

# Community Assistance Program

### **Application - Community Grants Scheme**

(For projects that are capital/asset in nature and have a lasting benefit to the community)

Please read the Community Assistance Program Guidelines before completing this Application Form.

Completed Application Forms should be forwarded to:

Community Assistance Program Rockhampton Regional Council PO Box 1860 Rockhampton 4700

#### Applications must be received by the following dates:

Round 1: 14 August 2015

Round 2: 11 November 2015

Round 3: 6 April 2016

Applications received after the closing date for a round will not be considered until the following Round.

Please ensure that all required attachments are provided to allow for consideration of your application.

#### Checklist:

Application form fully completed and signed by two approved Officers
Copy of Public Liability Insurance Cover Statement attached
Copy of Certificate of Incorporation attached
Copy of relevant quotes attached

**PRIVACY NOTICE** Rockhampton Regional Council is collecting the personal information you supply on this form for the purpose of receiving and considering your organisation's request for funding under Council's Community Assistance Program. Personal details will not be disclosed to any other person or agency external to Council without individual consent, unless required or authorised by law. Program funding details will be published by Council and summarised in Council's annual report.

Project Name	
Project Description	Objectives:
	What the project will do:
Need for Project	Need for project and how this was determined:
	2. Community consultation or collaboration in the design/development of the project:
	3. Community support (eg. sponsorship obtained, use by other groups):
	4. Innovation (what is new or different about the project):
	5. Inclusiveness (how the project will be inclusive of all social and cultural groups):
Community Outcomes	Participation (number of people who will benefit from the project):
	2. Support for local business (how local services or materials will be used):
	3. Environment (contribution to healthy and livable environment):

	4. Community capital (contribution to development of social cohesion, capacity and local amenity):
	5. Sustainable (can be sustained without ongoing support from Council):
Promotional Outcomes	Local and regional (will the project provide positive local and regional promotion of the area):
	2. State (will the project provide positive state promotion of the area):
	3. National or international (will the project provide positive national or international promotion of the area):
	4. Marketing (how will project be marketed to potential clients):
	5. Recognition of Council support (how will this be achieved):
Organizational Capacity	Resources (organization's physical and financial resources to contribute to project):
	Timeframe (proposed start and finish date of project, with relevant milestones):
	3. Experience (any experience with similar projects, who will manage the project):

	4. Approvals (detail relevant approval/permissions	obtained - copies to be attached):			
	5. Budget – please complete attachment A				
Applicant	Name of organization:				
	Address (for mail):				
	Postcode:				
	ABN:				
	Incorporation Number:				
	(if not an Incorporated Assoc. please provide name and Incorporation number of sporganization):				
	Contact details for this application Name:				
	Telephone: Mobile:				
	Email:				
	Membership Numbers: Full Members:	Associate/Social members:			
	Public Liability Insurance: Insurer:	Level of cover: \$ million			
	Previous grant funding received from Council If yes please provide details:	□ Yes □ No			

#### Certification

I certify that the information provided in this application is true and correct and that I am authorised to make this application on behalf of the organization.

(Note: This form must be signed by two executive officers of the incorporated body accepting legal and financial responsibility for the Project).

First Executive Officer	Second Executive Officer
Name:	Name:
Position In Organization:	Position In Organization:
Signature:	Signature:
Date:	Date:

## Community Assistance Program Application – Community Grants Scheme Attachment A

Project Expense	Applicant Contribution	Other Sponsorship	In-kind Contributions	Requested from Council
Materials				
Contractors				
Permits/Approvals				
Promotion				
Other (Please detail)				