

CPG Application Form 2024/25

Form Preview

Before you start this application

* indicates a required field

Please note

- SmartyGrants does not auto-save your work. Ensure you save regularly.
- Once saved, you can return to your application later.
- Applications are not submitted until you click the submit button.

Program

This field is read only.

Application Number

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 [Grants to community organisations policy](#).

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 agree
- ☐ No, I do not agree

Eligibility

This application is for a Community Project Grant with funding available up to \$10,000 for organisations working collaboratively to deliver projects that respond to a community priority and support long term outcomes. Community Project Grant funding is suitable for organisations that are starting new or expanding on programs or initiatives that meet the grant purpose.

You must ensure that your request is not eligible for another [Council grant](#) before applying for Community Development Funding - Community Project Grants.

To be considered for funding you must read and confirm that you meet the eligibility criteria outlined in the [Grants to Community Organisations Policy](#) and the [Community Development Funding guidelines](#).

Please contact Council's Community Grants team if you have any questions regarding this application or program.

- Phone: 07 3412 4033
- Email: grants@logan.qld.gov.au

I acknowledge that I have read the Grants to Community Organisations Policy and Community Development Funding guidelines before completing this application form to ensure the eligibility and program requirements have been met. *

- ☐ Yes
- ☐ No

Please contact us.

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

- Phone: 3412 4033
- Email: grants@logan.qld.gov.au

Applicant details

* indicates a required field

Project contact details

Organisation name *

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation.

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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 address *

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

Primary phone number *

Must be an Australian phone number.

Primary address *

Address

Address Line 1, Suburb/Town, and Postcode are required.

Postal Address *

Address

Applicant website

Must be a URL.

What type of organisation are you?

- ☐ A not-for-profit organisation that is legally registered in Australia
- ☐ A State Government entity
- ☐ A social enterprise
- ☐ I am not an eligible organisation. I am being auspiced by another organisation.

If you do not meet our eligibility criteria, you can partner with an organisation who does (i.e. an auspice). An auspice organisation will take financial and legal responsibility for your grant funding, allowing your organisation to deliver the project to the community.

Social enterprise information

* indicates a required field

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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 purpose
2. 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.

What is the social purpose of your enterprise? *

Attach your business plan or alternative documentation that supports your social purpose. *

Attach a file:

Is more than 50% of your income generated by the enterprise? *

- ☐ Yes
☐ No

You must be able to answer yes to be eligible to apply for this grant.

Is more than 50% of your profits reinvested into the enterprise? *

- ☐ Yes
☐ No

You must be able to answer yes to be eligible to apply for this grant.

Attach your most recent financial statement. *

Attach a file:

This documentation must provide evidence that the majority of your income is generated by the enterprise, and the majority of profits are reinvested into the social purpose.

Please contact us.

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

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Auspice information

* indicates a required field

Name of auspicing organisation *

Organisation Name

Auspice contact person *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Auspice email address *

Must be an email address.

Auspice phone number *

Must be an Australian phone number.

Auspice primary address *

Address

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

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Auspice postal address *

Address

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

Auspicing organisation's website

Must be a URL

Please attach a letter from the auspicing organisation confirming this arrangement is valid and current. *

Attach a file:

Letter must be signed by an appropriately authorised person (e.g. Manager, CEO, Board Chair) and must include, name, position, signature and date.

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Organisation details

* indicates a required field

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	

If your project is being auspiced, please provide the ABN of your auspicing organisation.

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.

Tell us about your organisation's purpose and how you currently contribute to the local community. *

Risk management plan

I confirm that our organisation has a detailed risk management plan for the project which can be provided upon request. *

- ☐ Yes
☐ No

Working with children and young people

If your project will involve working with children and / or young people you need to determine whether your staff and/or volunteers are required to hold a *Working with Children*

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and *Young People Blue Card* or exemption card. To find out whether your project staff or volunteers require a blue card, please see the [Queensland Government regulations](#).

It is a requirement as per our applicant guidelines that if working with children and / or young people that all staff and volunteers involved in the project must hold a blue card or exemption card. It is the responsibility of your organisation to manage and update all blue card details, ensuring they are current for the duration of the project for all staff involved.

Will your project involve working with children or young people? *

- ☐ Yes
☐ No

I confirm that my organisation will maintain responsibility for ensuring all contractors, volunteers and/or staff involved have a current Blue Card or exemption card, and will have one for the duration of the project. *

- ☐ Yes
☐ No

Attach copies of blue cards. *

Attach a file:

Please contact us.

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

- Phone: 3412 4033
- Email: grants@logan.qld.gov.au

Assessment criteria responses

* indicates a required field

Project summary

Project title *

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

Start date of project *

End date of project *

You must ensure your project start date is after the application outcomes advised date. Please supply an approximate end date.

Project description *

Describe what your project will deliver in the community (e.g. workshops, awareness campaign, etc.)

Project location
Address

Let us know the main location for your project. Must be an address.

Additional locations

If your project will run across multiple locations, please list the addresses for all of them here.

Assessment criteria 1: Local relevance and community benefit

Please select which community purpose(s) 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

You may select multiple categories. At least 1 choice must be selected.

How will your project benefit the broader Logan community?

You must include:

- Evidence that the local community needs this project.
- How your project aligns with the ‘community purpose’ you have selected above.
- The end result of your project.

*

How many people will participate in your project?

- Start a new line for each participant demographic.

Number	Who	How will they benefit?
Estimated numbers are acceptable	e.g. parents, young people, children, etc.	e.g. gained skills to increase employability

Assessment criteria 2: Partnerships

Who are your partners and how are you working together to deliver this project?

You must include:

- The name of the organisations/groups you have engaged and confirmed as project partners.
- The roles and responsibilities of your partners in planning and delivering your project.
- The benefits of this partnership for the community (how it will build capacity or add value).
- Letters of support from your partner/s outlining how you will work together.

*

Please upload a letter(s) of support from your partner(s). *

Attach a file:

A maximum of 5 files can be attached.

Assessment criteria 3: Project plan

What steps will you take to implement your project?

You must include:

- What your project will look like from start to finish (e.g. planning, project delivery, evaluation) with clear tasks and timeframes.
- Who will be responsible for each task. It should be clear which task each partner is contributing to.

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, dates and who is responsible for completing each task.

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

Project plan file upload:

Attach a file:

Assessment criteria 4: Capacity to deliver

How will you ensure your project is successful?

You must include:

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- How you will market and promote your project to the broader community.
- How you will be able to report back on the outcomes of your project in your acquittal.
- A description of the relevant skills, qualifications and experience of key staff and how their roles will contribute to the success of the project.

*

Assessment criteria 5: Budget and value for money

Funding amount requested

- Provide a detailed and realistic cost breakdown for your project.
- Include quotes to support your application.
- Start a new line for each item.

Expenditure item or service	Amount (\$)	Comments
-----------------------------	-------------	----------

	\$	
--	----	--

Attach quotes for items/services to support your funding request. *

Attach a file:

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.
- 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.
- Start a new line for each contribution.

Item, services, contribution	Amount (\$)	Organisation providing contribution
------------------------------	-------------	-------------------------------------

	\$	
--	----	--

Total amount requested

\$

This number/amount is calculated.

Total other contributions

\$

This number/amount is calculated.

Total project value

This number/amount is calculated.

How does your project represent value for money for Council and the community?

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- If you are applying for equipment as part of your funding request, please describe how this is critical to the delivery of your project and how it will be used to benefit the community after your project is completed.
- Include things that are not easy to calculate with a dollar value (e.g. building community confidence).

*

Have you received any Council grant funding for this project before? *

- ☐ Yes
☐ No

Please provide further information and history on which Council grant(s) you have been successful for.

If you are applying for a project that has been funded by Community Development Funding before, you must demonstrate how you have expanded your existing project (e.g. making it more inclusive, expanding to new areas within Logan, etc).

*

When did you receive this grant? Which Council grant program were you successful for? How much funding did you receive for the project?

Have you applied for any grants for this project that are still being assessed by Council? *

- ☐ Yes
☐ No

Please let us know if you currently have any other Council grant applications that you are waiting to hear back on that would provide funding for this project (e.g. have you also applied for the Community Benefit Fund for this project?).

Please provide further information on which Council grant(s) you have applied for. *

Which Council grant program have you applied for? How much funding have you asked for? When did you submit this application?

Additional documents

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Attach a file:

If you have any additional documents you would like to include in support of your application, please upload (e.g. photos or marketing materials from previous projects).

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 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 application.
- ☐ I declare that my organisation has no overdue debts with Logan City Council including overdue rates, Council fines, overdue acquittals from previous grants, etc.
- ☐ 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 it is our organisation's responsibility to adhere to and maintain all permits and relevant approvals, blue card details and valid and adequate insurance relating to this funding application.
- ☐ 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 have read, understand and agree to the Privacy Collection Notice detailed in this application form.
- ☐ I understand that if approved for this grant, my organisation will need to sign a funding agreement and be required to accept the terms and conditions of the grant as outlined in the funding agreement. I understand funding cannot be provided without a signed agreement.
- ☐ I understand that, if approved for this grant, the funded amount must be spent appropriately for the intended and approved purpose or the funds may need to be returned to Council.
- ☐ I understand that, if approved for this grant, any approved funding 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 understand that if approved for this grant, my organisation will need to complete an acquittal and provide receipts to the value of the funding amount within 8 weeks of the funding purpose. If acceptable documentation is not provided in this timeframe, the funds may need to be returned to Council.
- ☐ I understand that if approved for this grant, my organisation will need to acknowledge that the funding was provided by Logan City Council.
- ☐ I understand that if approved for this grant, it is my organisation's responsibility to acknowledge the Australian Tax Office (ATO) implications of GST and grant funding and will follow all government requirements as outlined by the ATO.

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☐ I understand that if approved for this grant, if my organisation does not comply with the above conditions and the conditions of the funding agreement, we may be required to repay part or all of the grant funding.

Authorisation

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 I am authorised to approve documents on behalf of the organisation.

Name of authorised person *

First Name

Last Name

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

Position held in organisation *

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

Phone number *

Must be an Australian phone number.

Email address *

Must be an email address.

Date confirmed *

Must be the date the declaration is made.

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.

Please refer to the 'Application Process' section in the [Community Development Funding guidelines](#) for more details regarding the next steps.