

# Community Grants Application 2025

## Form Preview

### Section A

\* indicates a required field

#### Information about the applicant

**Name of Organisation (as per incorporation certificate, charity register or other) \***

Organisation Name

**Briefly outline the nature of your organisation and its primary purpose \***

Word count:

**What is your role in the organisation? \***

**Organisation's Primary Address \***

Address

  

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

#### Individual Contact Details

Please fill out the below information.

**Applicant Project Contact**

Title First Name Last Name

**Applicant Project Contact Position**

**Applicant Project Contact Primary Address**

Address

  

**Applicant Project Contact Primary Phone Number**

Must be an Australian phone number.

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### Applicant Project Contact Primary Email

Must be an email address.

A copy of this application will be sent to the email associated with this account.

### Registered for GST

#### Is your organisation registered for GST? \*

- ☐ Yes  
☐ No

#### Is your organisation an incorporated 'not for profit' organisation or a company limited by guarantee that has been endorsed by the Australian Taxation Office as a charity, tax exempt fund or deductible gift recipient? \*

- ☐ Yes  
☐ No

### Incorporation Certificate of Australian Taxation Office Endorsement

#### Please attach a copy of your Incorporation Certificate of Australian Taxation Office Endorsement as a charity tax exempt fund or deductible gift recipient \*

Attach a file:

### Public Liability Insurance of \$20 million

#### Does your organisation hold public liability insurance of \$20 million? \*

- ☐ Yes  
☐ No

### Public Liability Insurance of \$20 million

#### Please attach a copy of your Public Liability Insurance \*

Attach a file:

### Overdue Debt to Council

#### Does your organisation have any overdue debts (example general rates, excess water) owing to Council? If so, have you an approved payment plan with Council? \*

- ☐ Yes  
☐ No

Please provide details of the overdue debt below

\*

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### Previous Council Grant Recipient

**Has your organisation received a previous Council grant? \***

- ☐ Yes  
☐ No

### Previous Council Grant Recipient Information

**What was the date of the grant \***

Must be a date.

**Please describe the grant \***

### Acquittal of Council Grant

**Has your organisation acquitted the Council grant? \***

- ☐ Yes  
☐ No

### Acquittal of Council Grant Information

**If no, please provide details below \***

## Section B

**\* indicates a required field**

### Project Details

**What is your project name? \***

**What is the location of the project? \***

**Brief description of the project including the target audience and the need. Please attach any relevant supporting documentation or further information as required. \***

Word count:

Must be no more than 200 words.

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**Please outline how this funding will benefit your organisation and the community.** \*

Word count:  
Must be no more than 200 words.

**Please outline how often the item funded will be used (if applicable)? (calendar year estimate)** \*

Word count:  
Must be no more than 200 words.

**Total Project Cost** \*

Must be a dollar amount.  
What is the total budgeted cost (dollars) of your project?

**Grant Amount Requested** \*

Must be a dollar amount.  
What is the total financial support you are requesting in this application?

**Expected Commencement Date** \*

Must be a date.

**Expected Completion Date** \*

Must be a date.

**If you would like to attach any other paperwork regarding the project, please do so here**

Attach a file:

### Project Permits

**Does your project require permits?** \*

- ☐ Building Approval
- ☐ Temporary Food License
- ☐ Other
- ☐ Not applicable

### Project Permits Paperwork

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### Please attach paperwork \*

Attach a file:

### Written Permission

#### Does your project/event have written permission from the landowner? \*

- ☐ Yes  
☐ No  
☐ Not Applicable

### Written Permission Letter

#### If yes, please attach a copy of the letter \*

Attach a file:

### More Information

#### How will your organisation acknowledge Council's contribution to the project / event should your application be successful? \*

Must be no more than 100 words.

#### How will your organisation fund recurrent expenses in future years. \*

Must be no more than 100 words.

#### Have you applied for funding other than Mount Isa City Council or received funding from any other sources for this project? \*

- ☐ Yes  
☐ No

If yes, please list the sources and amounts below

Income	\$	Has the Funding been accepted?

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### Budget

Income	\$	Expenditure	\$

### Budget Totals

Total Income Amount

This number/amount is calculated.

Total Expenditure Amount

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.

## Certification Paperwork

\* indicates a required field

### Certification by Organisation

The certification must be signed by two (2) executive officers of the organisation, e.g. the president/chairperson and another executive officer. In accordance with Section 14 of the *Electronic Transaction (Queensland) Act 2001*, this is equivalent to a wet signature. I certify that:

1. To the best of my knowledge the information given in this document is true and accurate
2. If funding is allocated to our program, project or event:
  1. I will be required to accept the funding in accordance with the Mount Isa City Council's conditions of funding including any special conditions (refer to Guidelines)
  2. The project report and acquittal form accompanied with receipts and invoices will be completed and returned to Council within six (6) weeks from the end of the program, project or event.
  3. I understand that if the conditions of funding are not complied with:
    1. Council will recover the funds allocated
    2. Future applications for funding from Council may not be considered.

### Individual One \*

First Name

Last Name

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In accordance with Section 14 of the Electronic Transaction (Queensland) Act 2001, this is equivalent to a wet signature.

**Position \***

**Date \***

Must be a date.

In accordance with Section 14 of the *Electronic Transaction (Queensland) Act 2001*, this is equivalent to a wet signature.

PRIVACY STATEMENT - The information collected on this Form will be used by the Mount Isa City Council Finance Department in accordance with the processing or assessment of your application. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the Information Privacy Act 2009). This information may be stored in the Council database. The information collected will be retained by the Public Records Act 2002.

**Individual Two \***

First Name

Last Name

**Position \***

**Date \***

Must be a date.

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### Certification by Project Sponsor (if applicable)

The certification must be signed by two (2) executive officers of the sponsor.

**1. I declare that should funding be approved, I will take full responsibility for the financial management of the grant on behalf of:**

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sponsored organisation

**I also declare that as the project sponsor I will ensure that:**

sponsored organisation

a. Will deliver the project, program or event in accordance with the Mount Isa City Councils conditions and special conditions of funding (refer to the Guidelines)

b. Will deliver the project, program and/or event in accordance with the Mount Isa City Councils conditions of funding (refer to the Guidelines)

c. Will complete and return to Council the required project report and acquittal from accompanied with receipts and invoices within six (6) weeks from the end of the project, program and/or activity

3. I understand that if the conditions of funding are not complied with:

a. Council will recover the funds allocated b. This will jeopardise our organisation in sponsoring any future applications

### Individual One

First Name

Last Name

In accordance with Section 14 of the Electronic Transaction (Queensland) Act 2001, this is equivalent to a wet signature.

### Position

### Date \*

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In accordance with Section 14 of the *Electronic Transaction (Queensland) Act 2001*, this is equivalent to a wet signature.

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### Individual Two

First Name

Last Name

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### Position



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**Date \***

Must be a date.

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### Creditor Details

Please download, fill out and upload the below form.

[Creditor Details Form - Mount Isa City Council](#)