

# Alliance Agreement EOI COM 2022-2025

## Form Preview

### Welcome

\* indicates a required field

Thank you for taking the time to submit an Expression of Interest for funding under this Program. By submitting this form you are seeking a three year agreement with Council for the period 2022-2025.

### What do I need to do before applying?

- Discuss your project with a Council Officer
- Read the [Guidelines](#)

You will need to have the following information available to complete this form:

- Business or strategic plan
- A copy of your most recent financial statement
- Your incorporation and ABN number
- An electronic copy of your Certificate of Currency and Public Liability
- Letter(s) of support (optional)

### For more information

Contact Council's Grants Officer on (07) 5329 6437 or [grants@noosa.qld.gov.au](mailto:grants@noosa.qld.gov.au)

- [Guidelines](#)
- [Help Guide for Applicants](#)
- [Frequently Asked Questions](#)

#### Note:

Incomplete, ineligible and late applications will not be considered.

**Save** your work every few minutes.

### Applicant Eligibility

#### 1. Have you read the guidelines? \*

Yes  No

#### 2. What is the name of the Council Officer with whom you have discussed this application?

It is a requirement that applicants have a discussion about the project and the application with the Grants Officer.

#### 3. Do you have a debt to Council? \*

# Alliance Agreement EOI COM 2022-2025

## Form Preview

Yes

No

**4. Have you met all grant and acquittal conditions of previous grant funding from Noosa Council? \***

Yes

No

Not applicable

**5. Are you providing a service that benefits residents within the Noosa Local Government area? \***

Yes

No

## Applicant Details

\* indicates a required field

### Privacy Notice

Council will only use personal information you have provided for the purpose of processing this application and for remaining in contact with you. Council is authorised to collect this information in accordance with the *Local Government Act 2009* and other local government acts. Your personal information is only accessed by persons authorised to do so. Your personal information is dealt with in accordance with Council's Privacy Policy.

Please note the information provided in this application and in any related documentation and discussions may be provided to members of the assessment panel in order to assist Council in assessing your application.

By submitting this application you consent to Council publishing the organisation's name, the project's name, an project description and Council's funding contribution. This information may also be used for promoting Council's funding programs.

### Applicant organisation details

**6. Applicant organisation's name \***

Organisation Name

**7. Applicant organisation's primary (physical) address \***

Address

  

Suburb    State    Postcode

        

Must be an Australian post code

**8. Applicant organisation's postal address (if different from above)**

Address

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Suburb State Postcode

Must be an Australian post code

### 9. Applicant organisation's website

Must be a URL

### 10. Contact person \*

Title First Name Last Name

### 11. Position held in organisation \*

### 12. Email address \*

Must be an email address.

### 13. Daytime phone number \*

Must be an Australian phone number.

## Applicant organisation registration

### 14. Applicant organisation's incorporation, ASIC or ORIC number. \*

Incorporated Association or Australian Corporation Number. If you are not incorporated you are not eligible to apply and must be auspiced by an organisation that is eligible.

### 15. Applicant organisation's Australian Business Number (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	<a href="#">More information</a>
ACNC Registration	

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Tax Concessions

Main business location

Must be an ABN.

## More about the applicant organisation

\* indicates a required field

### 16. Please summarise your organisation's purpose and goals. \*

For example: Summarise the who, what, where, when, why and how of your organisation.

### 17. Upload your organisation's current business plan or any other strategic planning document here. \*

Attach a file:

Recommended maximum file size is 5MB.

### 18. What year was your organisation established? \*

### 19. How many members or clients does your organisation have? \*

### 20. How many volunteers does your organisation have? \*

### 21. How many weeks of the year does your organisation operate? \*

### 22. What insurance does your organisation have in place to conduct your usual activities? \*

- Public Liability Insurance
- Volunteer Insurance
- Building Insurance
- Contents Insurance
- Other:

### 23. Upload your organisation's current Public Liability Insurance Certificate of Currency here. \*

Attach a file:

## Service Details

\* indicates a required field

The following questions are about your organisation, services it provides and the reach of services in the Noosa Community.

### **24. Community, Art and Cultural Alignment: Which of Council's strategic goals and key initiatives do your services align with?**

Please explain how well do the organisation's services align with Council's strategic goals and identified key initiatives. View Council's strategic plans and documents [here](#).

### **25. What services do you provide to the Noosa community beyond your membership base? \***

### **26. Please explain why the Noosa community needs your services. \***

Explain the reach and impact your organisation provides in the community. What is the current situation in community and what does your organisation do to help this community need.

### **27. Please explain how your organisation secures funding and in kind contributions from other sources. \***

What other funding do you receive from other sources e.g. State/Federal Government funding, revenue, grants etc.

### **28. Upload any letters of support from your partners and stakeholders here.**

Attach a file:

Recommended maximum file size is 5MB.

### Delivery, Acknowledgement & Financials

\* indicates a required field

**29. Experience, skills and resources: Please explain how your organisation has the capacity and capability to successfully continue to deliver the services. \***

Important Assessment Criteria: Capability of the organisation to deliver the project. A high score will be awarded if the applicant has demonstrated their ability to plan, co-ordinate and deliver a safe and successful project within the project delivery period.

**30. If successful, how will Noosa Council's funding contribution be acknowledged? \***

You will be required to acknowledge Noosa Council's support for this funding. To find out more about this go to the Acknowledgement section of the guidelines.

**31. Upload the most recent audited financials for your organisation here. \***

Attach a file:

**32. Please provide an explanation as to why your organisation requires operational support from Council. \***

### Certification

\* indicates a required field

#### Certification

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if Noosa Council approves the grant, I will be required to accept the terms and conditions of the grant as outlined in the grant application, policy and funding agreement.

Certification must be agreed to by two representatives of the applicant organisation

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## Form Preview

**Name (Chair or President) \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Position \***

**I agree \***

Yes  No

To share this form with another person either have them with you or provide them with this [link](#), along with the Login / User Name and Password

**Name (Secretary or Treasurer) \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Position \***

**I agree \***

Yes  No