

EMERGENCY GRANTS APPLICATION FORM

Isaac Regional Council is collecting personal information you supply on this form in accordance with the *Information Privacy Act 2009*. Your personal information will be used by Council officers who have been authorised to do so. The information will not be given to any other person or agency unless required by law or unless your permission is sought. Personal information will be handled in accordance with the *Information Privacy Act 2009*.

INTRODUCTION

Emergency grants enable not-for-profit applicants to apply for funding for situations that have arisen, due to unforeseen circumstances resulting in; (including, but not limited to) failure, damage or loss of essential equipment or infrastructure.

Applications for emergency grants can be submitted at any time in either of the following 2 categories:

- Failure/Damage or Loss
- Ability to Operate

PLEASE INDICATE WHICH GRANT YOU ARE APPLYING FOR:

FAILURE/DAMAGE OR LOSS Failure, damage or loss of essential equipment or infrastructure due to unforeseen circumstances and deemed to be an emergency or significant health and safety implications for the organisation's and/or service users. Was the equipment or infrastructure failure, damage or loss covered by insurance?	<input type="checkbox"/> Yes – you are not eligible for funding <input type="checkbox"/> No – please attach proof <input type="checkbox"/> Not Applicable
ABILITY TO OPERATE Significant impact on the organisation's ability to continue to execute a planned project or event.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 1 – GROUP/ORGANISATION DETAILS

NAME	
ADDRESS	
PHONE	
EMAIL	
IS YOUR GROUP/ORGANISATION INCORPORATED?	<input type="checkbox"/> Yes - Incorporation No: <input type="checkbox"/> No- You will need a sponsoring body that is incorporated to proceed with this application (proceed to Section 2). <input type="checkbox"/> No – Exempt from incorporation under legislation (i.e. P&C Associations)

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DOES YOUR GROUP/ORGANISATION HAVE AN ABN?	<input type="checkbox"/> Yes - ABN Number: <input type="checkbox"/> No
IS YOUR GROUP/ORGANISATION REGISTERED FOR GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No
WILL YOUR GROUP/ORGANISATION COVER THE PUBLIC LIABILITY FOR THIS PROJECT OR ACTIVITY?	<input type="checkbox"/> Yes - Please provide a copy of the current policy. <input type="checkbox"/> No

SECTION 2 – AUSPICING GROUP/ORGANISATION DETAILS (if applicable)

NOTE: If this application is being auspiced by another group/organisation, please provide their details below

NAME	
ADDRESS	
PHONE	
EMAIL	
INCORPORATION NUMBER:	
DOES YOUR GROUP/ORGANISATION HAVE AN ABN?	<input type="checkbox"/> Yes - ABN Number: <input type="checkbox"/> No
IS YOUR GROUP/ORGANISATION REGISTERED FOR GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No
WILL YOUR GROUP/ORGANISATION COVER THE PUBLIC LIABILITY FOR THIS PROJECT OR ACTIVITY?	<input type="checkbox"/> Yes – Please provide a copy of the current policy. <input type="checkbox"/> No

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SECTION 3 – APPLICANT DETAILS AND AUTHORISATION

NAME	
POSITION TITLE	
PHONE	
EMAIL	
SIGNATURE	

SECTION 4 – PROJECT OR ACTIVITY SNAPSHOT

NOTE: For all applications related to a Community Event, an Event Plan must accompany your application. An Event Plan template can be found on the Council website: www.isaac.qld.gov.au/isaac-community-grants

PROJECT/ACTIVITY NAME	
PROJECT/ACTIVITY LOCATION	
PROJECT/ACTIVITY DATE/S	
DESCRIPTION OF YOUR PROPOSAL:	<p>For Community Events, an Event Plan must accompany your application please refer to Event Plan template on the Council website: http://www.isaac.qld.gov.au/isaac-community-grants</p>
FUNDING AMOUNT REQUESTED FROM ISAAC REGIONAL COUNCIL (THIS FIGURE MUST MATCH BUDGET): Note: Applicants seeking amounts over \$5,000 must first contact Council's Communities Administration Officer prior to completing this application.	

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CO-FUNDING AMOUNT CONTRIBUTED BY YOUR, OR OTHER GROUPS/ORGANISATIONS OR FUNDING BODIES (these figures must match budget): Please provide evidence of co-Funding contributions.	Cash contribution:
	In-kind:
	Volunteer labour:
	Grants:
	Sponsorships:
TOTAL PROJECT OR ACTIVITY COST: (This figure must match budget)	
WHAT WILL THE FUNDS REQUESTED FROM ISAAC REGIONAL COUNCIL SPECIFICALLY BE USED FOR?	
HAVE YOU DISCUSSED YOUR PROPOSAL WITH A COUNCILLOR OR ANY OTHER COUNCIL OFFICERS?	<input type="checkbox"/> Yes - please indicate who: Date: <input type="checkbox"/> No

SECTION 5 – DETAILS OF EMERGENCY

PLEASE EXPLAIN THE CIRCUMSTANCES OF THE EMERGENCY	
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**WHAT PROACTIVE STEPS
HAVE YOU TAKEN TO
PREVENT THIS
EMERGENCY?**

**PLEASE PROVIDE DETAILS
AS TO WHY THIS PROJECT
IS AN EMERGENCY**

**WHAT WILL HAPPEN IF
YOUR
GROUP/ORGANISATION
DOES NOT SECURE THE
FUNDS?**

- Proceed as outlined
- Abandon project
- Proceed as outlined but extend timeframe to secure more funds
- Reduce project scope
- Abandon project for now and reapply when other funding has been secured
- Other – Please provide details:

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SECTION 6 – PROJECT OR ACTIVITY PERMITS/APPROVALS

NOTE: Funds for successful applicants will not be released without proof of lodgement (receipts) for all relevant local and state government permits/approvals

WILL YOUR PROJECT OR ACTIVITY INVOLVE THE PREPARATION, SERVING OR SELLING OF FOOD OR REFRESHMENTS?	<input type="checkbox"/> Yes – Food licence is required. Please provide a copy or proof of lodgement (receipt) <input type="checkbox"/> No - To verify requirement please refer to the following link: https://publications.qld.gov.au/dataset/food-safety-for-non-profit-organisations/resource/f9bafd7c-1d28-4a8a-b009-eb08e177aaed
WILL YOUR PROJECT OR ACTIVITY INVOLVE THE SERVING OR SELLING OF ALCOHOLIC BEVERAGES?	<input type="checkbox"/> Yes – Liquor licence required. Please provide a copy or proof of lodgement (receipt) <input type="checkbox"/> No - To verify requirement please refer to the following link: https://publications.qld.gov.au/dataset/charitable-and-non-profit-gaming-forms-and-resources/resource/312c57ab-a11a-4168-86f9-5ddee55775e1?inner_span=True
DOES YOUR PROJECT OR ACTIVITY HAVE THE NECESSARY LOCAL AND STATE PLANNING OR BUILDING PERMITS/APPROVALS?	<input type="checkbox"/> Yes – please provide a copy or proof of lodgement (receipt) <input type="checkbox"/> No

SECTION 7 – FINANCIAL MANAGEMENT

As Council's Community Grants program is funded by public funds Council requires evidence of your group/organisation's financial prudence and compliance. Your group/organisation is required to present its latest audited financial report and a budget is mandatory for your project or activity.

ARE YOU ABLE TO PROVIDE YOUR GROUP /ORGANISATIONS MOST RECENT AUDITED FINANCIAL REPORT?	<input type="checkbox"/> Yes – Please provide a copy <input type="checkbox"/> No - Please provide an explanation: NOTE: Your group/organisations audited financial report will have been adopted at your most recent Annual General Meeting and presented to the Office of Fair Trading as part of your Annual Return (Form 32).
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ARE YOU ABLE TO PROVIDE A BUDGET FOR YOUR PROJECT/EVENT/ACTIVITY?

Yes – Please provide a copy.

On the following page is an example budget template.

No – This application is not eligible

NOTE:

1. Please indicate in your budget the level of co-funding contributed by applicant and/or others towards the project (e.g. grants from other funding bodies, sponsorship or in-kind support).
2. Please specify in your budget which expenditure item/s you would like Council to fund by placing an asterisk (*) beside the item/s in your project/event/activity budget.
 - For items valued below \$1,500 it will be advantageous to include at least one written quote.
 - For items valued over \$1,500 two written quotes are required.

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EXAMPLE BUDGET TEMPLATE

A Budget template can be found on the Council website: www.isaac.qld.gov.au/isaac-community-grants

Clear budget information will allow the panel to better understand your project.

Volunteer in-kind hours should be calculated at the appropriate rate of \$20 per hour.

The income should be equal to the expenses.

Please account for all expenses and income; monetary and voluntary. This includes all items listed in the income column, including in-kind, sponsorship and the amount requested from Council.

Round up each item to the nearest dollar value - do not include cents.

Expenditure		Income	
Please list all costs for the proposed activity All amounts include GST		Please list all sources of income for the proposed activity All amounts include GST	
		Funding amount requested from Council	
		Co-funding amount contributed by your group / organisation	
Venue hire		- Cash contributions	
Other equipment hire		- In-kind	
Bar expenses		- Volunteer labour	
Catering expenses		- Grants	
Promotional materials		- Sponsorships	
		Co-funding amount contributed by other group / organisations or funding bodies	
Guest speaker		- Cash contributions	
Workshop facilitator		- In-kind	
Travel/accommodation		- Volunteer labour	
Permit/approvals costs		- Grants	
Photographer		- Sponsorships	
Donations		Ticket sales	
Prizes and gifts		Bar sales	
Material expenses		Food sales	
Other expenses		Other income	
Total Expenditure:	\$	Total Income:	\$

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SECTION 8 – SUPPLIER REQUEST DETAILS (REQUIRED FOR PAYMENT TO GROUP / ORGANISATIONS)

NOTE: *Electronic Funds Transfer (EFT) is Isaac Regional Council's preferred method of payment. To ensure that payments are made to the correct bank account, please provide a copy of your Bank Deposit Slip or top portion of the statement of the EFT on business letterhead.*

GROUP/ORGANISATION NAME	
TRADING NAME	
ABN	
PAYMENT ADDRESS DETAILS (FOR ALL REMITTANCE) Use of personal or business contact details is not recommended	
NAME	
POSITION TITLE	
ADDRESS	
PHONE	
FAX	
EMAIL	
PREFERRED METHOD OF REMITTANCE TO BE SENT	<input type="checkbox"/> Email <input type="checkbox"/> Fax
BANK ACCOUNT DETAILS	
ACCOUNT NAME	
BANK	
BSB (6 DIGITS)	
ACCOUNT NUMBER	

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AUTHORISATION

I declare the supplier details information provided is true and correct.

SUPPLIER	Signature	DATE	
	Print Name		

SECTION 10– APPLICATION CHECKLIST

ANSWER THE FOLLOWING QUESTIONS IN RELATION TO YOUR GROUP/ ORGANISATION	YES	NO	N/A
Does your group/organisation operate within the Isaac Regional Council local area?			
Is your group/organisation free of debt with Isaac Regional Council?			
Have you acquitted any previous grants obtained from Isaac Regional Council?			
Have you provided proof insurance policy covering emergency or not?			
Have you provided a valid public liability certificate? (Section 1)			
Have you provided an Event Plan? (Section 4)			
Have you provided evidence of confirmed co-funding contributions? (Section 4)			
Have you provided proof of required Local or State Govt. permits/approvals? (Section 6)			
Have you provided the most recent audited financial report? (Section 7)			
Have you completed a Budget? (mandatory) (Section 7)			
Have you provided written quotes? (Section 7)			
Have you provided a copy of banking verification? (Section 8)			

<p>PLEASE PROVIDE AN EXPLANATION IF YOU HAVE TICKED NO OR N/A TO ANY OF THE ABOVE</p>	
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AUTHORISATIONS

I AM AUTHORISED BY MY GROUP/ ORGANISATION TO COMPLETE THIS FORM AND I AGREE THAT:	<input type="checkbox"/> The statements made in this application are true. <input type="checkbox"/> All necessary permits/approvals will be obtained prior to the beginning of the project. <input type="checkbox"/> The project will be covered by appropriate insurance. <input type="checkbox"/> All relevant health and safety standards will be met. <input type="checkbox"/> I acknowledge that Council does not accept any liability or responsibility for the project.				
IF MY APPLICATION IS SUCCESSFUL, I WILL:	<input type="checkbox"/> Ensure that acquittal requirements are met within 12 weeks of the project completion date. <input type="checkbox"/> Accept the terms of the community grant in accordance with Council requirements. <input type="checkbox"/> Provide proof of other successful co-funding (if unconfirmed) within six months of notification. <input type="checkbox"/> Complete the project within twelve months of receiving Council funding.				
AUTHORISED PERSON	<table border="1"><tr><td>Signature</td><td rowspan="3">DATE</td></tr><tr><td>Print Name</td></tr><tr><td>Position Title</td></tr></table>	Signature	DATE	Print Name	Position Title
Signature	DATE				
Print Name					
Position Title					

Once completed please send form and any attachment to:
records@isaac.qld.gov.au or Isaac Regional Council, PO Box 97, Moranbah QLD 4744
or deliver in person to your local Isaac Regional Council office

DEPARTMENT USE ONLY

PROCESSED BY	Signature	Date
	Print Name	