

Community Projects Fund application form

Form Preview

Grant Information

Livingstone Shire Council Community Project Fund

The Livingstone Shire Council Community Project Fund provides funding to community groups and sporting clubs to deliver innovative projects and programs that respond to local community needs.

The current round provides up to **\$5,000** each for not-for-profit community groups and sporting clubs for eligible projects.

Applicants must meet the eligibility criteria and be operating within the Livingstone Shire Council's Local Government Area providing programs or activities that benefit residents, and improve overall community wellbeing.

If you are interested in applying and would like to discuss the suitability of your project or program, or require assistance with your application, the Community Development and Events Team are available via 1300 790 919 or LCG@livingstone.qld.gov.au

Eligibility Criteria

- Applicant organisations primary operation is within Livingstone Shire.
- Applicant organisations primary objectives provide a benefit to communities within Livingstone Shire.
- Applicant organisations sole not-for-profit status is established and maintained.
- Applicant organisations must be properly constituted, incorporated or be sponsored by an incorporated organisation.
- Applicant organisations must hold appropriate public liability cover (minimum \$20,000,000 coverage)
- Applicant organisations have no outstanding matters before Livingstone Shire Council.

Applications will be ineligible where / if:

- The applicant organisation does not meet the eligibility criteria.
- The applicant organisation received funding through the Livingstone Community Grants/Community Project Fund round immediately previous to the current round.
- Application form is not completed in full.
- The applicant group is; a government agency; a for-profit organisation; an individual; a political organisation; or a TAFE, university or college.

Ineligible Initiatives:

- Ongoing or current maintenance, salaries, or standard costs associated with the operation of the organisation.
- Initiatives that have already commenced or have been completed.
- Initiatives that will be delivered (part or in full) outside Livingstone Shire.
- Initiatives that support political or discriminatory ideologies or practices.
- Initiatives that contravene laws and regulations set by Government agencies.
- Initiatives that are eligible under the following alternative funding programmes: a) [Rates Rebates and Remission Policy](#); b) [Regional Arts Development Fund](#); c) [Community Events Fund](#).

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Goods and Services Tax and Australian Business Number

Depending on the applicant's status with the Australian Tax Office, funding from the Livingstone Community Grants may attract a goods and services tax. Community organisations submitting an application for funding are therefore required to declare whether or not they are goods and services tax registered and provide an Australian Business Number.

Assessment Criteria

Eligible applications will be evaluated in accordance with the following criteria:

- 1.Evidence that confirms the initiative budget, detailing requested funding amount, associated quotations, and (if required) applicant contribution;
- 2.Evidence that demonstrates the initiative can be delivered within the required timeframe (note initiatives must be completed and acquitted by <<DATE>>).
- 3.Evidence that identifies the need for the initiative in the community;
- 4.Evidence that demonstrates the initiative will address identified need;
- 5.Evidence that clarifies alignment of the initiative to one or more strategies in the Livingstone Community Plan 2030 (available to view [here](#));
- 6.Evidence that confirms the number of participants/community members who will benefit from the delivery of the initiative;
- 7.Evidence that details the initiatives potential to attract visitors to, or growth of the Shire; and
- 8.Evidence that demonstrates the initiative will support and enhance community wellbeing and liveability through building capacity and resilience of the applicant.

Definitions

Initiative - an activity, item/equipment, project or program.

Incorporated - A community organisation incorporated under the:

- Associations Incorporations Act 1981 (Qld);
- Corporations Act 2001;
- Cooperatives Act 1997 (QLD); or
- Corporations (Aboriginal and Torres Strait Islander) Act 2006.

Sponsoring Body - An incorporated community organisation that is sponsoring an application, where the applicant is a non-incorporated community organisation.

Government Agency - A local, state or federal government department, agency, or body.

Capacity Building - An improvement in the organisation's ability to develop and deliver its aims, objectives, and goals.

Resilience - The organisations preparedness and ability to respond to and manage unplanned/unexpected circumstances.

How do I maximise my chances of success?

To maximise your chances of success you should;

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- Ensure that you are an eligible applicant.
- Ensure your initiative meets all of the relevant criteria.
- Complete the Online **Application Form** o Provide detailed descriptions where required;
 - o Ensure the budget component is completed in full and total income is the same as total expenditure;
 - o Include copies of current **quotes** o Include **Certificate of Incorporation** o Include **Public Liability Insurance**
- Seek assistance with your application by contacting: The Community Development and Events Team via LCG@livingstone.qld.gov.au or 1300 790 919

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 <http://www.livingstone.qld.gov.au/283/Privacy-and-Disclaimer>

Applicant Organisation Details

Did you access support from Livingstone Shire Council's Community Development Sport and Events Team for this application? *

☐ No ☐ Yes

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.

Where does your organisation normally operate its activities?

eg. Yeppoon, Emu Park, Cawarral, Marlborough etc.

Primary (physical) address *

Address

Suburb State Postcode

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

If your organisation operates in multiple locations or from multiple offices, please pick one as your primary address.

Postal address (if different to above)

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Address

Suburb State Postcode

Primary contact person *

Title First Name Last Name

This is the person we will correspond with about this grant.

Position held in organisation *

e.g. President, Treasurer, Fundraising Coordinator

Primary phone number *

Must be an Australian phone number.
Please include area code.

Primary contact person's email address *

This is the address we will use to correspond with you about this grant.

Does your organisation have an Australian Business Number? *

☐ Yes ☐ No

If yes, please specify;

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	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

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Must be an ABN.

Is your organisation sponsored by another organisation for the purposes of this grant?

☐ Yes ☐ No

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

Sponsoring Organisation Details

Name of sponsoring organisation *

Organisation Name

Sponsoring organisation's primary (physical) address *

Address

Suburb State Postcode

Primary contact person at sponsoring organisation *

Title First Name Last Name

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

Position held in organisation *

e.g. Manager, CEO

Contact person's primary phone number *

Contact person's email address *

Must be an email address

Does the sponsoring organisation have an Australian Business Number (ABN)? *

☐ Yes ☐ No

ABN of sponsoring organisation

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

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Information from the Australian Business Register

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

[More information](#)

ACNC Registration

Tax Concessions

Main Business Location

Must be an ABN

Initiative Details

* indicates a required field

Please provide a short summary of your Initiative. *

Word count:

(Please limit to 150 words or less). Be descriptive, but succinct. Include a brief summary of who this project is for, what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes).

Anticipated start date

Anticipated end date

If unknown, provide your best guess or leave blank If unknown, provide your best guess or leave blank

What steps have you taken to ensure the initiative will be completed by *

Eg. A timeline of the project has been developed.

Describe how your organisation has determined the need for this initiative in the community. *

Word count:

(Please limit to 150 words or less). Eg. Community feedback, members feedback, statistics etc.

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Describe how your initiative will meet the identified need. *

Word count:

(Please limit to 150 words or less). Why have you chose this initiative to address the need?

Describe how your initiative aligns with one or more strategies in the Livingstone Community Plan 2030. *

Word count:

(Please limit to 150 words or less). The Livingstone Community Plan 2030 is available to view on Livingstone Shire Council's website or by the link on the first page of this application.

How many participants/community members will benefit from this initiative? How do you know this? *

Word count:

(Please limit to 150 words or less). Eg. Community feedback, survey responses, expressions of interest etc.

How will your initiative attract visitors to Livingstone Shire or contribute to the growth of Livingstone Shire? *

Word count:

(Please limit to 150 words or less).

How will your initiative build the capacity and resilience of your organisation? *

Word count:

(Please limit to 150 words or less). How does the initiative strengthen the skills, abilities, processes and resources of the organisation? Eg. Attract more members, raise groups profile etc.

Additional Funding Information

* indicates a required field

Have you applied for funding from other sources for this project? e.g., State Government grants, sponsorship etc. *

☐ Yes ☐ No

If YES, please identify the funding organisation/s and the amount/s.

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Are you working in partnership with any other organisations? *

☐ Yes ☐ No

If YES, please provide details of the organisations and their contribution/s (you may attach letters of support as appropriate at the end of this form.)

Budget (Income and Expenditure)

* indicates a required field

Total Amount Requested *

\$

What is the total financial support you are requesting in this application?

Total Initiative Cost *

\$

What is the total budgeted cost (dollars) of your project?

Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Notes
		\$	
		\$	
		\$	
		\$	
Describe what you plan on purchasing. Eg. Fridge, Shadecloth, marquee etc.			

Total Expenditure

\$

This number/amount is calculated.

How have you chosen, or how will you choose, which suppliers to use?

Have you prioritised value-for-money? Have you prioritised buying local?

Will your organisation contribute any funding to the initiative? If so, what amount?

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Have you considered the ongoing costs of this initiative and how your group will manage this cost? *

☐ Yes ☐ No

Eg. If you are purchasing a piece of equipment that needs regular maintenance or has ongoing costs (eg. fuel), is your group in a position to manage this cost?

How will your group manage any ongoing costs?

E.g Fundraising, existing budget.

Mandatory Supporting Documentation

*** indicates a required field**

Your application will NOT be considered without the appropriate documentation uploaded to support your application.

Upload Certificate of Incorporation *

Attach a file:

Upload Public Liability Insurance *

Attach a file:

Upload Quote/s *

Attach a file:

Upload other Supporting Documentation (eg. Letters of support).

Attach a file:

Certification and Feedback

*** indicates a required field**

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation.

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant

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organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree *

☐ Yes

☐ No

Name of authorised person *

Title

First Name

Last Name

Must be a management committee member, board member or appropriately authorised volunteer.

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

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.

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 minutes

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.