

Community Environmental Grants Application Form

Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should have read the **Community Environmental Grants Program** guidelines, which are available at [Community Environmental Grants Guidelines](#).

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact **Council's office on 1300 005 872**.

Confirmation of Eligibility

I confirm that the applicant ...

- has read and understands the program guidelines
- is able to demonstrate alignment between their project and the aims of this program
- is a not-for-profit organisation (includes educational institutions such as schools and kindergartens)
- is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- is delivering a project within the Lockyer Valley area
- is able to demonstrate financial viability
- does not have any outstanding acquittals
- has the appropriate type and level of insurance for the activities that are the subject of this grant

Does your organisation meet this criteria *

- ☐ Yes
☐ No

If you are unsure please contact Council on 1300 005 872 before proceeding with this application

Have you contacted Council to see if you have an outstanding Acquittal? *

- ☐ Yes
☐ No

If you have any outstanding acquittals you will NOT receive any funding until these are complete. Please call 1300 005 872 to speak with the Environment Officer

Contact Details

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* indicates a required field

Privacy Notice

Lockyer Valley Regional Council pledges to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to [Lockyer Valley Regional Council's Privacy Policy](#)

Organisation 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 such as with the ABR, ACNC or ATO.

Primary address *

Address

Suburb State Postcode

If your organisation operates in multiple locations or from multiple offices, please pick one as your primary address.

Postal address (if different to above)

Address

Suburb State Postcode

We may send mail to this address.

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

Primary phone number *

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Secondary phone number

Contact person's email address *

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

When did your organisation commence

Organisation Details

* indicates a required field

Does your organisation have an ABN? *

☐ Yes

☐ No

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	

Must be an ABN

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from: <https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn>

Please upload completed Statement of Supplier Form: *

Attach a file:

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Max 25mb

Auspice Information

* indicates a required field

Is your organisation auspiced by another organisation for the purposes of this grant? *

☐ Yes ☐ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant.

Auspice Organisation Details

Name of auspicing organisation *

Organisation Name

Auspicing organisation's primary (physical) address *

Address

Suburb State Postcode

Auspicing organisation's postal address (if different to above)

Address

Suburb State Postcode

Auspicing organisation's website

Primary contact person at auspicing organisation *

Title First Name Last Name

Position held in organisation

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Contact person's primary phone number *

Contact person's secondary phone number

Contact person's email address *

Please attach a letter from the auspicng 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.

Does the auspicng organisation have an Australian Business Number (ABN)? *

☐ Yes

☐ No

ABN of auspicng 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	
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

As the auspicng organisation does not have an ABN, please submit a completed ATO Statement by a Supplier form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from: <https://www.ato.gov.au/forms-and-instructions/statement-by-supplier-not-quoting-an-abn>

Please upload a completed Statement of Supplier form *

Attach a file:

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Max 25mb

Please upload your auspicing association's Certificate of Incorporation *

Attach a file:

Max 25mb

Project Details

* indicates a required field

Project/program title *

Your title should be short but descriptive

Please provide a short summary of your project or program *

Be descriptive, but succinct. You may use this format to compose your answer (though feel free to use your own format): Through this project we seek to [insert expected outputs, outcomes and impacts]. We will achieve this by [insert activity].

Is this project on private property *

- ☐ Yes
☐ No

Please upload signed landholder permission form

Attach a file:

Project dates

Anticipated start date

If you are not sure, please pick an approximate date or click 'unknown' below

☐ Unknown

Anticipated end date

If you are not sure, please pick an approximate date or click 'unknown' below

☐ Unknown

Why does this work need to be done? *

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Word count:

Describe the specific issue or need you want to address (200 words recommended)

How are cooperative community partnerships facilitated through this project? *

How will the outcomes of this project be promoted?

How does this project aim to meet the Community Environmental Grant Assessment Criteria?

Assessment Criteria are listed in the Community Environmental Grant Guidelines

Budget

* indicates a required field

External Funding

Are you seeking funding from another source for this project?

- ☐ Yes
☐ No

Please provide details in the Budget table below.

Is this a long term project? i.e. longer than 12 months?

- ☐ Yes
☐ No

How will the project be managed and funded long term?

e.g. Other funding sources, in-kind support, on-ground maintenance etc.

GST

Is your organisation registered for GST *

- ☐ Yes
☐ No

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Total Community Environment Grant Amount Requested *

\$

Must be a dollar amount and between 500 and 5000. Excluding GST.

Total Project/Program Cost *

\$

What is the total budgeted cost (dollars) of your project including in-kind support and other funding sources? Excluding GST.

Budget

Please ensure that all costing excludes GST.

Project income - This is a list of all funds that will contribute to the project.

Project Costs - This is a list of all funds that will be spent on the project.

Project Income	\$	Project Costs	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
E.g. Community Environment Grant, Own Contribution, Fundraising, In-kind Assistance, Donations.		E.g. Materials, Contractors, Services. Presenters, Catering, Venue Hire	

Budget Totals

Project Income Amount

\$

This number/amount is calculated.

Project Costs Amount

\$

This number/amount is calculated.

Project Income - Project Costs

\$

This number/amount is calculated.
This figure should be \$0.
Subtract "Project Costs" from "Project Income" to confirm. For assistance, contact Council.

Quotes

Please provide quotes for all items that you are seeking funding for or you risk not being funded. *

Attach a file:

Bank Details

* indicates a required field

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Account Details

Bank Name *

BSB Number *

Account Number *

Account Name *

Email for Remittance *

Additional information

* indicates a required field

Council Assistance

Have you received financial support from Council in the last 3 years *

☐ Yes

☐ No

Support could be - Grants, Fee Waivers, Donations, Event Assistance

Please list support

Mandatory Information

Please attach a copy of the required information.

Most recent Financials Statement/Treasurer's Report *

Attach a file:

Please provide a full copy, not just profit and loss statement

Certificate of Incorporation or proof of not-for-profit status *

Attach a file:

Other Information

Detailed Site Plan

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Attach a file:

Proposed native species revegetation lists (based on local Regional Ecosystems)

Attach a file:

Number of plants to be used, plant stock size and planting methodology

Attach a file:

Letters of Support

Attach a file:

Other

Attach a file:

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree *

☐ Yes

☐ No

Name of authorised person *

Title

First Name

Last Name

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

Position *

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

Contact phone number *

We may contact you to verify that this application is authorised by the applicant organisation

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Contact Email *

Must be an email address.

Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:

☐ Very easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60 minutes

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.