

Go Clubs Infrastructure Application Form

Form Preview

New Application

* indicates a required field

Program

This field is read only.

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

Application Number

This field is read only.

Go Club Membership

Are you a member of Go Clubs? *

☐ Yes ☐ No

You are not eligible for this grant.

You must have a Go Club membership to be eligible for this grant. Please follow the link [Go Club Registration](#) to register.

You can save and continue your application once you have a Go Club membership.

For further information on eligibility please contact the grant officer at grants@cairns.qld.gov.au

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
- ☐ 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

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- ☐ is not requesting support for programs, events or activities with a sole religious or political purpose.
- ☐ does not own, lease, manage or operate premises with poker machines
- ☐ does not have overdue outstanding payments to Council (e.g. rents, rates, fees, Council guarantor loan repayments)
- ☐ does not have outstanding Council grants that have not been acquitted within required time frames, or grants that have previously not been satisfactorily acquitted.
- ☐ is delivering the event, activity, project 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 able to demonstrate alignment between their project and the aims of this program
- ☐ 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

For further information on eligibility please contact the grant officer at grants@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's Primary Address

Address

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Organisation's Postal Address

Address

Does your organisation hold tenure at this location? *

Organisations's Primary Phone Number *

Must be an Australian phone number.

Organisation's Email Address *

Must be an email address.

Organisation Website

Must be a URL.

Lease with other organisation / Sub-lease or Co-Tenant

Please upload a letter of support from lessee or co-tenant *

Attach a file:

Does your project require land owner approval? *

☐ Yes

☐ No

Application for Improvement Works

Please upload a letter of "In Principle Support" for the project.

In order to request "in principle support" please submit an Application for Improvement Works form and allow up to four weeks for a response.

Click [here](#) to view and complete the application.

In Principle Support Letter *

Attach a file:

Primary Contact Details

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Primary Contact Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Secondary Contact Phone Number

Must be an Australian phone number.

Secondary Contact Email

Must be an email address.

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

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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

Incorporation Details

What is your incorporation number? *

Incorporated Association or Australian Company Number

Please attach evidence of your incorporation certificate *

Attach a file:

Public Liability Insurance

Public Liability Insurance (up to \$20 million with Cairns Regional Council noted as an interested party)

Upload here: *

Attach a file:

GST Registration

Is your organisation registered for GST? *

☐ Yes ☐ No

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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/>

Project Details

* indicates a required field

Project Name: *

Provide a name for your project/program/initiative. Your title should be short but descriptive

Project Location *

Council Funding Information

Total Funding Amount Requested (excl GST) *

\$

Must be a dollar amount and between 1500 and 25000.

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

Anticipated start date *

Must be a date.

Please allow at least 12 weeks after the grant application closing date before starting.

Anticipated end date *

If unknown, provide your best guess.

Please provide a description of your project *

Provide a short description (100 words recommended) of your project - what are you out to do?

Please indicate how the funds will be used. *

Assessment Criteria

Describe how the application meets the assessment criteria.

Detail how your project aligns with the objectives: (weighting 60%) *

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Detail how your project provides broad community benefit: (weighting 20%) *

Detail how your project is a priority for your organisation: (weighting 10%) *

Provide detail on the evidence of capability of the organisation to plan, manage and deliver the project: (weighting 10%) *

Supporting Documentation

Please upload the required supporting documentation.

Site plan / Aerial image clearly showing the location of the works *

Attach a file:

Building plans / Engineered designs / Compliance with Australian Standards (if applicable)

Attach a file:

Current Annual General Meeting (AGM) minutes *

Attach a file:

Please upload any other letters of support (if applicable) from another community group / club etc. which will benefit from your proposed project.

Upload files

Attach a file:

Project Quote

Please submit 1 written quote for the project

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Written quote *

Attach a file:

A minimum of 1 file must be attached.

Project Quotes

Please submit 2 written quotes for the project

Written Quotes *

Attach a file:

A minimum of 2 files must be attached.

Please state which quote is your preferred. If that quote is more expensive please explain your reasoning. *

Project Quotes

Please submit 3 written quotes for the project

Written Quotes *

Attach a file:

A minimum of 3 files must be attached.

Please state which quote is your preferred. If that quote is more expensive please explain your reasoning. *

Financial Information

* indicates a required field

BUDGET

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.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns.

Examples of income could include 'Gambling Community Benefit Grant', 'company X Sponsorship', 'trivia night fundraiser'

Examples of expenses could include 'storage', 'solar panels', 'shade structures', 'field upgrades'

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

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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.

PROJECT INCOME

Funding Description	Funding Type	Confirmed Funding?	Funding amount (\$)	Notes
	Go Clubs Infrastructure Assistance grant	Confirmed	\$	
	Cairns Regional Council Grant	Unconfirmed		
	Other Grants	Not Applicable		
	Club contribution			
	Cash donations / Sponsorship			
	Project Income			
	Fundraising			
	Other			
			\$	
			\$	
			\$	
			Must be a dollar amount.	

Project Expenses (incl. GST)

Cost Description	Cost amount (Incl. GST)	Notes
	Must be a dollar amount.	
	\$	
	\$	
	\$	
	\$	

Budget Totals

Total Project Income amount

\$

This number/amount is calculated.

Total Project expenses amount (incl. GST)

\$

This number/amount is calculated.

Net Gain / Loss

This number/amount is calculated.

Supporting Documentation

Please submit the organisations previous two years financial statements (as submitted to the Office of Fair Trading)

OR

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the latest treasurers report covering previous 24 months;

AND

organisations current bank balance at the time of application.

Please upload: *

Attach a file:

A minimum of 2 files must be attached.

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.

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

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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](#)