

Go Clubs Essentials Assistance grant 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.

Eligibility

I confirm that the applicant... *

- has a Go Clubs membership
- is able to demonstrate alignment between their project and Councils core business
- 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
- is delivering the project, events or activities within the Cairns Local Government Area
- 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)
- has the appropriate type and level of insurance for the activities that are the subject of this grant
- is not a political party or discriminatory group
- is not a school, university or TAFE college
- is not an individual
- does not own, lease, manage or operate premises with poker machines
- 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 not supporting private and/or commercial ventures
- is not for routine maintenance tasks
- is not for projects that duplicate existing services or programs

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- is not for ground hire fees
- is not for the reimbursement of Council fees
- is not for the purchase of equipment
- is not funded by existing Council grant or assistance
- 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 Primary Address

Address

Organisation Postal Address

Address

Organisation Primary Phone Number *

Must be an Australian phone number.

Organisation Email Address *

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Must be an email address.

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	

Must be an ABN.

Primary Contact Details

Primary Contact Name *

Title 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

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Secondary Contact Phone Number

Must be an Australian phone number.

Secondary Contact Email

Must be an email address.

Project Details

* indicates a required field

Project Location *

Lessee / Tenant Status

Does your organisation hold tenure at this location?

Letter of Support

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

Attach a file:

Types of Works Requested

* indicates a required field

Which of the following activities are you requesting assistance for?

Please choose one option

- Civil Works
- Building and Facilities
- Landscaping
- Turf/ Field Remediation

CIVIL WORKS

- Carpark
- Concrete Slabs
- Drains and drain cleaning
- Driveways
- Earthworks

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- Pathways
- Potholes

Please choose one option

BUILDING AND FACILITIES

- Painting
- Field Light Bulb Replacement (Bulbs must be provided by Club)

Please choose one option

LANDSCAPING

- Tree trimming
- Tree removal (in line with an arborist inspection)

Please choose one option

TURF/ FIELD REMEDIATION

- Aeration and/ or Top Dressing (Sand must be provided by Club)

Details of assistance required.

For the selected item, provide details of the assistance required. *

Please upload the required supporting documentation

Site Plan / Aerial Image *

Attach a file:

Any photos of the area

Attach a file:

Public liability insurance Certificate of Currency *

Attach a file:

Certification

* indicates a required field

Acknowledgement of Terms and Conditions

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This application form does not constitute a Development Application under the Planning Act 2016. The lodgement of this form may trigger the need for a Development approval. This will be communicated to the applicant.

Applications can take a minimum of six (6) weeks to assess.

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

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*.

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For further information regarding the Cairns Regional Council Privacy Statement
[Click here](#)