Form Preview

Before you start this application

* indicates a required field

Please note

- SmartyGrants does not auto-save your work
- Make sure to regularly save your application
- SmartyGrants allows applicants to save and return to their work at a later date.

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

Eligibility

To be considered for funding you must read and confirm that you meet the eligibility criteria outlined in the Community Development Funding (CDF) guidelines. An overview of each grant program is included below:

- <u>Community Development Funding</u>: to support initiatives that respond to community priorities and add to the social and community development of the city.
- <u>Community Events Funding</u>: to support community-led events that celebrate Logan's vibrancy and community spirit.
- <u>EnviroGrants</u>: 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.
- <u>Sport and Recreation Funding</u>: to support the health and wellbeing of the Logan community through participation in sports and recreation.
- <u>Community Benefit Fund</u>: a limited pool of discretionary funding that allows councillors to financially support community requests for activities or projects. Suitable for requests that are not eligible for funding under another Council grant program.

Project applications that are eligible or most suited for another grant program within Council are not able to be funded through Community Project Grants.

Community Project Grant (projects) funding is suitable for organisations that are starting new or expanding on programs or initiatives that meet the CDF program purpose. These initiatives should still address community priorities that:

- build an engaged and inclusive community
- promote increased participation in community life
- support the community to shape or make change in their local area and / or
- increase skills, knowledge and leadership capability within the community sector.

You must ensure that your request is not eligible for another Council grant before applying for Community Development Funding - Community Project Grants (projects): *

 \bigcirc I confirm my application is not eligible for \bigcirc I may be eligible for another Council grant another Council grant

I confirm that our organisation (and/or our auspice): *
is a not-for-profit community organisation, State Government entity, or social enterprise
□ is only requesting funding for an eligible purpose and expenses□ will deliver the project within the Logan local government area
□ will adhere to the CDF guidelines, ensuring the project aligns with Council's values and
this grant program's purpose
□ will adhere to and maintain all blue cards, permits and other approvals relating to the
project
 will adhere to and maintain valid and adequate insurance to cover the project has not received funding for the same project or purpose through any Council grant
program in the last 12 months
☐ has no debts with Logan City Council, including overdue rates, Council fines, overdue
reporting (acquittal) from previous grants, etc.
☐ has to the best of our ability met the assessment criteria for Community Project Grants
(projects). At least 9 choices must be selected.
Actions of choices must be selected.
Please contact us
Your response indicates that you are not currently eligible for a Community Project Grant.
Before continuing with this application, please contact Council's Community Grants Officer
to discuss your grant proposal further.
• Phone: 3412 4033
Email: grants@logan.qld.gov.au
Applicant details
* indicates a required field
indicates a required field
Project contact details
Organisation name *
Organisation Name
Please use your organisation's full name. Check to make sure you provide the same name that is listed in official documentation.
in official documentation.
Primary contact person *
Title First Name Last Name
This is the person we will correspond with about this grant
Position held in organisation
e.g. Manager, Board Member, Fundraising Coordinator
Email *

Form Preview

This is the address we will use to correspond with you about this grant.
Phone number *
Primary Address * Address
Postal Address Address
Address
Applicant website
Must be a URL
Social enterprise information
Social enterprise information
* indicates a required field
Social enterprises are organisations that:
Are driven by a public or community cause, be it social, environmental, cultural or economic
 Derive most of their income from trade, not donations or grants Use the majority (at least 50%) of their profits to work towards their social mission.
Eligibility Information
To be eligible for this grant your social enterprise must be legally registered in Australia as a social enterprise and able to demonstrate that:
1.Your business is driven by a social purpose2.The majority of your income is generated from the enterprise (as opposed to grants or philanthropy)
3. The majority of profits are reinvested into the enterprise to meet the social purpose.
Are you applying as a social enterprise? * ○ Yes ○ No
Social enterprise eligibility
Criteria 1: What is the social purpose of your enterprise? *

Word count: Must be no more than 150 words.	
Attach your business plan or alterna	ative documentation tha
purpose * Attach a file:	
Is more than 50% of your income ge	enerated by the enterpris
You must be able to answer YES to be eligible	0 110
Is more than 50% of your profits rein O Yes You must be able to answer YES to be eligible	○ No
Tou must be able to answer TES to be eligible	e to apply for this grant.
Attach your most recent financial st Attach a file:	atement. *
retaen a me.	
This documentation must provide evidence to enterprise, and the majority of profits are rei	
Please contact us.	
Your response indicates that you are not	-
Before continuing with this application, p to discuss your grant proposal further.	olease contact Council's Cor
• Phone: 3412 4033	
Email: grants@logan.qld.gov.au	
Augulaa infamassiissa	
Auspice information	
* indicates a required field	
If you are an individual or group who doe grant, you must nominate an auspice or	
An auspice organisation will take financial your organisation to deliver the initiative	al and legal responsibility fo
Is your project being auspiced by an	nother organisation for t
grant? O Yes	○ No

Form Preview

Auspice organisation de	tails			
Name of auspicing organisation *	Organisation Name			
Primary contact person at auspicing organisation *	Title	First Name	Last Name	
Position held in organisation	e.g. Mana	ager, CEO		
Contact person's primary phone number *				
Contact person's email address *	Must be a	an email address		
Auspice Primary Address *		_ine 1, Suburb/Town,	State/Province, and	Postcode a
Auspice Postal Address	required. Address			
Auspicing organisation's website	Must be a	a URL		
Please attach a letter from the auspicing organisation confirming this arrangement is valid and current *	(e.g. mar	file: ust be signed by an a nager, CEO, Board Ch signature and date.		

ABN of auspicing organisation *

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

Form Preview

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

Organisation details

* indicates a required field

To be eligible for a grant you must be one of the following:

- A not-for-profit organisation that is legally registered in Australia
- A State Government entity
- A social enterprise

Please include your organisation's details below.

If you are being auspiced by another organisation, please follow the provided hints regarding the information we require.

Does your organisation have an ABN? *			
○ Yes	○ No	 See auspice information 	
If your project is being a	auspiced, please select SEE AUS	PICE INFORMATION.	
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

Form Preview

ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

Please contact us.

Your response indicates that you are not currently eligible for a Community Project Grant.

Only eligible ABN registered organisations are able to apply for this grant.

Before continuing with this application, please contact Council's Community Grants Officer to discuss your grant proposal further, including options to be auspiced by another organisation.

• Phone: 3412 3412

• Email: grants@logan.gld.gov.au

What type of not-for-profit organisation are you? *

- O Educational institution (includes pre-schools, schools, universities and higher education providers)
- Religious or faith-based institution
- Philanthropic organisation
- Peak body
- Social enterprise
- Professional association
- Healthcare not-for-profit
- Community group
- Research body
- O General not-for-profit (i.e. none of the sub-types listed above)

Please choose the option that best applies to your organisation. If your project is being auspiced, please reply on behalf of the auspicing organisation.

What is your organisation's purpose or mission?		
Vord count:		
Must be no more than 50 words.		

Attach a valid copy of your organisation's \$20 million Public Liability Insurance * Attach a file:

If your project is being auspiced, please source this information from the supporting organisation.

equipment only, list equipment.

I confirm that I have the full support of a suitable representative agreeing to this Yes	
Working with children and young people	
If your project will involve working with childr determine whether your staff and / or volunte Children and Young People Blue Card or exen staff or volunteers require a blue card, please	eers are required to hold a Working with
It is a requirement as per our applicant guide young people that all staff and volunteers inv exemption card. It is the responsibility of you card details, ensuring they are current for the	olved in the project must hold a blue card or r organisation to manage and update all blue
Will your project involve working with ch ○ Yes	nildren or young people? * O No
I confirm that my organisation will main contractors, volunteers and / or staff invexemption card, and will have one for the Yes	olved have a current Blue Card or
Assessment criteria responses	
* indicates a required field	
Project summary	
Start date *	End date *
You must allow eight weeks for assessment from your submission date before the project starts.	Must be a date. Please supply an approximate end date for your project.
Project title *	
Must be a series these Quiends	
Must be no more than 8 words. Provide a name for your project. Your title should be	pe short but descriptive.
Project description - please tell us what	you are applying for *
Word count: Must be no more than 25 words. Re descriptive, but succinct. This section should su	Immarise your whole application / project. If for

Page 8 of 16

Project (can include equipment).
Project location Address
Let us know the main location for your project.
Additional locations
If your project will run across multiple locations, please list the addresses for all of them here.
Is this a new project in the Logan community? * ○ Yes ○ No
If your project is an expansion of a trial or an existing project, please select NO.
As this is not a new project in Logan, please explain how your project expands on an existing initiative
Word count: Must be no more than 100 words.
Assessment criteria: need and local relevance
Please include your responses after considering the following:
 What local / community support you have for the project. This may include information from conversations with members of your target group. Evidence of the need for your project. This could be shown through statistics, feedback, research, meeting minutes, etc. How your project aligns with the purpose of the grant and supports community
development. • How your project aligns to the community priority area(s) outlined below?
 If the project includes equipment: tell us why you need this equipment to support your work in the community.
What inspired this project? *
Word count: Must be no more than 400 words.
Which community priority area(s) does your project align with? * ☐ Young children and their families ☐ School-aged children and their families

Form Preview

 Young people from 12 to 24 years of age People over 60 years of age First Nations peoples People from culturally and linguistically diverse backgrounds LGBTQIAP+ people People with a disability People experiencing hardship (homelessness, additional emergency relief, etc.) Physical, social or mental health and wellbeing Domestic and family violence Place-based initiatives focusing on a particular suburb / area Resources to build capacity or increase community awareness Other:
Assessment criteria: benefits and outcomes
Please include your responses after considering the following:
 How this program will make participants feel, what skills they may develop, or how the project builds on local skills and resources. How many people will be able to take part in your project? Are there any further reache of the project might have? E.g. information shared with friends and family, etc. How your project will be available and accessible to the community, e.g. transport and access or inclusive language and safe environments for certain participants.
Please note: CPG doesn't provide ongoing funding. If you plan to continue your project, wha arrangements have you investigated to make it financially sustainable beyond the funding?
How will your project or equipment purchase benefit the Logan community? *
Word count: Must be no more than 400 words.
Participation and reach
Hint: start a new line for each participant demographic, e.g. children, young people, parents volunteers, staff.
Number Who
Estimated numbers are acceptable e.g. parents or staff or young people or children,

Assessment criteria: project plan

Form Preview

Please include your responses after considering the following:

- What your project will look like from start to finish? This could include contacting partners in your initial planning all the way through to collating your outcome data and acquitting the project.
- Who will responsible for each task? If you have partners collaborating on the project it should be clear which tasks they are contributing to.
- The project plan should include tasks that outline your the planning phase, project delivery, and evaluation phase.

You can choose to upload your organisation's project plan as an attachment below if you have one already. It must include key tasks or milestones and the dates for completing the task, and who will be a part of that task (partners, etc).

What steps will you undertake to implement your project?

Task or milestone	Start date		Lead person / organisation
	Must be a date.	Must be a date.	

Project plan file upload:	
Attach a file:	

Assessment criteria: capacity to deliver

Please include your responses after considering the following:

- Projects only: How you will market and promote the project to your target audience.
- How you will be able to report back on outcomes of the project. This includes the data and / or measurements you plan to use to know if you have achieved your project goals.
- A detailed risk assessment and plan for your project. Depending on your project this can include physical, emotional or digital / online risks.
- If your initiative is working directly with at-risk community members, please provide detail on those working with the at-risk community members, their qualifications, skills and experience.

Marketing and promotion plan	*
Word count:	
Must be no more than 150 words.	

Measuring success

Please outline how you will track and measure the success of your project.

Form Preview

- Hint: There is no single way to collect and report back on project outcomes, but they should relate to your project benefits. You may want to measure some of the benefits you mentioned in the benefits and outcomes section.
- For equipment only: outline how this equipment will increase your capacity to deliver your services to the community.

Outcomes you want to measure	How you will measure them

Risk assessment plan

- A detailed risk assessment and plan for your initiative
- Any additional safety plans / requirements (e.g. COVID-safe plan)
- For equipment only: include an attachment outlining the lifespan of the equipment and warranty details.

You can choose to upload your organisation's risk assessment plan as an attachment below if you have one already.

Risk description	Risk likeliness	Risk consequence	Risk treatment / mitigation
Risk assessment pl Attach a file:	an and / or any othe	r required safety doc	uments

Assessment criteria: budget and value for money

Please include your responses after considering the following:

- A detailed and realistic cost breakdown for your project, including clear descriptions of items and only requesting eligible items. Please check the CDF guidelines to confirm eligible items.
- You must include quotes and / or evidence for all budget items, when possible.
- Add a new line for each cost.

Funding amount requested

Item or service	Cost
	\$

Other contributions

• This is for your in-kind contributions (time, services or items) or other funds that you will provide as a part of the project. What is your contribution worth in a dollar value?

Form Preview

- If you are partnering with other organisations or businesses include their contributions in this table too. You also need to include any other funding (grants, fundraising, etc.) received or pending for this project.
- Add a new line for each cost.

Item, services, contribution	Amount	Organisation providing contribution	
	\$		
	\$		
Total amount requested	Total other contributions	Total project value	
Total amount requested	Total other contributions	Total project value	

Attach quotes for items / services to support your funding request Attach a file:

You can include past receipts, quotes or snapshots of online shopping carts as a part of this process. If you do not include any quotes we may contact you to provide these details.

Value for money

- How your project presents value for money for Council and the community?
- Don't forget things that are not easy to calculate with a dollar value, e.g. building community confidence.

How does the project represent value for me	oney? *
Word count:	
Must be no more than 150 words.	

Assessment criteria: partnerships

Community Project Grants aim to support organisations working collaboratively to address community needs and priorities. We'd like to see and understand how your project will connect and build on what already exists in the community rather than duplicating services or operating in isolation.

Please included your responses after considering the following:

- Name the organisations / groups you have engaged and confirmed as project partners
- Any roles and responsibilities of your partner(s) that have not being outlined in the assessment criteria above
- The benefits of this partnership(s) for the community or for the sector
- Letters of support from your partner organisation(s) outlining their commitment and role within the project.

How will you collaborate with your partner(s) to build capacity and / or add value to this project and your organisations? *
Word count: Must be no more than 400 words.
Please upload a letter(s) of support from your partner(s) * Attach a file:
A maximum of 5 files can be attached
Applying as a single organisation: As outlined in our funding guidelines, single organisations can still apply for Community Project Grants. If you don't have a partner for this project we'd like to better understand why that might be. Please include a response in the section above and upload a letter from your organisation outlining why this project is best suited to being run by a single organisation.
Certification and Feedback
* 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.
On behalf of my organisation: * ☐ I understand that this application is subject to meeting the eligibility requirements. ☐ I understand this application may be referred to another Council grant program. If this application is eligible for another grant, I may need to withdraw my CDF application. I also understand support can be provided to apply to relevant to that grant program. ☐ I understand that if approved for this grant, details of my organisation will be published on Council's website. I understand this is an obligation under State Government legislation. ☐ I understand that if approved for this grant, my organisation will need to sign a funding agreement. I understand funding cannot be provided without a signed agreement, as outlined in the general conditions provided in the CDF guidelines.
I confirm: * ☐ 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.
Name of authorised person * First Name Last Name

Next steps

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 may then need to re-apply for that grant.
- If you meet the eligibility criteria, you application will be assessed by a panel for each round.
- We advise all decisions in writing via email. Please allow 8 weeks to receive the outcome advice for this application after the round closes.
- Successful applicants will be invited to complete a funding agreement through the SmartyGrants portal.