

Emergent Needs Funding

Form Preview

Contact Details

* indicates a required field

Important Information

Emergent Needs Funding is assistance which is available outside of the regular funding rounds.

Support can be requested for an **amount up to \$1000** to help with the cost of emergent needs to support community organisations with events, activities or projects where there is an unexpected cost which may be a detriment to the event.

This fund is available throughout the year until funds have been expended.

Emergent Needs Funding will not be approved for applicants which have successfully received funding through Community Grants within the last grant cycle.

Eligibility: To be eligible the applicant must meet the following criteria:

- Be an incorporated group or organization (or auspice by an incorporated party)
- Event must be open to the public and family friendly
- Activity or event does not support any contentious issues or topics
- Participation or attendance is inclusive
- Intended location within the region

Acknowledgment: As part of any funding agreement, Council requests acknowledgment of contribution in the following ways:

- 1.Acknowledgement in media releases and promotional activities;
- 2.Brand exposure at events or associated functions;
- 3.Opportunities for Council to do onsite promotion during events
- 4.Opportunities for Council participation in formal ceremonies

Please allow up to 10 days for a submitted and approved application to be processed

Please select to acknowledge you have read and agree to the above information *

☐ I agree to the above information

Contact Details

Your Name *

Phone Number *

Must be an Australian phone number.

Email *

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Must be an email address.

Address *

Address

Name of Organisation *

Phone Number of Organisation *

Must be an Australian phone number.

Are you using an Auspice for this application?

☐ Yes ☐ No

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	

Must be an ABN.

Are you incorporated? *

☐ Yes ☐ No

Incorporation Number

Do you have current insurance *

☐ Yes ☐ No

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Please upload a copy of your Insurance Certificate of Currency

Attach a file:

Auspicing Details

Please note:

- All individuals who do not have an ABN, groups/collectives or unincorporated organisations must nominate an individual with an ABN or incorporated organisation to take responsibility for any grant that may be offered.

Name *

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address *

Address

<input type="text"/>
<input type="text"/>

Contact Person *

Position of Contact Person

Are you registered for GST? *

☐ Yes ☐ No

Phone Number

Must be an Australian phone number.

Email

Must be an email address.

Event Details

* indicates a required field

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Name of Event *

Event Venue *

Venue Address *

Event Commencement *

Must be a date.

Event Completion Date *

Must be a date.

About the Event

Tell us about your event *

Who is your target audience? *

Youth, tourism, seniors, families etc

Please explain why this funding is required, please also include any strategies that you have attempted to meet the needs of your project or event before applying for this funding. *

Budget

* indicates a required field

Local Suppliers

Will the project utilise local suppliers? (as per Council's Procurement Policy) <https://www.cassowarycoast.qld.gov.au/policies> *

- ☐ Yes
☐ No

If you answered 'No' to the above, please explain why

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Budget (Budget must be completed)

Income	\$	Expenditure	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

\$

This number/amount is calculated.

CCRC Cash Request *

\$

Must be a dollar amount.

Quotes

Please upload all quotes obtained to support your application *

Attach a file:

Certification and Feedback

* indicates a required field

All applicants must agree to the following:

I, the undersigned, certify that:

- I have read and understood the Information Privacy and Right to Information Statement and agree to the use and disclosure of information as outlined in the Statement.
- To the best of my knowledge, the information given in this document, is true and accurate.
- I understand that Council has the right to request a current financial statement for the purposes of assessing grant application.
- I understand that if funding is allocated to our project, event or activity, I will be required to accept the funding in accordance with the Cassowary Coast Regional Council's conditions of funding
- I certify that the project, event or activity will be completed within the allowable time frame

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- I understand that if Cassowary Coast Regional Council approves the grant, I will be bound by the contents of my application to carry out my project as I have described and my application will form part of my funding agreement with Cassowary Coast Regional Council.
- I understand the Project Outcome Report & Acquittal Form accompanied with receipts and invoices, will be completed and returned to council within eight (8) weeks from the end of the project
- I understand that if the conditions of funding are not complied with Council will recover the funds allocated and (ii) future applications for funding from Council will not be considered.

Please select below to acknowledge the above statements *

☐ Yes

Privacy Statement

The Council treat all personal information in accordance with the *Information Privacy Act 2009*. Your personal information has been collected for the purpose of assessing your Application for Approval. The collection of your information is authorised under the Local Government Act 2009. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal information is handled in accordance with the Information Privacy Act 2009 and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission or the disclosure is required by law.

I acknowledge the privacy statement *

☐ Yes

Acknowledgment of Funding

If you are successful in your application Council requests acknowledgment of contribution in the following ways:

- 1.Acknowledgement in media releases and promotional activities;
- 2.Brand exposure at events or associated functions;
- 3.Opportunities for Council to do onsite promotion during events
- 4.Opportunities for Council participation in formal ceremonies

Where required for promotional material Council will provide the logo along with guidelines for its usage.

I am aware of my obligations to acknowledge funding received from Council. *

☐ Yes

Feedback

Please let us know if there is anything you would change about this process.

