CBF Application Form 2024/25 Form Preview

Eligibility criteria

* indicates a required field

Before you start this application

Please note that:

- SmartyGrants does not auto-save your work. Ensure you save regularly.
- Once saved, you can return to your application later.

Program	Application Number		
This field is read only.	This field is read only.		

Privacy collection notice

Purpose:

Your personal information and your organisation's information is being collected by Logan City Council (**Council**) for the purposes of assessing your grant application, in line with the requirements outlined in the *Local Government Act 2009* (Qld) and the *Information Privacy Act 2009* (Qld). This information may be accessed by employees and/or councillors of Council for Council business only. Some of this information may be given to State Government agencies for grant acquittals or audits; organisations and individuals preparing Council publications; audit firms; debt recovery agencies; and to the public for the purposes of reporting on grant usage; public notification of grant information and public promotion of grants available from Council. Your personal information and your organisation's information may be released by Council to other parties, including law enforcement bodies, if we are required or authorised by law to do so. For further information on how to access or amend your personal information that is held by Council, or if you believe Council has not acted in a way that is compliant with its obligations under the *Information Privacy Act 2009* (Qld), please visit Privacy – Logan City Council.

You understand that Council may use your personal information and your organisation's information for promotional and public purposes; this includes the use of photographs, placement of permanent ceremonial plaques, publication in printed and/or online material; and you consent to this use of your information and the organisation's information. You understand that this is a requirement of the <u>Grants to community organisations policy</u>.

You understand that where Council may publish the above information online, such as on the Council website, that your personal information and your organisation's information may be transferred overseas; and you consent to this use of your information and your organisation's information. You understand that this is a requirement under section 189 of the *Local Government Regulation 2012*.

Informed consent:

I acknowledge that Council may use my personal information to send me marketing material, electronic communications and eNewsletters, and I consent to this use of my information. I understand that by selecting 'yes' below, I agree to opt in and will continue to receive material until I opt out by sending a request to the Community Grants team at grants@logan.qld.gov.au.

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Yes, I agreeNo, I do not agree

Eligibility

The Community Benefit Fund (CBF) is a fund established to allow Council to meet requests for financial assistance from eligible community organisations for certain community purposes. Councillors are able to allocate the funds at their discretion to eligible applicants.

Logan City Council aims to support the role of community organisations and recognises the significant role they play in developing and delivering initiatives that encourage participation in community life, foster social cohesion, celebrate diversity and contribute to a vibrant, healthy and engaged local community. The Community Benefit Fund supports community organisations to deliver initiatives that address local community needs.

You must confirm that you meet the eligibility criteria outlined in the Community Benefit Fund <u>Policy</u> and <u>Procedure</u> which is also found on our <u>website</u>. Please note that councillor(s) only assess eligible applications. Requests should be made 4 weeks prior to your initiative or activity being undertaken. Retrospective funding requests may be considered.

Council has other <u>grant programs</u> that you could consider for your funding request. An overview of each grant program is available below:

- Community Development Funding
- Community Events Funding
- EnviroGrants
- Regional Arts Development Fund
- Sport and Recreation Funding Travel Assistance Grants and Maintenance Grants

If you are unsure about your eligibility for the Community Benefit Fund, please contact us. Council's Community Grants team is available on 3412 4033 or email grants@logan.qld.gov.au.

Please explain why you are applying for the Community Bendanother Council grant program. *	efit Fund rather than

I acknowledge that I have read the Community Benefit Fund Policy and Procedure before completing this form to ensure the eligibility and program requirements have been met. *

○ Yes

 \bigcirc No

Please contact us.

Your response indicates that you are ineligible for Community Benefit Funding. Please contact Council's Community Grants team if you have any questions regarding your eligibility.

• Phone: 07 3412 4033

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• Email: grants@logan.qld.gov.au

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* indicates a required field	
Applicant details	
•	
Organisation name * Organisation Name	
Organisation Name	
Please use the organisation's full name Mak	te sure you provide the same name that is listed in officia
documentation such as that with the ABR, A	
Application Contact *	
First Name Last Name	
Position held in organisation *	
Email address *	
Must be an email address.	Leadille control to the language
This is the address we will use to correspond	with you about this grant.
Primary phone number *	
, .	
Must be an Australian phone number.	
μ	
Primary address Address	
, ladi ess	
If you have multiple branches and/or a head directed to.	office, include the office address this funding will be

- Organisation type: *
 Not-for-profit community organisation
- Primary or secondary school
- Religious institution
- Community sporting club
- Neighbourhood Watch (approved by QPS)
- O Parents and Citizens Association (or equivalent)
- Welfare Group

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Do you have an ABN? *

'Other' community organisations must show that they meet all of the funding eligibility criteria and that the funds will be used for a not-for-profit community purpose within the boundaries of Logan City. Please choose the option that best applies to your organisation.

○ Yes ○ No		
O NO		
ABN: *		
The ABN provided will be used check that you have entered t		ormation. Click Lookup above to
Information from the Australian E	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		
Provide a list of your organ	nisation's current board n	nembers and their positions. *
	ecognised document such as	oof of your organisation's not-for- a Certificate of Incorporation or constitution.
Confirmation of not-for-pro Attach a file:	ofit-status: *	
Financial details		

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Applicants must provide a copy of the organisation's most recent bank statement. This is used to demonstrate financial viability and must include the opening and closing balance of the account, at a minimum.

Copy of your organisations most recent bank statement/proof of financial

viability. * Attach a file:	
Educational institutions do not need to provide this and should attach a blank page.	
Application responses	
* indicates a required field	
Council division	
Please select the division(s) that will benefit from your funding request.	
Consider the following:	
 Does your application benefit residents of a single division? If so, select this d Does your application benefit residents of many divisions? If so, select the diviapply. Does your application benefit the whole City of Logan? If so, consider including Mayor. 	isions that
If you would like to see a list of suburbs within each division, please visit our $\underline{\text{websit}}$	<u>te.</u>
Please note that if you are selecting multiple Councillors, you will only be advised outcome once all Councillors have completed their assessment of your application.	
Which division(s) are you requesting funding from? * ☐ Mayor Raven ☐ Division 1 Cr Bradley ☐ Division 8 Cr Heremaia ☐ Division 2 Cr Lane ☐ Division 9 Cr Bannan ☐ Division 3 Cr Russell ☐ Division 10 Cr Stemp ☐ Division 4 Cr St Ledger ☐ Division 11 Cr Willcocks ☐ Division 5 Cr Jackson ☐ Division 12 Cr Murphy ☐ Division 6 Cr Hall At least 1 choice must be selected.	
Tell us why you are requesting funding from the division(s) selected above	'e. *
If you have selected multiple divisions, please include details about why your activity relates divisions e.g. the majority of participants will be from these divisions.	s to these
Do you give consent for your selected Councillor(s) to ask other Councillo they would consider funding your request? * O Yes No	rs if

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Funding request

Please select which community purpose category your funding request meets. * Encourage a vibrant, engaged and resilient community Build on the strengths in the local community Value local collaboration and partnerships Encourage participation in community life and foster social cohesion Promote and encourage environmental protection and sustainability Support our city vision of 'City of Logan, a green city full of pride, opportunity and culture' Support Council's Corporate Plan priorities You may select multiple categories. At least 1 choice must be selected.
What are you requesting funding for? *
Please select one of the following:
 We are based in Logan City and the project or activity will benefit members of the Logan community.
 We are based or operate outside of the boundaries of Logan City, but the project or activity will benefit members of the Logan community (please note: these requests will only be approved via a resolution of Council). Detailed information must be provided in this application describing the benefits to the wider Logan community.
How will the Logan community benefit from this funding?
Please include:
 Who this funding is for and how they will benefit. How your application meets the 'community purpose' category(s) you have selected above for this funding.
*
How many people in Logan will benefit from this funding? *
Must be a number. Approximate numbers are acceptable. Include people that are participating, attending, volunteering, supporting, etc. Please only include whole numbers with no commas/dashes, e.g. 2500.
Is this a request for retrospective funding? * O Yes O No

Estimated date the funds will be used. *

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Please select yes if your project or activity has already taken place or is happening within the next 4 weeks.

Must be a date. This date will be used to determine your acquittal	due date (8 weeks from this date).
Additional documents:	
Attach a file:	
If you have any additional documents you'd like to here. This may be testimonials, photos or other do	include with your application, please upload them cumentation to support your request.
Budget	
Please include:	
 a detailed and realistic cost breakdown in-kind contributions and other funding y initiative quotes and/or evidence of budget items 	ou or your partners are providing to the
Amount requested Your budget should include the items you are and cost per item line. If you are requesting f please list them by category, adding a new rosoft drinks; \$50 for biodegradable cutlery).	
Item or service	Cost (\$)
	\$
Tatal funding varuated.	Must be a dollar amount.
Total funding requested: \$	
This number/amount is calculated.	
Please attach quote(s) related to your re Attach a file:	equested amount: *

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

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Your contribution *				
\$				
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 as your contribution.

Certification

* indicates a required field

Declaration

An authorised person must complete the below section. They may be a director, manager, etc. from the organisation or committee. This may be a different contact to the application contact listed earlier in this form.

by Signing this application on behalf of my organisation: *
☐ I declare that any approved funding will be used in a manner 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.
☐ I declare that we have, 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.
☐ I declare that our community organisation is not-for-profit and we have provided evidence where registered as not-for-profit.
☐ I declare that our organisation will spend and acquit any approved funds within 8 weeks of the event/funding purpose.
 I declare, and have provided relevant documentation, that my organisation is financially
viable.
 □ I declare that my organisation has no overdue debts to Council (including, but not limited to, rates, fines, overdue acquittals from previous grants, etc.). □ I have provided sufficient documentation with the funding request to support the request (e.g. quotes, breakdown of costs and expenditure). □ I declare that this is not a duplication of another funding request, and my organisation has not applied for or received funding for the same request via any other Logan City Council grant program in the last 12 months. □ I declare that our organisation is responsible for all risks associated with the funding request, has a detailed relevant risk management plan for the funding request and indemnifies Council against all liabilities arising out of the funding request. □ I understand that this application is subject to meeting the eligibility requirements.
At least 10 choices must be selected.

Authorisation

I confirm: *

- $\hfill\Box$ To the best of my knowledge the statements made within this application are true and correct.
- $\hfill \square$ I am over 18 years of age and am authorised to sign documents on behalf of the applicant organisation.

At least 2 choices must be selected.

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Name of authorised	-		
First Name	Last Name		
Must be a senior staff me	ember, board mem	ber or appropriately a	uthorised volunteer.
Position held in orga	anisation *		
Position held in applicant	organisation (e.g.	CEO, Treasurer, Direc	tor, Manager).
Phone number *			
Must be an Australian ph	one number.		
Email *			
Must be an email address	5.		
Date confirmed *			

Next steps

Must be the date the declaration is made.

Please note online applications are not completed until you click submit. Once submitted, you will receive a confirmation email with a copy of your application. We will send this to the email address you logged into SmartyGrants with. If you do not receive an email after pressing submit, your application has not been successfully submitted.

Once you review and press **SUBMIT** on your application, the following assessment process will begin:

- We will ensure your application is eligible before assessment.
 - 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 in your outcome advice this may cause.
 - If your request could be funded under another Council grant program, we will direct you to the correct program. You will need to re-apply for that grant.
- If you meet the eligibility criteria, we will forward your request to the relevant councillor(s) for a decision.
- We advise all decisions in writing via email.
- Successful applicants will be invited to complete a funding agreement through the SmartyGrants portal.
- All successful applicants will be required to complete an acquittal through the SmartyGrants portal. You can complete the acquittal form as you go, and upload receipts as you receive them (you can save the acquittal form and come back to it at any time). Ensure your application is acquitted 8 weeks after the end of your initiative.