



COMMUNITY GRANTS PROGRAM

In-Kind Application Form

Definition

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

Available In-Kind Support

Short term use of Council facilities (e.g. use of Council vehicle, hire of community hall, corporate or recreational building etc.).

Individual: value up to \$2500 (ex GST)

Community Organisation: value 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 can be submitted at any time throughout the financial year to any Council Divisional Office or via email to Community.Grants@tsirc.qld.gov.au

Allow a minimum of three (3) business days for the Council Officer to review the application and obtain approvals.

Reporting Requirements

Successful applicants must complete an Acquittal Form including photos (where relevant) within four (4) weeks post the 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.

*When the in-kind application is related to a Funeral, no acquittal form is required to be completed.

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. Supporting documentation could include; Council Facility Hire Agreement Form and / or Application for Prescribed Activity Permit form. Liaise with your local Council office to obtain the necessary forms required.

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

Applicant Type

<input type="checkbox"/> Individual	<input type="checkbox"/> Organisation
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Individual Applicant Details

Individual Name

Individual Street Address

Phone No.	Email
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Organisation Applicant Details

Organisation Name

Organisation Street Address

Main Contact Name

Main Contact Position

Main Contact Phone No.	Main Contact Email
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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
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
Has the individual / organisation obtained any permits required to undertake the project or activity? (e.g. Prescribed activity for the operation of temporary entertainment or holding a public place activity) (attach relevant permits).	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

In-Kind Funding Requested from Council (Waiver of Fees)

In-Kind Assistance \$ <i>Being for Waiver of Hire fees for the hire of:</i>	
Supplier name If over \$5000, a minimum of 2 quotes is required to fulfill TSIRC procurement requirements	Amount (\$)

Why is this project needed, and what benefits will it bring to the Community?

Agreement and Signature

I, the undersigned, certify that:

- To the best of my knowledge, the information given in this document is true and accurate;
- I have read and understood the Community Grants Policy (available at www.tsirc.qld.gov.au) and
- 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.

Name:

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

Divisional Councillor to complete		
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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ALL SECTIONS BELOW MUST BE COMPLETED BEFORE SUBMITTING AND WILL BE RETURNED IF INCOMPLETE	
Grant application spreadsheet has been completed	YES NO
Is the Supplier an approved vendor registered with Council's procurement system? (If not, ensure a New Supplier Request Form 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