

McKinlay Shire Council Community Benefit Assistance Scheme Application Form

Information for Applicants:

Please read the Community Benefits Assistance Scheme Guidelines prior to completing this application. For assistance with your application please contact Community Services Team on community@mckinlay.qld.gov.au or 47467166.

1. ORGANISATION/GROUP Name:		
	Position:	
Postal Address:		
Ph:	Mobile	
Email:		
What is your organisations/	groups primary purpose?	
Organisation's ABN:		
Is your Organisation registe	red for GST? ☐ Yes ☐ No	
Did your organisation/group	receive a grant last year from Council?	
☐ Yes ☐ No - Amount red	ceived \$	
Does your organisation hav ☐ Yes – please attach copy	•	
2. PROJECT INFORMATION		
Project name:		
Expected start date:		
Expected finish date:		
Funding stream: Infrastructure Equipment Support for volunteers	Priority: (please number) — —	

3. INFRASTRUCTURE PROJECT I	DETAILS (AL	L OTHERS P	ROCEED TO S	ECTION 4)
Please indicate which of the following best describes your proposed project:				
☐ New infrastructure				
☐ Upgrade, enhancement or ex	ktension of e	existing infra	astructure	
☐ Replacement of existing infra	astructure			
Physical address of the propose	d project: _			
Has approval for the use of this	land boon a	ivon by tho	landownor?	□ Vos. □ No
	iana been g	iven by the	iandowner:	
If yes, complete the following:				
Agency/Landowner:				
Representative:		Repres	entatives pos	sition:
Phone:	Email:			
Address:				
Signature:				
Does your project require: (if ur	nsure please	contact Co	uncil)	
	<u> </u>		·	
A building permit?	☐ Yes	□ No	□ N/A	If an almost all all and a
A planning permit?	☐ Yes	□ No	□ N/A	If yes, please attach copies.
Have these been obtained?	☐ Yes	□ No	□ N/A	
Please provide a description of	tha proposa	nd works (at	tach skatchas	Inlans if available)
riease provide a description of	ine propose	a works (at	iacii sketciies	y pians ir avanabiej.
				

4. PROJECT BUDGET (ALL APPLICANTS TO COMPLETE)

Detail the breakdown of total project costs including those being sought from Council, cash provided by your organisation, volunteer time and equipment/other items used in-kind. Complete the boxes relevant to the funding stream you're applying for (an example is provided below).

Infrastructure:

Item / description	Supplier/Provider	In-kind	Council	Group	Total cost
e.g Shade sail & posts	Marwill		\$500	\$500	\$1000
e.g. Cement	JC Hardware		\$100	\$100	\$200
e.g. Volunteer labour 4hrs	Club	\$100			\$100
Total					\$1300

Equipment:

cil Group 0 \$200	Total cost \$400 \$80
9 \$200	
	\$20
	700
	\$480
_ _ _	

Volunteer:

Item / description	Supplier/Provider	In-kind	Council	Group	Total cost
e.g. Coaching clinic	Sport Star Training		\$1000	\$1000	\$2000
e.g. trainer travel cost	Rex Airlines			\$1000	\$1000
Total					\$3000

Have you requested/secured funding from other parties? ☐ Yes ☐ No Please detail:	
	<u>-</u> -
Is the project reliant on funding from other parties? ☐ Yes ☐ No Will the project go ahead if Council funding is not received? ☐ Yes ☐ No	

5. GENERAL INFORMATION (ALL APPLICANTS TO COMPLETE)

Provide an estimate of ho	ow many volunteers wi	ll be involved in the projec	t
Explain why your group/c	organisation requires th	ne infrastructure/equipme	nt/volunteer support?
How will the project bene	efit McKinlay Shire resi	dents and have a positive i	mpact on the
community?			
Please detail fundraising	efforts vour communit	y organisation/group has u	ndertaken to support the
project:	,	, o. gamaanan, g. oop maa a	
·		support and/or give back to	o the community?
☐ Donations ☐	Volunteering time	☐ Other	
How will McKinlay Shire (Council be recognised f	or providing funding if the	application is successful?
Media release	☐ Signage	☐ Social media	☐ Advertising
☐ Event announcement	☐ Website		

□ Other:	
Other comments that may assist you	ır application:
Demonstrate the level of community	y support for the project. Attach letters of support, statistics
from previous projects etc.	
6. DECLARATION: This declaration requires the signate	ure of the applicant or representative of the applicant.
Shire Council's Community Benefit Community Benefit Assistance Scl	e applicant to prepare and submit this application for McKinlay Assistance Scheme. I have read the guidelines relating to the heme and certify that to the best of my knowledge the correct and disclose full and accurate information of income, by the applicant.
I agree to comply with all requireme	additional information required to assess this application. ents of the Community Benefit Assistance Scheme. ouncil in all relevant promotional and printed material.
Contact name of Responsible Person	n:
Position within group/organisation:	
Address:	
	Mobile:
Email:	
Signature	Date:
Witness	Date:

7. CHECKLIST:

8. SUBMIT APPLICATION:

Please contact Community Services Team prior to submitting an application to discuss your proposal.

If known, groups/organisations wishing to obtain Council funding for an amount greater than \$5,000.00 must submit their application for consideration prior to the commencement of the financial year for which the organisation requires it.

Applications can be submitted by post or email to: Community Services Team Leader McKinlay Shire Council PO Box 177 Julia Creek QLD 4823

E: community@mckinlay.qld.gov.au