

Community Benefit Fund: application Form Preview

Before you start this application

* indicates a required field

Please note that:

- SmartyGrants does not auto-save your work
- Make sure to regularly save your application
- You can save and return to your application at a later date
- Incomplete applications and/or applications received after the closing date will not be considered

If you do contact us about your application please quote the Application Number below:

Program

This field is read only.

Application Number

This field is read only.

Other grants available from Logan City Council

You must ensure that your request is not eligible for another Council grant before applying for the Community Benefit Fund. An overview of each grant program is included below:

- [Community Development Funding](#): to support initiatives that respond to community priorities and add to the social and community development of the city.
- [Community Events Funding](#): to support community-led events that celebrate Logan's vibrancy and community spirit.
- [EnviroGrants](#): to support projects that enhance and protect the natural environment and encourage environmentally sustainable practices.
- [Regional Arts Development Fund](#): to support the development of arts, culture and heritage in Logan.
- [Sport and Recreation Funding](#): to support the health and wellbeing of the Logan community through participation in sports and recreation.
- [Community Benefit Fund](#): a limited pool of councillor discretionary funding to meet requests for financial help from eligible community organisations. Suitable for requests that are not eligible for funding under another Council grant program.

I have reviewed the grants available and have determined that my request is most suitable for the Community Benefit Fund. *

Yes

No

Please contact Council's Community Grants team on 07 3412 3412 or email grants@logan.qld.gov.au for advice about which grant is best suited for your needs.

Eligibility

To be considered for funding you must read and confirm that you meet the eligibility criteria outlined in the Community Benefit Fund [Policy](#) and [Procedure](#).

I confirm that our organisation:

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- is not-for-profit and any funding received will not be used to generate a profit
- is: (i) based in the City of Logan and the project or activity will benefit members of the Logan community; or (ii) based or operates outside the boundaries of the City of Logan, but the project or activity will benefit members of the Logan community (please note: these requests will only be approved via resolution of Council)
- has, or will ensure, that all permits and other approvals relating to the funding application are addressed and that there is adequate insurance to cover the project (where applicable)
- is financially viable
- has not applied for or received funding for the same request via any other Logan City Council grant program in the past 12 months
- has no debts with Logan City Council (including overdue rates, Council fines, outstanding acquittals from previous grants, etc.)
- is not a political party or political lobby group
- is not a government or semi-government organisation or Councillor controlled entity (with the exception of government run schools)

I have read the Community Benefit Fund policy and procedure and confirm that I am eligible for Community Benefit Funding *

Yes No

You must confirm that all statements above are true and correct.

Please contact us

Your response indicates that you are not currently eligible for the Community Benefit Fund.

Please contact Council's Community Grants team: grants@logan.qld.gov.au or call 07 3412 3412, before continuing with this application, to discuss your funding request further.

Organisation details

* indicates a required field

Council division

Eligible Community Benefit Fund applications are assessed by the councillor (or councillors) for the division(s) in which your funding request will benefit. If you are not sure which division to select, please visit our [website](#).

Please indicate which division your organisation is based in or, if relevant, which division(s) you propose will benefit from the activity.

Which division(s) are you requesting funding from? *

- | | |
|---|--|
| <input type="checkbox"/> Mayor Darren Power | <input type="checkbox"/> Division 7: Cr Tim Frazer |
| <input type="checkbox"/> Division 1: Cr Lisa Bradley | <input type="checkbox"/> Division 8: Cr Jacob Heremaia |
| <input type="checkbox"/> Division 2: Cr Teresa Lane | <input type="checkbox"/> Division 9: Cr Scott Bannan |
| <input type="checkbox"/> Division 3: Cr Mindy Russell | <input type="checkbox"/> Division 10: Cr Miriam Stemp |
| <input type="checkbox"/> Division 4: Cr Laurie Koranski | <input type="checkbox"/> Division 11: Cr Natalie Willcocks |
| <input type="checkbox"/> Division 5: Cr Jon Raven | <input type="checkbox"/> Division 12: Cr Karen Murphy |
| <input type="checkbox"/> Division 6: Cr Tony Hall | |

At least 1 choice must be selected.

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Applicant details

Organisation name *

Organisation Name

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

Application Contact *

First Name

Last Name

Position in organisation *

Email address *

Must be an email address.

This is the address we will use to correspond with you about this grant.

Primary phone number *

Must be an Australian phone number.

Primary address

Address

If you have multiple branches and/or a head office, include the office address this funding will be directed to.

Organisation type: *

- Not-for-profit community organisation
- Educational institution (includes pre-schools, schools, etc.)
- Charitable or philanthropic organisation
- Community sporting club
- Neighbourhood Watch group (approved by QPS)
- Parents and Citizens Association or equivalent
- Religious or faith-based institution

Please choose the option that best applies to your organisation.

Do you have an ABN? *

Yes

No

ABN details: *

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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	

If your organisation doesn't have an ABN please attach proof of your organisation's not-for-profit status, e.g. a Certificate of Incorporation or a not-for-profit clause in your organisation's constitution.

Confirmation of not-for-profit status: *

Attach a file:

Financial details

Applicants must provide a copy of the organisations most recent bank statement to demonstrate financial viability. Applicants requesting more than \$10,000 must also provide a copy of the organisations most recent audited accounts.

Copy of your organisations most recent bank statement: *

Attach a file:

Government run schools do not need to provide this. Please attach a blank page.

Are you applying for more than \$10,000? *

Yes No

As your request is greater than \$10,000 please attach a copy of the organisations most recent audited accounts (including your Profit and Loss Statement and Balance Sheet).

Copy of your organisation's most recent audited accounts: *

Attach a file:

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Funding request details

* indicates a required field

In this section please provide a detailed description of the project or activity, how the funds will be spent, and the benefit to the community, including:

- the group(s) in the Logan community that the project or activity is for
- how they will benefit from the project or activity
- how your proposed project or activity meets the selected community purpose category(s).

Estimated date the funds will be used

Where able to do so, requests should be made to Council prior to the project or activity being undertaken. Retrospective funding requests may be considered.

Planned end date *

This will be used to determine your acquittal due date.

What are you requesting funding for? *

Word count:

Must be no more than 200 words.

Give a brief description of your activity or plans for the funding, e.g. a local Neighbourhood Watch would like to share safety flyers with their community to build awareness. Their response would include why the flyers are needed, how many they plan to print and distribute and any other relevant information to assist us to understand what they plan to do if they receive funding.

Which community purpose category(s) does your funding request relate to? *

- Encourages a vibrant, engaged and resilient community
- Builds on the strengths in the local community
- Values local collaboration and partnerships
- Encourages participation in community life and fosters social cohesion
- Promotes and encourages environmental protection and sustainability
- Supports our city vision of 'Innovative, Dynamic, City of the Future'
- Supports Council's Corporate Plan priorities

At least 1 choice must be selected.

Location(s) of funded activity *

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Please include the location where your funded activity will operate (street address if possible). Please include all locations if running across multiple sites.

How will the community benefit from this funding? *

Word count:

Must be no more than 150 words.

Include who this project/activity is for and how they will benefit, including how the request meets the 'community purpose' you selected above.

How many people will benefit from this funding? *

Approximate numbers are acceptable.

Budget

Amount requested

Your budget should include the items you are requesting funding for with clear descriptions and cost per item line. If you are requesting funding for a significant amount of items, please list them by category, adding a new row for each, i.e. \$300 for groceries; \$100 for soft drinks; \$50 for biodegradable serving ware.

Item or service	Cost (\$)
<input type="text"/>	<input type="text"/>

Funding requested:

\$

This number/amount is calculated.

If you are providing your own funding and/or have funding from another source, please include the total amount below. Please also include your in-kind contributions (time, services or items that were donated, etc.) as a dollar value.

Other contributions *

\$

Must be a dollar amount.

For example, you have \$500 of your own funds, donated supplies worth \$200, and you have 4 volunteers providing 64 hours of support, valued at \$1,280. This means you are providing \$1,980 in other contributions.

Please attach quote/s:

Attach a file:

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Please note: if you are unable to provide a quote you must provide a cost breakdown in the funding requested table (e.g. \$300 for groceries; \$100 for soft drinks; \$10 for napkins)

Authorisation and Feedback

* indicates a required field

Privacy collection notice

Purpose:

Logan City Council is collecting your organisation details in accordance with the *Local Government Act 2009* in order to ensure a proper assessment of your grant application as part of its due diligence process. The information will only be accessed by employees and/or councillors of Logan City Council for Council business only. Some of this information may also be given to State Government agencies for grant acquittals or audits, organisations and individuals preparing Council publications or reports, audit firms, debt recovery agencies and to the public for the purpose of reporting on grant usage (e.g. committee and local government meeting report, Annual Report), public notification of grant information and public promotion of grants available from Council (e.g. Council's website).

Informed consent:

Council may use my personal/organisation information for promotional and public purposes. This includes, for example, use of photographs, placement of permanent ceremonial plaques and publication in other printed material and/or Council's website. I consent to the transfer of my personal information overseas (i.e. where personal information is placed on Council's website).

With the above public disclosure in mind, your information will not be given to any other person or agency unless you have given us permission or we are required by law.

Declaration

This section must be completed by an appropriately authorised person on behalf of the applicant organisation or committee, e.g. a director, manager, etc. This may be different to the contact person listed earlier in this application form.

I confirm that:

- I understand that this application is subject to meeting the eligibility requirements. I acknowledge that even if this request meets all of the eligibility criteria of Community Benefit Funding, support is ultimately decided upon at the discretion of the relevant councillor(s) and may be influenced by other factors
- I understand that my application may be referred to another Logan City Council grant program, and in this case I will be required to undergo the application process relevant to that grant
- I understand that if my organisation is approved for this grant, Logan City Council has an obligation under State Government legislation to publish details of the application on its website
- I understand that if my organisation is approved for this grant, we will be required to sign and agree to the terms outlined in a funding agreement with Council which include:
 - providing relevant bank details for an EFT payment

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- spending the funded amount appropriately for the approved and intended purpose that does not cause detriment to members of the community, or cause damage to the reputation of Logan City Council or the City of Logan
 - taking responsibility to adhere to and maintain valid risk management processes, public liability insurance, permits, etc. for the duration of the funding period
 - collecting and providing all relevant information to acquit the funding within 8 weeks after the planned end date
 - repaying any unspent funds or funds that are unaccounted for during the acquittal process.
- To the best of my knowledge the statements made within this application are true and correct
 - I am over 18 years of age and am authorised to approve documents on behalf of the organisation

I agree *

Yes

No

Name of authorised person *

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

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

Contact phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback for us. This will directly inform our approach to supporting organisations through this process in the future.

How did you hear about this funding? *

- The Mayor or local councillor
- A Council officer
- Council's website
- Social media, e.g. Facebook
- A grants information session

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Word of mouth

Other:

Please indicate how you found the online application process: *

Very easy Easy Neutral Difficult Very difficult

Please let us know if there are any improvements we can consider to this application process:

Next steps

Once you review and press **SUBMIT** on your application, our Community Grants team will begin the process of eligibility assessment.

If you meet the eligibility criteria we will forward your request to the relevant councillor(s) for a decision.

If we need more information or determine that you do not meet all the eligibility criteria, we will contact you and give you the opportunity to comply. We will also advise of any delays this may cause.

If your request could be funded under another Council grant program we will direct you to the correct program. You will then need to re-apply for that grant.

If your request is unsuccessful, we will notify you.