

### Eligibility

\* indicates a required field

#### Applicants: please note

Before completing this application form, you should have read the EOI Guidelines [here](#) .

This EOI will be assessed on the assessment criteria outlined in the EOI Guidelines.

Incomplete applications and/or applications received after the closing date will not be considered.

It's important that you complete these questions before any others

If you have any questions please contact **anne.nolan@noosa.qld.gov.au** or phone **5329 6544**.

#### Confirmation of Eligibility

##### I confirm that ...

- has read and understands the program guidelines
- is able to demonstrate alignment between their project and the aims of this program
- has a current Australian Business Number (ABN)
- is located in (and/or supplies services to) **the Noosa Shire area**
- is able to demonstrate financial viability
- does not owe any reports or money to **Noosa Shire Council** as a result of previous funding or grants
- has the appropriate type and level of insurance for the activities that are the subject of this grant

##### Please select below: \*

☐ Yes ☐ No

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

### Contact Details

\* indicates a required field

#### Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988*, amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012* and the *Qld Information Privacy Act 2009*.

#### Applicant Contact Details

# Climate Week 2021 EOI

## Form Preview

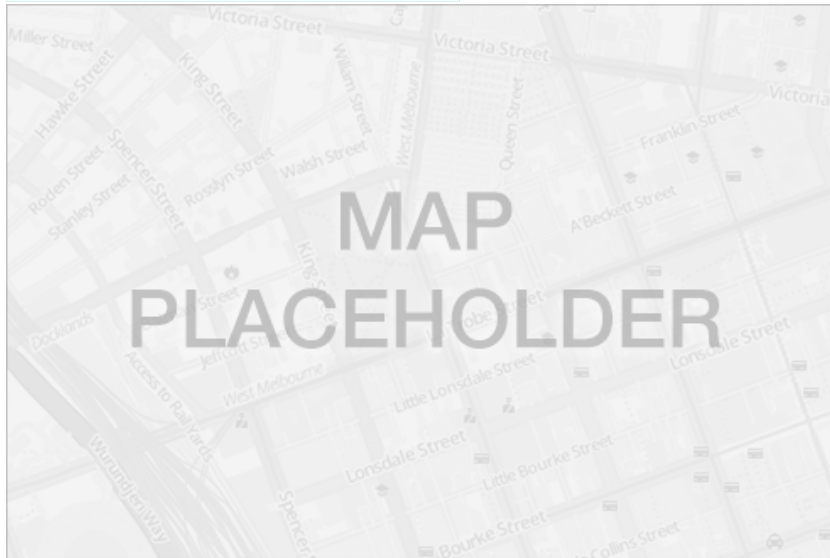
### Individual / Applicant organisation name \*

Organisation Name

If applying as an organisation use the organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABN, ACNC or ATO.

### Applicant Primary Address

Address

### Applicant Postal Address

Address

### Applicant website (if applicable)

Must be a URL

### Primary contact person \*

Title First Name Last Name

This is the person we will correspond with about this grant

### Position held in organisation (if applicable)

e.g. Manager, Board Member, Fundraising Coordinator

### Primary phone number \*

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Must be an Australian phone number.

### Back-up phone number

Must be an Australian phone number.

### Primary contact person's email address \*

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

## Participant Details

\* indicates a required field

### Does your organisation have an ABN? \*

☐ 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

### What type of entity are you?

- ☐ Sole trader
- ☐ Small business
- ☐ Medium business
- ☐ Large business

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- ☐ Educational institution (includes pre-schools, schools, universities & higher education providers)
- ☐ Religious or faith-based institution
- ☐ Philanthropic organisation
- ☐ Peak body
- ☐ Social enterprise
- ☐ International NGO
- ☐ Professional association
- ☐ Healthcare not-for-profit
- ☐ Community group
- ☐ Political party / lobby group
- ☐ Research body
- ☐ General not-for-profit (i.e. none of the sub-types listed above)
- ☐ Other:

Please choose the option that best applies to your organisation.

## Initiative Details

### Initiative title:

Provide a name for your project/program/initiative. Your title should be short but descriptive

### Please provide a short summary of your initiative

Be descriptive, but succinct. Include a brief summary of who, what, where and how this initiative will be delivered during Climate Week.

### Which of these specific issues will your initiative focus on and address?

- ☐ Energy efficiency
- ☐ Renewable energy
- ☐ Zero emission transport options
- ☐ Carbon drawdown
- ☐ Waste reduction and the circular economy
- ☐ Climate advocacy
- ☐ Climate adaptations and resilience
- ☐ Other:

Select at least one.

### Please describe how your initiative will address the specific issues you have outlined above?

**Which sectors of the community will be involved or targeted in your activity?  
What are the primary areas of focus for this initiative?**

E.g. households, business, agriculture, older people etc.

**Please list any indirect beneficiaries you anticipate will or may be affected by your initiative.**

**Indirect beneficiaries:**

Indirect beneficiaries are those who may not be targeted by your initiative but are nonetheless expected to be affected by it. For example, a country sports program might be expected to improve the health of the participants ('rural children and youth'), but also to contribute to strengthened community cohesion and capacity building through greater involvement in sports clubs ('rural adults'). You may add extra rows if required.


## Capacity to deliver

**Now that we know about your initiative, we want to find out more about your ability to undertake the work you propose. Please provide some information about you/your organisation that will give us confidence that you can complete the work you've described in this application.**

Include in this section information about your strategies for providing the inputs (money, staff/ volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, etc.) and how you will complete this project/program within the proposed timelines. Provide information also about any past work that may demonstrate your organisation's capacity to undertake this work. Provide links to further explanatory material if available/relevant.

## Expenses

**Choose which option applies to your initiative.**

- ☐ I/we will provide an activity or service and no funding is required
- ☐ I/we will provide an activity or service and funding is requested

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Please outline your budget in the expenditure table below.

ALL AMOUNTS MUST EXCLUDE GST.

Please **do not add commas** to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly.

**Funding amount requested in this EOI**

\$

Must be a dollar amount and between 500 and 1000.  
What is the total financial support you are requesting in this application?

**Total Cost of Initiative**

\$

What is the total budgeted cost (dollars) of your project?

ALL AMOUNTS MUST EXCLUDE GST.

Provide clear descriptions for each budget item.

Use the 'Notes' column for any additional information you think we should be aware of.

Please **do not add commas** to figures – e.g. type \$1000 not \$1,000 – this will ensure your figures for each table total correctly.

Expenditure Description	Expenditure Type	Expenditure Amount (\$)	Notes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Budget Totals

**Total Expenditure Amount**

\$

This number/amount is calculated.

**What other inputs will you need/provide Confirmed? in order to successfully carry out this project?**

Non-financial inputs could include staff/volunteers time/expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, and other types of support.	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### Certification and Feedback

\* indicates a required field

### Certification

This section must be completed by an appropriately authorised person on behalf of the applicant/applicant organisation (who 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 initiative is approved for any funding, I/we will be required to accept the terms and conditions of the funding as outlined in the letter of approval.**

**I agree \***

☐ Yes

☐ No

**Name of authorised person \***

Title

First Name

Last Name

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

**Position \***

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

**Contact phone number \***

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

**Contact Email \***

Must be an email address.

**Date \***

Must be a date