#### 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 audited financial statement
- Your incorporation and ABN number
- An electronic copy of your Certificate of Currency and Public Liability
- Letter(s) of support (optional)
- Any supporting research, rationale, measurement indicators.
- Evidence to support your need for operational funding

#### For more information

For more information

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

- Alliance Guidelines
- Frequently Asked Questions
- Help Guide for Applicants

**Note:** • The words 'you' and 'your' refer to the applicant (and auspice). • Incomplete, ineligible and late applications will not be considered. **Save** your work every few minutes. Use the 'Save Progress' button located at the top and bottom of every page.

### **Applicant Eligibility**

| 1. Have you read and do you<br>⊃ Yes | understand the guidelines? *                   |  |
|--------------------------------------|--|--|
| 2. Can you confirm you are a         | an eligible applicant as per the guidelines? * |  |

| 3. What is the name of application?   | the Council Office   | er with whom you have discussed this   |
|---|--|--|
| It is a requirement that appl<br>Grants Officer.                                | icants have a discussio  | on about the project and the application with the  |
|   |  | Council (or if you do, you have entered is being adhered to)? *  |
| 5. Have you met all gra<br>Noosa Council? *                                     | ant and acquittal o  | conditions of previous grant funding from  |
| ○ Yes   | ○ No   | <ul><li>Not applicable</li></ul>   |
| 6. Are are located in an ○ Yes  | nd does your servi   | vice benefit the Noosa Shire community? *  O No  |
| Applicant Details   |  |  |
| * indicates a required fiel   | d  |  |
| Privacy Notice  |  |  |
| this application and for reinformation in accordance acts. Your personal inform | emaining in contact we<br>with the <i>Local Gov</i><br>nation is only access | u have provided for the purpose of processing with you. Council is authorised to collect this vernment Act 2009 and other local government sed by persons authorised to do so. Your nce with Council's Privacy Policy. |
|   | provided to members  | application and in any related documentation so of the assessment panel in order to assist   |
| name, the project's name  | e, an project descript   | Council publishing the organisation's tion and Council's funding contribution. This Council's funding programs.  |
| Applicant organisat   | ion details  |  |
| 7. Applicant organisation Name  | on's name *  |  |
|   |  |  |
| <b>8. Applicant organisat</b> i Address   | on's primary (phy  | /sical) address *  |
| 7.001 (33)  |  |  |
| Suburb State Postco   | ode  |  |

Must be an Australian post code

| 9. Applicant organisation's postal address (if different from above) Address   |
|--|
|  |
|  |
| Suburb State Postcode  |
| Must be an Australian post code  |
| 10. Applicant organisation's website   |
|  |
| Must be a URL  |
| 11. Contact person * Title First Name Last Name  |
|  |
| 12. Position held in organisation *  |
| 13. Email address *  |
| Must be an email address.  |
| 14. Daytime phone number *   |
| Must be an Australian phone number.  |
| Applicant organisation registration  |
| 15. 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. |
| 16. 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  |
| ARN status   |

| Entity type  |                                  |                              |
|--|----------------------------------|------------------------------|
| Goods & Services Tax (GST)   |                                  |                              |
| DGR Endorsed   |                                  |                              |
| ATO Charity Type   | More information                 |                              |
| ACNC Registration  |                                  |                              |
| Tax Concessions  |                                  |                              |
| Main business location   |                                  |                              |
| Must be an ABN.  |                                  |                              |
|  |                                  |                              |
| More about the applic  | cant organisation                |                              |
| * indicates a required field   |                                  |                              |
|  |                                  |                              |
|  |                                  |                              |
| 17. What does your organi<br>goals. *  | sation do? Summarise your        | r organisation's purpose and |
|  |                                  |                              |
|  |                                  |                              |
|  |                                  |                              |
| For example: Summarise the who   | o, what, where, when, why and ho | w of your organisation.      |
| 18. Upload your organisati   | ion's current business plan      | or any other strategic       |
| <pre>planning document here. * Attach a file:</pre>                          | :                                |                              |
| Attach a nic.  |                                  |                              |
| Recommended maximum file size  | e id 5MB.                        |                              |
|  |                                  |                              |
| 19. What year was your or  | ganisation established? *        |                              |
|  |                                  |                              |
| 20. How many members or  | r clients does your organisa     | ation have? *                |
|  |                                  |                              |
| 21   | d                                | <b>3</b> *                   |
| 21. How many volunteers  | does your organisation hav       | 'e? *                        |
|  |                                  |                              |
| 22. How many weeks of th   | e year does your organisat       | ion operate? *               |
|  |                                  |                              |
| 23. What insurance does v  | our organisation have in pl      | lace to conduct your usual   |
| activities? *  | ou. organisation have in pr      | ace to conduct your asuar    |
| <ul><li>□ Public Liability Insurance</li><li>□ Volunteer Insurance</li></ul> |                                  |                              |
| □ volunteer insurance  |                                  |                              |

| <ul><li>□ Building Insurance</li><li>□ Contents Insurance</li><li>□ Other:</li></ul>  |
|---|
|   |
| 24. Upload your organisation's current Public Liability Insurance Certificate of Currency here. * Attach a file:  |
|   |
|   |
| Service Details   |
| * indicates a required field  |
| Answer either Question 25a or 25b.  |
| 25a. Environmental Alignment: Which of Council's strategic goals and key initiatives do your services align with?   |
|   |
|   |
| If you are an Environmental Organisation answer question 25b below.   |
| 25b. Environment Strategy: Which of the following Strategic Outcomes from the Draft Environment Strategy will your project contribute to (tick up to three);  ☐ 1. Ecological linkages and connecting habitat areas are improved and rehabilitated to increase landscape connectivity and species resilience. |
| <ul> <li>2. Community conservation partnerships on public and private land are developed to deliver successful biodiversity conservation outcomes.</li> </ul>   |
| ☐ 3. Terrestrial and aquatic ecosystems, as well as fauna and flora species, are protected from significant human impacts.  |
| ☐ 4. Invasive pest species are managed strategically to reduce impacts on native species and habitats, fisheries, recreation and tourism values.  |
| ☐ 5. Water quality, riparian areas and catchment health is protected and improved by partnering with landholders and stakeholders to actively manage and rehabilitate priority  |
| stream reaches.  Graph 6. Aquatic biodiversity is improved through the preservation and enhancement of diverse instream, riparian and wetland habitats.   |
| ☐ 7. Point source and diffuse pollution is identified and effectively managed to reduce impacts on waterways, wetlands and coasts.  |
| 8. Waterways, wetlands and coastal environments are protected, managed and maintained in their natural state and are enhanced to support healthy and diverse  |
| ecosystems.  □ 9. The quality and quantity of groundwater, surface water and wastewater discharge is  |
| optimised to minimise impacts to receiving waters, aquatic ecosystems and human health.   |
| No more than 3 choices may be selected.<br>If you are NOT an Environmental Organisation answer Question 25a above.  |

26. Need: Why are these services needed? \*

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.

| 33. If successful, how will Noosa Council's funding contribution be acknowledged? *  |  |                   |                   |              |
|--|--|-------------------|-------------------|--------------|
|  |  |                   |                   |              |
| You will be required to acknowledge be provided with the grant acquittal. of the guidelines.   |  |                   |                   |              |
| <b>34. Upload the most recent a</b> Attach a file:   | udited fina  | ancials for your  | organisation he   | ere. *       |
| 35. Please provide an explana operational support from Couthrough your own fundraising   | ncil and is  | s unable to fund  | d your service de |              |
|  |  |                   |                   |              |
| <b>36. Please upload evidence to</b> Attach a file:  | support  | your need for o   | perational fundi  | ng.          |
|  |  |                   |                   |              |
| Certification  |  |                   |                   |              |
| * indicates a required field   |  |                   |                   |              |
| Certification  |  |                   |                   |              |
| I certify that to the best of my kn<br>are true and correct, and I unders<br>required to accept the terms and<br>policy and funding agreement. | stand that i   | f Noosa Council a | pproves the grant | t, I will be |
|  | Certification must be agreed to by two representatives of the applicant organisation |                   |                   |              |
| Name (Chair or<br>President) *   | Title  | First Name        | Last Name         |              |
| Position *   |  |                   |                   |              |

| I agree *                       | you or pr | O Yes O No To share this form with another person either have them with you or provide them with this <u>link</u> , along with the Login / User Name and Password |           |  |
|---------------------------------|-----------|---|-----------|--|
| Name (Secretary or Treasurer) * | Title     | First Name  | Last Name |  |
| Position *                      |           |   |           |  |
| l agree *                       | ○ Yes     |   | ○ No      |  |