



# COMMUNITY GRANTS PROGRAM

## Application Form

### Definition

The Community Grants Program provides financial assistance to community organisations and individuals for programs, activities, events and projects that enrich the diversity of cultural, social, sports, recreation and economic development opportunities available to residents and businesses located in the Torres Strait Island Regional Council Local Government Area.

### Available Funding

Individual: up to \$2500 (ex GST)  
Community Organisation: up to \$10000 (ex GST)

### Eligibility and Assessment

The grant assessment and selection process aims to select projects fairly that best meet the objectives of the Community Grants Program. Applications will be assessed against eligibility criteria as defined in the Community Grants Policy.

### Application Submissions

Applications are reviewed monthly, with the deadline for submissions to be made before the last Friday of the month. Applications can be submitted to any Council Divisional Office or via email to [Community.Grants@tsirc.qld.gov.au](mailto:Community.Grants@tsirc.qld.gov.au).

### Reporting Requirements

Successful applicants must complete an Acquittal Form including photos (where relevant) within four (4) weeks post event/project conclusion. Failure to comply may result in future applications being denied. Instructions and advice on how to compile the report will be provided following confirmation of successful application.

## INFORMATION PRIVACY STATEMENT

Your Personal Information is protected by law and can only be released to someone else where authorised by law or where you give your permission. Council is collecting our personal information contained in this document for the purpose of assessment, administration and evaluation. This collection of Personal Information is authorised by law under the Information Privacy Act 2009. It is Council's usual practice that the personal information contained in this document is disclosed to Council's external auditors and published on Council's website and in Council's Annual Financial Statement as part of compliance with the Local Government Regulation 2012. By signing this declaration/application you consent to such a disclosure and publication.



## Application instruction

Complete all fields in the form below and attach any supporting documentation.

For Yes/No questions please highlight or place a X next to your response.

Refer to page 1 for information relating to definitions, timing, available funding, how to submit an application and reporting requirements.

<b>Applicant Type</b>	
Individual	Organisation

<b>Individual Applicant Details</b>	
Individual Name	
Individual Street Address	
Phone No.	Email

<b>Organisation Applicant Details</b>	
Organisation Name	
Organisation Street Address	
Main Contact Name	
Main Contact Position	
Main Contact Phone No.	Main Contact Email



### Eligibility – Please tick YES or NO to the following questions

Is the individual / organisation based within the boundaries of Torres Strait Island Regional Council Local Government Area?	YES NO
For Yes/No questions please highlight or place a X next to your response.	
Is the individual / organisation undertaking activities for a public purpose?	YES NO
Is the individual / organisation's primary objective directed at NOT making a profit?	YES NO
If an organisation, does it have an ABN?	YES NO
If an organisation, is it registered for GST?	YES NO
Has the individual / organisation provided an acquittal declaration for all previous grants received?	YES NO

### Project or Activity Details

Name of Project or Activity (*Attach copies of event flyers*)

Please provide a short summary of your Project or Activity

Location of Project or Activity:

Start date	End date
Start time	End time



Is a Prescribed Activity Permit required for this project?	YES  NO
<b><i>Please complete a Community Grants In-kind Application if in-kind assistance and / or Prescribed Activity Permit are required.</i></b>	

<b>Funding Requested from Council</b> <i>All payments will be made directly to relevant supplier/s</i>	
Financial Assistance \$ <i>Provide details of purchases in the table below</i>	
Supplier name If over \$5000, a minimum of 2 quotes is required to fulfill TSIRC procurement requirements	Amount (\$)

Please provide evidence of your fundraising efforts (if applicable)
Why is this project needed, and what benefits will it bring to the Community?

<b>Agreement and Signature</b>	
I, the undersigned, certify that:	
<ul style="list-style-type: none"><li>• To the best of my knowledge, the information given in this document is true and accurate;</li><li>• I have read and understood the Community Grants Policy (available at <a href="http://www.tsirc.qld.gov.au">www.tsirc.qld.gov.au</a>) and</li><li>• I understand if Torres Strait Island Regional Council approves the grant, I will be bound by the contents of this application, to carry out the project as described in this application.</li></ul>	
Name:	
Signature	Date



<b>OFFICE USE ONLY</b>		<b>Application Number FD2026-</b>
<b>ALL SECTIONS BELOW MUST BE COMPLETED BEFORE SUBMITTING AND MAY NOT BE ACTIONED IF INCOMPLETE</b>		
<b>Divisional Manager to complete</b>		
Has 'ground truthing' been completed	YES NO	
Is the applicant eligible under 'ground truthing'?	YES NO	
Approved	YES NO	
Name (print)		
Signature	Date	

<b>Divisional Councillor to complete</b>		
Conflict of Interest	YES NO	
If Yes, please supply details		
Approved	YES NO	
Name (print)		
Signature	Date	

**Executive Assistant to the CEO to complete:**

Checklist completed	YES NO
Approved	YES NO
Name (print)	
Signature	Date

**GRANT OFFICER TO COMPLETE**

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<b>ALL SECTIONS BELOW MUST BE COMPLETED BEFORE SUBMITTING AND WILL BE RETURNED IF INCOMPLETE</b>	
Grant application spreadsheet has been completed	YES NO
Is the Supplier an approved vendor registered with Council's procurement system?  (If not, ensure a <b>New Supplier Request Form</b> is completed before submitting the Grant Application)	YES NO
Are Supplier quotes attached	YES NO
Are there sufficient funds available within the Divisional allocated budget	YES NO
Does this Grant meet the eligibility criteria	YES NO

**Executive Director to complete:**

Approved	YES
NO	
Name (print)	
Signature	Date

**Chief Executive Officer to complete:**

Approved	YES
NO	
Name (print)	
Signature	Date