## 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	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.gld.gov.au.

\*

○ Yes, I agree

No, I do not agree

## Eligibility

This application is for a Community Response Grant with funding available up to \$3,000 for a quick response to an immediate community priority. It is suitable for organisations providing new or existing services or initiatives that meet the grant purpose.

You must ensure that your request is not eligible for another <u>Council grant</u> before applying for Community Development Funding – Community Response Grants.

To be considered for funding you must read and confirm that you meet the eligibility criteria outlined in the <u>Grants to Community Organisations Policy</u> and the <u>Community Development Funding guidelines</u>.

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

### Initiative 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.

Primary contact person \*

Title	First Name	Last Name	
This is the	e person we will co	rrespond with about this grant.	
Position	held in organ	sation *	
e a Mana	ger Board Membe	r, Fundraising Coordinator.	
	ddress *	r, ranaraising coordinator.	
Elliali at	uui ess		
This is the	e email address we	will use to correspond with you about	this grant
Primary	phone numbe	• *	
Must be a	n Australian phon	e number.	
<b>Primary</b> Address	address *		
Address L	ine 1, Suburb/Tow	n, State/Province, and Postcode are red	guired.
	ddress *		
Address			
Applica	nt website		

### What type of organisation are you?

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

Must be a URL.

O 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 initiative to the community.

## Social enterprise information

\* indicates a required field

## CRG Application Form 2024/25

### Form Preview

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? *  O Yes  O 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.

• Phone: 3412 4033

• Email: grants@logan.qld.gov.au

## Auspice information

\* indicates a required field

	<b>f auspicing orga</b> n ition Name	isation *	
<b>Auspice</b> Title	contact person * First Name	k Last Name	
Auspice	email address. *	:	
Must be a	n email address		
Auspice	phone number *		
Must be a	n Australian phone n	umber.	
<b>Auspice</b> Address	primary address	; *	
Address L	ine 1, Suburb/Town,	State/Province, and	Postcode are required.
<b>Auspice</b> Address	postal address *	•	
_			
Auspicir	ng organisation's	website	
Must be a	URL		
	ment is valid and		g organisation confirming this
	st be signed by an agude, name, position, s		sed person (e.g. Manager, CEO, Board Chair) and

## 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 <u>More information</u>
ACNC Registration
Tax Concessions
Main business location
If your initiative 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 initiative 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 initiative which can be provided upon request. *  Yes No

## Working with children and young people

If your initiative 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 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 initiative 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 initiative for all staff involved.

Will your initiative involve working with  ○ Yes  ○ No	children or young people? *
I confirm that my organisation will main contractors, volunteers and / or staff invexemption card, and will have one for the Yes  No	olved have a current Blue Card or
Attach copies of blue cards. * Attach a file:	
Please contact us.	
Your response indicates that you are ineligible Please contact Council's Community Grants to eligibility.	
<ul> <li>Phone: 3412 4033</li> <li>Email: grants@logan.qld.gov.au</li> </ul>	
Assessment criteria responses	
* indicates a required field	
Response summary	
Title *	
Provide a name for your response. Your title should	d be short but descriptive.
Start date *	End date *
You must allow 4 weeks for the processing of this application before your proposed start date.	Please supply an approximate end date.

Description *		
Describe what your response v	will deliver in the community.	
<b>Location</b> Address		
Address		
Let us know the main location	for your initiative. Must be an addre	222
	Tor your miliative. Must be an addit	C33.
Additional locations		
If your initiative will run across	s multiple locations, please list the a	addresses for all of them here.
Assessment criteria 1	L: Local relevance and co	ommunity benefit
<ul> <li>□ Encourage a vibrant, er</li> <li>□ Build on the strengths in</li> <li>□ Value local collaboration</li> <li>□ Encourage participation</li> </ul>		ocial cohesion
_	munity priority this funding \	will respond to?
You must include:		
How your response alignment	ed this priority. ent or short-term response. gns with the 'community purpos enefit the broader Logan commu	-
*		
How many people will be	enefit from this funding?	
Start a new line for ea	ch participant demographic.	
Number of people involved/supported	Who is involved/ supported?	How will they benefit?
Estimated numbers are acceptable	e.g. parents, young people, children, etc.	e.g. received mental health first aid training, delivered food packs

## Assessment criteria 2: Budget and value for money

### **Funding amount requested**

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

Expenditure item or service	Amount (\$)	Comments	
	\$		
Attach quotes for items/s Attach a file:	services to support yo	our funding request. *	

#### 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 initiative.
- 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 response.
- Start a new line for each contribution.

Item, services, contribution	Amount (\$)	Organisation providing contribution
	\$	
Total amount requested	Total other contributions	Total project value
\$	\$	
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.

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

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

*			

Have you received any Council grant funding for this response before? *  ○ Yes  ○ No
Please provide further information and history on which Council grant(s) you have been successful for. *
When did you receive this grant? Which Council grant program were you successful for? How much funding did you receive for the response?
Have you applied for any grants for this response that are still being assessed by Council? *  O 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 initiative (e.g. have you also applied for the Community Benefit Fund for this initiative?).
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 Attach a file:
If you have any additional documents you would like to include in support of your application, please add them below.
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.

	cation on behalf of my	
		to meeting the eligibility requirements.
☐ I understand this ap	oplication may be referre	ed to another Council grant program. If this
		need to withdraw my application.
		ue debts with Logan City Council including
overdue rates, Council	fines, overdue acquittals	s from previous grants, etc.
		e for all risks associated with the funding
request, has a detailed	relevant risk manageme	ent plan for the funding request and
indemnifies Council aga	ainst all liabilities arising	out of the funding request.
☐ I understand that it	is our organisation's res	sponsibility to adhere to and maintain all
permits and relevant a	pprovals, blue card deta	ils and valid and adequate insurance relating
to this funding applicat	ion.	
□ I understand that if	approved for this grant,	details of my organisation will be published
on Council's website. I	understand this is an ob	ligation 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
		s and conditions of the grant as outlined
		cannot be provided without a signed
agreement.	_	
☐ I understand that, i	f approved for this grant	, the funded amount must be spent
appropriately for the in	tended and approved pu	irpose or the funds may need to be returned
to Council.		
☐ I understand that, i	f approved for this grant	, any approved funding be used in a manner
that does not cause de	triment to members of t	he community, or cause damage to the
reputation of Logan Cit	y Council or the City of L	ogan.
☐ I understand that if	approved for this grant,	my organisation will need to complete an
acquittal and provide re	eceipts to the value of th	ne funding amount within 8 weeks of the
funding purpose. If acc	eptable documentation i	s not provided in this timeframe, the funds
may need to be returned	ed to Council.	·
☐ I understand that if	approved for this grant,	my organisation will need to acknowledge
that the funding was pi	rovided by Logan City Co	ouncil.
□ I understand that if	approved for this grant,	it is my organisation's responsibility to
acknowledge the Austr	alian Tax Office (ATO) im	plications of GST and grant funding and will
	equirements as outlined	
□ I understand that if	approved for this grant,	if my organisation does not comply with the
above conditions and t	he conditions of the fund	ling agreement, we may be required to repay
part or all of the grant	funding.	
Authorisation		
I confirm: *		
	nowledge the statement	es made within this application are true and
correct.	nowledge the statement	is made within this application are true and
	of ago and Lam authoric	sed to approve documents on behalf of the
organisation.	or age and rain authoris	ed to approve documents on behalf of the
organisación.		
Name of authorised	norson *	
	Last Name	
i ii Se i variile	Last Harric	
Must be a senior staff me	mber, board member or ap	propriately 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 <u>Community Development Funding</u> <u>guidelines</u> for more details regarding the next steps.