Community Partnerships Application form round 23
Form Preview

New Application

* indicates a required field

Program

This field is read only.

Application Number

This field is read only.

If you contact us throughout the application process, please quote the application number above:

Event or Activity Date

Will your event or activity be held between 1 April 2028 - 30 April 2029 *
○ Yes ○ No

You are not eligible for this Community Partnerships Grant Round.

Please contact a Community Partnerships Council officer to discuss.

Contact by phone 1300 69 22 47 or email communitygrants@cairns.qld.gov.au

Please confirm if this application is a draft or final submission *
○ Draft application ○ Final application
It is highly recommended that draft applications are submitted.

Final Submissions

Final submissions will be treated as complete, and no changes will then be accepted.

It is highly recommended that draft applications are submitted first.

*Please note draft applications will be accepted no later than **2 weeks** prior to the grant round closing date to allow officers to provide feedback.*

Draft Submissions

Draft applications will be accepted no later than **2 weeks** prior to the grant round closing date to allow officers to provide feedback.

Eligibility

I confirm that the applicant... *
☐ is not an individual
☐ is not a political party or discriminatory group
☐ is not a school, university or TAFE college
☐ does not own, lease, manage or operate premises with poker machines
☐ does not have outstanding Council grants that have not been acquitted within required time frames, or grants that have previously not been satisfactorily acquitted.
☐ does not have overdue outstanding payments to Council (e.g. rents, rates, fees, Council guarantor loan repayments)
☐ is able to demonstrate alignment between their project and the aims of this program
☐ is delivering the event, activity or program within the Cairns Local Government Area
☐ has the appropriate type and level of insurance for the activities that are the subject of this grant
☐ is not requesting support for a project, event or activity that has already occurred
☐ is not requesting support for seasonal or regular bookings of Council-managed facilities
☐ is not requesting support for projects, events or activities that are the subject of litigation
☐ is not requesting support for usual business operating expenses
☐ is not requesting support for programs that duplicate existing services or programs
☐ is not requesting support for programs, events or activities with a sole religious or political purpose.
☐ is a not-for-profit organisation defined as "any local organisation, club, state or national organisation, who holds incorporated status under the Associations In-corporations Act 1981, or is a company limited by guarantee under the Corporations Act 2001, and does not operate for the profit or gain (either direct or indirect), of its individual members either from ongoing operations or on its winding up
☐ has read and understood the Grant Objectives and Eligibility requirements. Click the link below to view the requirements.

You must select all that apply to your application/organisation, failure to comply with some criteria may affect your application eligibility. Click here for the grant objectives and eligibility requirements.

I confirm these statements above are true and correct *
○ Yes ○ No

You are not eligible for this Cairns Regional Council Grant

Please contact a Community Partnerships Council officer to discuss.

Contact by phone 1300 69 22 47 or email communitygrants@cairns.qld.gov.au

Contact Details

* indicates a required field

Organisation Details

Organisation Name *
Organisation Name

Please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Organisation Primary Address
Address

Organisation Website

Must be a URL.

Primary Contact Details

Primary Contact Name *
First Name Last Name

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

Primary Contact Position *

Primary Contact Phone Number *

Must be an Australian phone number.

Primary Contact Email *

Must be an email address.

Secondary Contact Details

Secondary Contact Name
Title First Name Last Name

Secondary Contact Phone Number

Must be an Australian phone number.

Secondary Contact Email

Must be an email address.

Committee Member Details

To ensure there is no Councillor conflict of interest, it is a Council requirement that all committee members, including title, of your organisation are listed here. Eg. John Smith - President *

Organisation Details

* indicates a required field

Does your organisation have an ABN? *

○ Yes ○ No

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	More information
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: *

Attach a file:

Max 25mb per file uploaded

Incorporated Status

Is your organisation incorporated? *
○ Yes ○ No

Incorporated Details

Please attach incorporation certificate (evidence of your organisation's not-for-profit status) *
Attach a file:

Public Liability Insurance

Public Liability Insurance Certificate
Attach a file:

Go Club Registration

Are you registered with Councils Go Clubs program *
○ Yes ○ No

GST Registration

Is your organisation registered for GST? *
○ Yes ○ No
Note: even if the organisation is not registered for GST, it will still have to pay GST on any expenses that are incurred whilst delivering the activity or event as per federal legislation, see:

https://www.ato.gov.au/Business/GST/

Financial Statements

Please choose one of the following options *
○ Financial statements from the previous two financial years as submitted to the Office of Fair Trading
○ Your latest Treasurers Report covering the previous 24 months
○ Current bank statement at the time of application
○ I do not have these documents

Please upload here: *
Attach a file:

Please explain why *

Event Organisation

* indicates a required field

Are you auspicing this application on behalf of another organisation? *

○ 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.

Event Organisation Details

Event Organisation Name *

Organisation Name

Event Organiser Primary Contact Name *

Title First Name Last Name

Event Organiser Position *

Event Organiser Primary Phone Number *

Must be an Australian phone number.

Event Organiser Primary Email *

Must be an email address.

Event Organiser Primary Website

Must be a URL.

Event or Activity Details

* indicates a required field

Name of Event or Activity *

Address of Event or Activity *

Is this venue confirmed? *
○ Yes ○ No

Booking confirmation

Please provide evidence of your confirmed booking *
Attach a file:

A minimum of 1 file must be attached.

Anticipated start date *
Must be a date and no earlier than 1/4/2028.

Anticipated end date *
Must be a date and no later than 30/4/2029.

Anticipated Start time *

Anticipated Finish time *

Please provide a short summary of your event or activity *

This may be published as part of grant reporting. 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 Centres Answers Bank at https://www.fundingcentre.com.au/answersbank#Qu1 if you need some ideas about how to frame your response.

How many people are expected to participate in your event or activity?

Consider the number of spectators, support staff, sponsors, officials, stallholders, volunteers, performers, athletes etc. and calculate them individually.

Attendee Type	Estimated Number

Must be a number.

Total estimated number of attendees

This number/amount is calculated.

Assessment Questions

* indicates a required field

Please describe your event in detail (25% weighting)

What is the purpose of your event or activity? *

Has your event or activity been held before? *

○ Yes ○ No

How many times has your event been held? When was it held? Where was it held?, How many people attended your event?

Please provide details *

Is your event or activity free? *

○ Yes ○ No

How much are you proposing to charge? *

Would you consider a gold coin donation on entry? *

○ Yes ○ No

Are you planning any of the following? *

☐ Food stalls

- ☐ Market stalls
- ☐ Serving Alcohol
- ☐ Entertainment
- ☐ Closing roads or require traffic management assistance
- ☐ Fireworks or light show
- ☐ Amusement rides (including jumping castles)
- ☐ Animals (eg. petting zoo)
- ☐ None of the above

Please note if yes to any of the above, you may be required to obtain a temporary entertainment event permit – for further information please click here

Is your event or activity accessible to all? *

○ Yes ○ No

For further information please click here

Further information to strengthen your application.

Please attach your event program and/or proposed site plan for your event or activity (if available)

Attach a file:

Assessment Questions

* indicates a required field

How does your event or activity benefit our community, foster community pride and improve the quality of life for residents of the Cairns region (50% weighting)

Please explain why there is a genuine need for your event or activity? *

Demonstrate how your event or activity benefits the residents of the Cairns region *

Demonstrate how your event or activity encourages environmental sustainability? (worth 5% of this weighting) *

e.g plastic free, recycling.

Assessment Questions

* indicates a required field

Demonstrate your experience and ability to plan, manage and deliver the event or activity (25% weighting)

Are you planning to work with an event manager? *

○ Yes ○ No

Describe any event experience within your organising committee *

Please provide a list of previous events or activities which the organisation has delivered *

Financial Information

* indicates a required field

Funding Requested from Council

Cash (excl GST)

$

Must be a dollar amount.
The total amount of Cash you are requesting for this Grant.

Hiring of Council Venues and Resources (excl GST)

$

Must be a dollar amount.
The total amount of In-kind support you are requesting for this Grant.

Total Amount Requested (excl GST)

$

This number/amount is calculated.
Please note the maximum funding amount is $25,000 (ex GST)

Please attach quotations for hiring of Council venues and resources *

Attach a file:

Additional Support

Often events and activities receive support by way of non-cash sponsorship, discounts, donations, materials and volunteer time.

Will your event or activity receive additional non-cash support? *

○ Yes ○ No

Additional Support

Organisation	Description	Estimated Value
		$
		$
		$
e.g FNQ Volunteers, Radio 2GB etc	e.g Volunteer time 40 hrs @ $25 p/h, discount 50% on advertising etc	Must be a whole dollar amount (no cents).

Total additional support estimated value

$

This number/amount is calculated.

Budget

Please outline your projected revenue/ Income in the table below.

Including details of other funding applied for, whether it has been confirmed or not.

E.g other grants, ticket sales, stallholder fees, registrations, merchandise, sponsorship's.

Event or Activity Revenue / Income (excl GST)

Revenue / Income Type	Revenue / Income Description (if applicable)	Confirmed Income?	Income Amount ($)
			$
			$
			$
			$
			Must be a dollar amount.

Event or Activity expenses (excl. GST)

Expense Description	Confirmed Expense?	Expense Amount (excl. GST)
		$
		$
		$
		$
e.g Venue hire, equipment hire, marketing etc.		

Budget Totals

Total Income Amount
$
This number/amount is calculated.

Total Expense Amount (excl. GST)
$
This number/amount is calculated.

Income minus Expenses
This number/amount is calculated.

Final Submission Certification

* indicates a required field

Certification

By submitting this application I/we, as the applicant, authorise Cairns Regional Council to undertake any necessary due diligence and hereby certify that all details provided in this application are true and correct and understand the Council's policy on confidentiality, commercial in-confidence and privacy statement.

- **I certify that I am authorised by the organisation to prepare and submit this application.**
- **I have read the guidelines relating to the grant and certify that to the best of my knowledge the information provided in this is correct.**
- **I have disclosed full and accurate information of income and expenditure for the project proposed.**
- **I agree to provide Council with any additional information required to assess this application.**
- **I agree to comply with all requirements of the grant funding stream and will return any unspent grant monies.**
- **I will acknowledge the support of Council in all relevant promotional and printed material.**
- **I confirm that the appropriate level of Public Liability Insurance will be arranged for the project described in this application.**

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Form Preview

Name of authorised person *

Title | First Name | Last Name

Position *

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

Contact Email *

Must be an email address.

Cairns Regional Council Privacy Statement

Cairns Regional Council is collecting your personal information for the purpose of processing your grant application. The collection of this information is authorised under the *Local Government Act 2009*. Your personal information will not be disclosed to any other person or agency unless you have given your permission or Council is required to by law. Your personal information will be handled in accordance with the *Information Privacy Act 2009*. Cairns Regional Council and its offices are subject to the *Queensland Right to Information Act 2009*.

For further information regarding the Cairns Regional Council Privacy Statement Click here

Draft Submission

You are about to submit your draft submission.

You will be contacted by a Community Partnerships officer regarding your application.

They will discuss your draft submission and recommend any changes if needed.

You will be sent a link to reopen your draft submission and make the necessary changes to submit your Final submission.

If you have further queries and would like to speak to a Community Partnerships officer prior to submission please contact us at

email: communitygrants@cairns.qld.gov.au

or by phone on 1300 692 247 during business hours

Draft applications will be accepted no later than 2 weeks prior to the grant round closing date to allow Officers to provide feedback.

To continue with your draft submission - click next page.

(If you have changed your mind and would like this to be your Final Submission, you must go back to the first page and click on the Final submission button. Once submitted you will not be able to make any changes to a final submission)