

# 20/21 Mayors Community Assistance Grant Application Form Preview

## Welcome & Eligibility Check

\* indicates a required field

Welcome to our Grants & Partnerships Mayors Community Assistance Grant Program application form. Please be sure to read the guidelines and relevant category factsheet before completing your application.

### Eligibility

Please confirm that you (the applicant) select the type of applicant that applies to your organisation and the statements you select in the Eligibility checklist are true and correct.

#### **Applicant Type \***

- Properly constituted not-for-profit organisation
- Require an Auspice who is a properly constituted not-for-profit organisation

Select which one applies to your organisations situation

#### **Eligibility Checklist - Select all that apply \***

- You have read and understood the guidelines
- Reside in and/or primarily provide services within the Townsville Local Government Area (LGA), or are able to demonstrate that the initiative is in the public interest of the residents of the Townsville LGA
- Are free of debt to Townsville City Council
- Have satisfactorily acquitted any previous Townsville City Council grants
- Can demonstrate the alignment between your initiative and selected Townsville City Grants and Partnership Category and Priority

At least 5 choices must be selected.

You must select all that apply to your application/organisation, failure to comply with some criteria may affect your application eligibility

## Applicant Details

\* indicates a required field

### **Privacy Notice**

Townsville City Council collects and manages personal information in the course of performing its activities, functions and duties. We respect the privacy of the personal information held by us. The way in which council manages personal information is governed by the *Information Privacy Act 2009* (Qld). We are collecting your personal information in accordance with *the Local Government Act 2009* for the purpose of administering the Townsville City Council Community Grants and Partnerships program. Generally, we will not disclose your organisational / personal information outside of council unless we are required to do so by law, or unless you have given us your consent to such disclosure. For further information about how we manage your personal information please see our [Information Privacy Policy](#).

# 20/21 Mayors Community Assistance Grant Application

## Form Preview

**Applicant Name \***

Individual  Organisation

Organisation Name

Title First Name Last 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. Individuals must be auspiced by a properly constituted, not-for-profit organisation

**Primary Contact Number \***

Must be an Australian phone number. Please include the area code.

**Mobile Number**

Must be an Australian phone number.

**Primary Contact Email \***

Must be an email address.

**Primary Contact Address \***

Address

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

**Primary Contact Postal Address \***

Address

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

**Website**

Must be a URL.

**Do you have an ABN? \***

Yes  No

**ABN \***

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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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

As you do not have an ABN, please submit a completed Statement by Supplier Form with your application. Download the form from [the ATO](#)

**Please upload a completed Statement by Supplier Form \***

Attach a file:

## Auspice Details

\* indicates a required field

Applicants who are not a properly constituted, not-for-profit organisation will need to approach such an organisation to auspice their initiative.

The auspice organisation will take full legal and financial accountability for the initiative and will be ultimately responsible for acquitting the funding.

You will need to provide written agreement (Letter or Email) from the auspicating organisation, stating that they accept full legal and financial accountability for the initiative.

**Auspice Organisation \***

Organisation Name

**Auspice Phone Number.**

\*

Must be an Australian phone number.  
Please include the area code.

**Auspice Mobile Number**

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Must be an Australian phone number.

**Auspice Email \***

Must be an email address.

**Auspice Address \***

Address

  

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

**Auspice Postal Address \***

Address

  

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

**Auspice Website**

Must be a URL.

**Please upload your  
Auspice evidence  
of Incorporation,  
Constitution, Charter  
as a Not-for-Profit  
Organisation \***

Attach a file:

Not-for-Profit (NFP) - An organisation is not-for-profit if it is not carried on for the profit or gain of its individual members. This applies for direct and indirect gains, both while the organisation is being carried on and on its winding up. We accept an organisation as not-for-profit if its constitution or governing documents prohibit distribution of profits or gains to individual members and its actions are consistent with the prohibition. NB. If council is unable to establish an organisation's not-for-profit status, additional evidence may be requested following the submission of an application.

**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

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ATO Charity Type  
ACNC Registration  
Tax Concessions  
Main business location

[More information](#)

Must be an ABN.

**Please upload the written agreement from your auspice \***

Attach a file:

## Grant Category

\* indicates a required field

### Initiative Aim

**Select the aim your initiative best aligns with: \***

- Encourage Townsville residents to engage in and provide support for the Townsville Community
- Support local fundraising causes including events, activities and initiatives
- Provide support for Townsville based charitable institutions and community organisations
- Recognise the achievements of community members through donations, prizes or awards

### Initiative Details

**InitiativeTitle \***

**Please provide a brief description of your initiative: \***

Word count:

no more than 200 words

**What is the street address of your Initiative/Event? \***

This is the location of an event, facility, street address etc.

**Please list the suburb of the location of your Initiative/Event: \***

Type the name of the suburb of where your initiative or event is being held

**Please list the postcode of the location of your Initiative/Event \***

Must be a number.

Please type the postcode of the location that your initiative/event is taking place

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**Initiative Start Date \***

Must be a date.

**Initiative End Date \***

Must be a date.

## Grant Funding Request

**How much funding are you requesting from Council for your Initiative?**

\$

Must be a dollar amount and no more than 500.

What is the total financial support you are requesting in this application?

**Please describe the items you wish to purchase using the Grant funds**

Must be no more than 100 words.

Tell us what you plan on buying or using the funding to pay for

## Assessment

**Please describe how your initiative supports the Program Aim that you have selected?**

Word count:

Must be no more than 200 words.

## Certification

\* indicates a required field

**I confirm that I am an appropriately authorised person on behalf of the applicant organisation.**

**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 is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the funding agreement.**

**I agree \***

Yes

No

**Name \***

Title

First Name

Last Name

**Position \***

# 20/21 Mayors Community Assistance Grant Application

## Form Preview

**Please tick here if you do not want to receive updates from Townsville City Council's Community Engagement team, including information regarding future grant rounds.**

I do not want to receive updates