Facility Management Grant Application Form
Form Preview

Facility Management Grant Program

* indicates a required field

The Facility Management Grant is available only to organisations that oversee or manage facilities utilised by more than one sporting code. Funding must be used solely for the maintenance of facilities, playing fields, and maintenance equipment. The grant cannot be used for day-to-day administrative expenses or the purchase of resources unrelated to the facility maintenance program.

To be eligible, organisations must meet the following criteria:

- is an incorporated not for profit organisation
- has the appropriate level of Public Liability Insurance ($20 million)
- holds a current lease or licence agreement with Whitsunday Regional Council, unless the facility is located on privately owned land
- submit an operational budget for the facility as part of the application and provide quarterly budget updates

The level of funding available to is based on the total number of active participants utilising the facility each year.

The Facility Management Grant Program is delivered in accordance with Council's Community Support Policy.

Important Information

Before completing this application form, you should have read the program 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.

If you have any questions regarding the eligibility criteria or application process, please contact the Sport, Recreation & Community Development team on 1300 972 753.

Please have your application number on hand when contacting Council regarding your grant application.

Application Number

This field is read only.

Confirmation of Eligibility

Before proceeding, please confirm the following:

- you have read and understood the program guidelines
- your organisation is a not-for-profit organisation

- your organisation is incorporated
- your organisation is located in the Whitsunday Regional Council local government area
- your organisation does not owe any reports or money to Whitsunday Regional Council
- you are not an individual

You must confirm that all statements above are true and correct. *
☐ Yes

Contact Details

* indicates a required field

Privacy Notice

Queensland has privacy legislation that applies to the Queensland public sector - the Information Privacy Act 2009. The Act contains privacy principles that set out how agencies may and must handle personal information. Personal information means any information about an identifiable person. Our Privacy Notice refers to details of the types of personal information that we hold and how we handle this information.

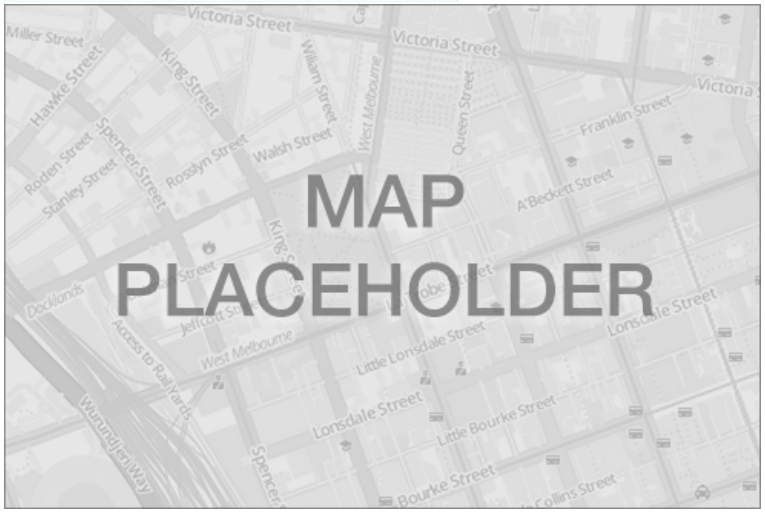
To view our privacy statement, go to Whitsunday Regional Council - Information and Privacy

Applicant Details

Applicant *
Organisation Name

Make sure you provide the same Club name that is listed on the Certificate of Incorporation

Applicant Primary Address
Address



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Applicant Postal Address
Address

Applicant Phone Number *
Must be an Australian phone number.

Applicant Email Address *
Must be an email address.

Name of the State/National Governing Organisation

Does your organisation have an ABN? *
○ Yes ○ No

Applicant 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	

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 the ATO website.

Please upload completed Statement of Supplier Form. *
Attach a file:

Max 25mb per file uploaded

What is your incorporation number? *

Incorporated Association or Australian Company Number

Contact Details

Primary Contact *

Title | First Name | Last Name

This is the person we will correspond with about this grant.

Position Held in Organisation *

e.g., Manager, Director or Fundraising Coordinator.

Primary Contact Phone Number *

Must be an Australian phone number.

Primary Contact Email *

This is the address we will use to correspond with you about this grant.

Grant Details

* indicates a required field

Please identify below which sports utilise the facility *

☐ Football (Soccer)	☐ Netball	☐ Athletics	☐ Motorsports
☐ Rugby League	☐ Swimming	☐ Boxing / Martial Arts	☐ Lawn Bowls
☐ Rugby Union	☐ Tennis	☐ Golf	☐ Fishing
☐ Touch Football	☐ Basketball	☐ Cycling / Mountain Biking	☐ Sailing
☐ Australian Rules Football (AFL)	☐ Cricket	☐ Equestrian	☐ Other:

How many junior club members (under 18 years of age) are currently utilising the facility? *

Must be a number.

How many senior club members are currently utilising the facility? *

Must be a number.

Supporting Documentation

* indicates a required field

Certificate of Currency for Public Liability Insurance *
Attach a file:

A minimum of 1 file must be attached.

Certificate of Incorporation *
Attach a file:

A minimum of 1 file must be attached.

Signed Statutory Declaration *
Attach a file:

A minimum of 1 file must be attached.
A signed Statutory Declaration is required to confirm that the membership/participation information provided is true & correct.

Financial Statement *
Attach a file:

A minimum of 1 file must be attached.

Additional Supporting Documentation
Attach a file:

Certification

* indicates a required field

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.

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I agree *

☐ Yes

Name of authorised person *

Title | First Name | Last Name

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

Position *

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

Phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.

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

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