (if applicable) Certificate of Incorporation Most recent Profit and Loss Certificate of Currency (Public Liability) Audited Financial Statement Quote/s Risk Assessment Strategy. Sponsorship Proposal. Certificate of Incorporation (not applicable if a business) Marketing/Communication Plan. Other:

Not all of the above will be relevant to your application. Please ensure all required documents relevant to your application are attached to support your application. If you are unsure of what you should include or have issues uploading, please contact us on 4976 6300.

Privacy Collection Statement

The Gladstone Regional Council is collecting your personal information on this form to process this request. The information will only be used by authorised council employees for

the purposes of this request, or for the purpose of performing other Council functions and responsibilities. Your personal information will not be given to any other person or agency unless you have given us permission to do so or we are required to do so by law.

Do you give permission for your email ad Investment Program mailing list for future	
○ Yes	○ No

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

IMPORTANT: Once your application has been submitted you can no longer edit this online application form. Please ensure all details are true and correct and all supporting information has been attached.

I/We, the applicant:-

- Declare that the above information is true and correct in all respects (to the best of my knowledge) at the time of lodgement of this application with the Gladstone Regional Council;
- Submit the application with the full knowledge and agreement of the management of the organisation;
- Have read the associated Policy and Guidelines;
- Understand that if the application is approved, the organisation will be required to accept the terms and conditions as outlined in the letter of approval or sponsorship agreement where applicable.
- Acknowledge that I/we accept responsibility to comply with all laws, Government directions and health directives in respect to COVID19; and will supply a copy of any relevant COVID Safe Event or Industry Plan if requested by Council Officers for consideration in the assessment of this application.
- Agree that I/we will make contact with Gladstone Regional Council immediately if any of the details given in relation to this application change or are incorrect; and
- Provide consent for Council to:-
 - Advertise projects that have been successfully funded by Council (i.e media release, social media); and
 - Advertise successful recipient details on Council's website (including but not limited to, project description, name of recipient, amount funded).

l agree *	○ Yes	○ No
Name of authorised person *	Title First Name Must be a senior staff member authorised volunteer	Last Name , board member or appropriately
Position *	Position held in applicant orga	nisation (e.g. CEO, Treasurer)
Contact phone number *	Must be an Australian phone n We may contact you to verify by the applicant organisation	umber. that this application is authorised
Contact Email *		
	Must be an email address.	
Date *	Must be a date	
Applicant Feedback		
You are nearing the end of the acclick the SUBMIT button please		
Please indicate how you foun ○ Very easy ○ Easy	d the online application p O Neutral O Dit	
How many minutes in total di	d it take you to complete	this application? *
Estimate in minutes i.e. 1 hour = 60		
Please provide us with your s		provements and/or
additions to the application p		