

# Alliance Agreement Expression of Interest (COM)

## Form Preview

### Welcome

\* indicates a required field

#### Critical steps before applying are:

**Read** and understand the

- Alliance Guidelines,
- [Help Guide for Applicants](#)

**Contact** the Grants Officer on 5329 6437 to check your eligibility and to be put in touch with a relevant Council Officer to discuss the application in depth. *The Grants Policy says "Applicants must have spoken to a Council Officer prior to submitting the grant application."*

**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 understand the guidelines? \***

- Yes  No

**2. Can you confirm you are an eligible applicant as per the guidelines? \***

- Yes  No

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

**4. Can you confirm you have no debt to Council (or if you do, you have entered into an agreed payment schedule which is being adhered to)? \***

- Yes  No - we have a debt and no payment arrangements have been made.

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

- Yes  No  Not applicable

**6. Are are located in and does your service benefit the Noosa Shire community? \***

- Yes  No

### Applicant Details

\* indicates a required field

#### Privacy Notice

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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

#### 7. Applicant organisation's name \*

Organisation Name

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

Address

  

Suburb State Postcode

  

#### 9. Applicant organisation's postal address (if different from above)

Address

  

Suburb State Postcode

  

#### 10. Applicant organisation's website

#### 11. Contact person \*

Title First Name Last Name

  

#### 12. Position held in organisation \*

#### 13. Email address \*

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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. \*

## 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	
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.

## More about the applicant organisation

\* indicates a required field

## 17. What does your organisation do? Summarise your organisation's purpose and goals. \*

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

Attach a file:

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**19. What year was your organisation established? \***

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

**21. How many volunteers does your organisation have? \***

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

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

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

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

Attach a file:

## Service Details

\* indicates a required field

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

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

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

**28. Please explain how your organisation leverages volunteer services and secures funding from other sources. \***

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

Attach a file:

## Delivery, Acknowledgement & Financials

\* indicates a required field

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

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

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

Attach a file:

**33. Please provide an explanation as to why your organisation requires operational support from Council and is unable to fund your service delivery through your own fundraising and financial resources. \***

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### 34. Please upload evidence to support your need for operational funding.

Attach a file:

## 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

**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](#)

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

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

**Position \***

**I agree \***

Yes  No