

# Indigo Shire Community Grants 2024 - 2025

## Form Preview

### Guidelines and Criteria for Funding

The objective of the Community Grants Program is to provide an opportunity for community groups and organisations to seek funds for projects and initiatives which align with Council Plan objectives and Municipal Public Health and Wellbeing objectives. These grants aim to support community connections, improve community health and wellbeing and social inclusion opportunities across the Shire.

In 2024-2025, there is \$50,000 available for a wide range of projects including Arts and Culture projects and Youth Initiatives.

**Successful grants for all categories will range from \$200-\$4000.**

Applications close at 4pm Monday 5 August 2024.

The eligibility criteria for Indigo Shire's Community Grants Program are:

- Applications will be considered only from locally based groups and organisations or those meeting a demonstrated need within the Shire.
- One application per group.
- Preference will be given to applications for projects where funding is not available from other sources (ie. State or Federal funding).
- The group or organisation must be not for profit and membership must be open to or accessible by Indigo Shire residents.
- All applicant organisations must either be incorporated, be auspiced by another group, or become incorporated as a condition of funding.
- Groups must demonstrate a significant contribution in the form of cash, voluntary service, or in-kind support.
- The applicant must have appropriate public liability insurance.
- Applications will not be considered within the following categories:
  - Individuals.
  - Groups already in receipt of significant support from Council.
  - Programs that are considered the major responsibility of State or Federal Government.
  - Applications by commercial or private organisations.
  - Retrospective funding i.e. projects that have already been started or have been completed.
  - All funded projects must obtain relevant permits and approvals prior to project commencement.
  - Applications received from organisations with outstanding acquittals from previous grant rounds will not be considered.

Indigo Shire Council is committed to working in partnership with local clubs, community groups, committees, and service providers to deliver place-based projects that consider:

- Access and inclusion;
- Child safety;
- Gender equity;
- Cultural awareness

This practice ensures the broad engagement, participation, enjoyment and safety of community members in the program.

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The assessment of all Community Grant applications is the responsibility of the Indigo Shire Community Grants and Awards Advisory Committee (ISCGAAC).

ISCGAAC will use the following list of criteria to assess applications to Indigo Shire's 2024-2025 Community Grants Program.

- The project aligns with the Council Plan priorities
- The project aligns with Municipal Public Health & Wellbeing Plan
- The project benefits the local community

## Applicant Details

\* indicates a required field

### Organisation Details

**Name of Organisation \***

**Postal Address**

Address

  

**Primary Website**

Must be a URL

**President's Name \***

Title

First Name

Last Name

(Chair, Head of Org etc)

**President's Phone Number**

Must be an Australian phone number.

**Secretary's Name**

Title

First Name

Last Name

**Secretary's Number**

Must be an Australian phone number.

**Secretary's Email**

Must be an email address.

**Number of Financial Members**

Must be a number.

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### Organisation's 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

**Note: If your organisation does not have an ABN, a 'Statement by a Supplier - Reason for not Quoting and ABN' Form must be completed and uploaded. This form is readily available from the Australian Taxation Office**

Attach a file:

**Is your Organisation Incorporated?**

- No  
 Yes

**If YES then please provide Registration Number**

**If NO then please provide Auspice Body Details below.**

**Auspice**

Individual  Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Have you sought permission from your auspice body?**

- 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.

**Auspice Postal Address**

Address

  

**Auspice Primary Email**

Must be an email address.

Contact for this grant application

**Contact Name \***

Title

First Name

Last Name

**Position held \***

**Contact Number \***

Must be an Australian phone number

**Contact Primary Email - Application \***

Must be an email address

Insurance and GST

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**Does your Organisation have Public Liability Insurance?**

**Is your Organisation registered for GST?**

**Does your Organisation have Building Insurance?**

## Organisation Details

\* indicates a required field

**Purpose of your Organisation \***

Brief overview of your group and their activities to demonstrate you can deliver this type of project.

**Please list your key partnerships (if applicable):**

Focusing on the partnerships that are relevant to this project

**Has your organisation previously received funding from us? \***

- Yes  
 No

**If yes, what was the name of the project?**

**If yes, what was the total funded?**

Must be a dollar amount.

## Project Details

\* indicates a required field

**Have you received written consent from the land owner (if applicable)? \***

You may need to gain consent from the land owner in order to be awarded funding for this project.

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### Does your project require a Planning / Building Permit? \*

If unsure please contact Indigo Shire Council Building/Planning Department for advice.

### Project Title \*

### Briefly describe the project or activity for which you are seeking funds (150-200 words): \*

#### Word count:

Must be no more than 200 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 outcomes you expect to result from your activities (i.e. outcomes).

### Identify which of the following Indigo Shire Council Plan Strategic Objective your project aligns with. All projects must align with one of these to be eligible. \*

- Our community members have access to support services to help them achieve and sustain physical and emotional health and wellbeing.
- Our community members have access to the services, activities and infrastructure that make it easy for them to stay connected and get involved in community life.
- Our young people are supported and encouraged to contribute to their communities.
- Our Aboriginal and Torres Strait Islander people are valued, respected and their contributions recognised and celebrated.
- Our communities are enriched by a thriving and diverse arts and creative sector.
- Diversity within our communities is welcomed, valued and respected.
- Other:

At least 1 choice must be selected.

### Detail how your project aligns with the strategic objective you have identified (200 words max) \*

#### Word count:

Must be no more than 200 words.

### Identify which of the following Indigo Shire Council Municipal Public Health and Wellbeing priority your project aligns with.

- Preventing family violence
- Reducing Climate Change's impact on community health
- Improving Healthy Eating
- Championing Active Living
- Tobacco and Alcohol harm reduction
- Improving mental health

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**Detail how your project aligns with the strategic objective you have identified (200 words max)**

Word count:

Must be no more than 200 words.

**How will this project benefit your local community? (150 words max) \***

Word count:

Must be no more than 150 words.

Provide evidence where possible of why this project is needed, and the short and long term outcomes intended.

**Project start date: \***

Must be a date

**Project end date: \***

Must be a date

**Amount requested: \***

Must be a dollar amount

**Total project cost: \***

Must be a dollar amount

## Project Budget

**Outline your project budget including details of other funding that has been confirmed and applied for.**

**Your Project budget may include details on labour costs, materials, equipment, venue hire, etc. All in-kind (volunteer) work must be allocated a monetary figure, based on quotes provided by trades people, contractors, and/or businesses.**

**The budget must balance (total income = total expenditure).**

## Other Funding Sources

**Is your organisation receiving funding from another source? (ie: State or Federal Government?) If yes, please describe (150 words max)**

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Word count:  
Must be no more than 150 words.

### Income Budget (all figures are GST exclusive)

Please don't add commas to figures, eg. write \$1000 not as \$1,000

Must include:

- Cash Contribution/s from your organisation
- In Kind or volunteer contribution/s from your organisation (also include in the expenditure table below)
- Amount of grant sort from Council

**Cash contribution from your organisation**  \$  
Must be a dollar amount.

**In-kind or Volunteer contribution/s from your organisation**  \$  
Must be a dollar amount.

**Amount of grant sought from Council**  \$  
Must be a dollar amount.

Total Income for Project

**Total**  
 \$  
This number/amount is calculated.

### Expenditure Budget (all figures are GST exclusive)

Please don't add commas to figures, eg. write \$1000 not as \$1,000.

Total Expenditure for project should = total income

Must include:

- Any quotes received for the work (refer below to attach quote documents)
- In Kind or volunteer contribution/s from your organisation

Expenditure	\$
<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 10%; height: 15px;" type="text"/>
<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 10%; height: 15px;" type="text"/>
<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 10%; height: 15px;" type="text"/>
<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 10%; height: 15px;" type="text"/>
<input style="width: 90%; height: 15px;" type="text"/>	<input style="width: 10%; height: 15px;" type="text"/>



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	\$
	\$
	\$

### Expenditure Budget Totals

#### Total Expenditure Amount

\$

This number/amount is calculated.

#### Attach Copies of Quotes where applicable

Attach a file:

A maximum of 6 files may be attached.

### In-kind / Volunteer work schedule (if applicable)

*Note: Basic labouring tasks are in the range of \$15 - \$25 p/h and up to \$80 p/h for specialised skilled tasks*

*Please don't add commas to figure amounts eg. write \$1000 instead of \$1,000*

Task to be completed	Name of those who will undertake task	Number Hours	Rate per hour	Total Cost
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		Must be a number.	Must be a dollar amount.	This number/amount is calculated.
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

### Documentation Check List and Attachments

\* indicates a required field

Documentation you are required to submit as a part of your application.

**Attach an electronic copy of your most recent AGM financial statement providing evidence of cash flow for the proposed project:**

Attach a file:

**If you have been unable to provide one of the required documents, please state why:**

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Must be no more than 100 words.

Please Note: If any of the above documents are missing without being detailed here, your application will not be considered

### Quotes supporting Project Budget

**All relevant quotes for the project have been attached to this application \***

**If you have been unable to provide one of the required documents, please state why:**

Must be no more than 100 words.

Please Note: If any of the above documents are missing without being detailed here, your application will not be considered

### Support Material:

If applicable, please attach any support material.

**Attach Files:**

Attach a file:

A maximum of 4 files may be attached.

**Please note: If your funding submission is incomplete, that is, if any of the required documents are missing without explanation, your application will be withdrawn from consideration and you will be notified accordingly.**

### Bank Account Details Form completed (required documentation)

#### Name

Title

First Name

Last Name

#### Contact Phone Number

Must be an Australian phone number.

**Email address for remittance advice: \***

Must be an email address.

**Bank Account (EFT Payment Details) \***

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Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

**Bank Name \***

## Declaration and Privacy Statement (to be completed by an authorised person of the organisation)

\* indicates a required field

### Declaration and Privacy statement

I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organisation/group. The submission is true and correct and discloses a full and accurate statement of the applicant organisation's income and expenditure.

I have read the accompanying guidelines for applicants provided with this application form.

I agree that I will contact the Indigo Shire Council immediately if any information provided in this application changes or is incorrect.

The Indigo Shire Council respects all personal and confidential information received and will do everything possible to protect information from unauthorised access, loss or misuse. Information collected from you is required for the delivery of the Council's Grant Program.

If successful in gaining funding I agree to abide by the Indigo Shire Council's grant regulations, including project evaluation and grant acquittal completion.

I understand that the information above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge.

**I am authorised to complete this application and have read and understood the declaration and privacy statement \***

Yes

No

**Authorised Person's Name \***

Title

First Name

Last Name

**Position held \***

**Date of declaration \***

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