Project Partnership Application
Form Preview

Eligibility

* indicates a required field

Welcome

The Project Partnership Grants support innovative one off projects with merit that have a positive impact on the local business environment and will be completed within 12 months of commencement.

Before applying please:

- Read the Economic Development Strategy and Economic Development Grant Guidelines. These two documents provide the framework for your application.
- Talk your application through with a Council Economic Development Officer by calling Council on 5329 6500.

Incomplete applications will not be considered.

Project Partnership Grants are open to not for profit organisations, for profit businesses and consortiums. Individuals are ineligible to apply.

Should you require any assistance in the use of this form please contact the Noosa Council Economic Development team by phone on 5329 6500 or by email at economicdevelopment@noosa.qld.gov.au.

Confirmation of Eligibility

Who at Council did you meet with and discuss this project?

1. What type of organisation are you? *

○ Not-for-profit organisation   ○ For profit business   ○ Consortium   ○ Other:

For the purposes of this grant program a consortium is an association of two or more individuals, companies, organizations or governments (or any combination of these entities) with the objective of participating in a common activity or pooling their resources to achieve a common goal.

2. What does your organisation do? *

Summarise your organisation's purpose and goals.

3. Does your organisation operate in or from Noosa Shire? *

○ Yes
○ No
○ No but we are able to demonstrate that the project will benefit Noosa Shire residents

Answering just 'No' to this question means your organisation is not eligible to apply for this grant

4. Does your organisation have any debt to Noosa Council? *

○ Yes   ○ No   ○ Payment arrangement

Answering 'Yes' to this question means your organisation is not eligible to apply for this grant.

5. Have you met all grant conditions for previous funding from Noosa Council?

○ Not applicable

○ Yes

○ No

If you have previously received grant funding from Noosa Council and have not met all grant conditions or acquitted successfully your organisation is not eligible to apply for this grant.

6. Are you able to show that your organisation is financially viable?

○ Yes

○ No

If yes, please attach your most recent audited financial statements below. If you ticked 'No', you are not eligible for this grant.

6a. Upload your most recent audited financials here:

Attach a file:

This upload is disabled if you answered 'No' to the previous question.

Contact 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 event's name, an event description and Council's funding contribution. This information may also be used for promoting Council's funding programs.

Applicant Organisation Details

7. Applicant organisation name *

Organisation Name

Please use your 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 Office of Fair Trading, ABR, ACNC or ATO.

7a. Department / Branch / Faculty

Use this field only if relevant

7b. Primary address *
Address

Suburb	State	Postcode

Must be an Australian postcode.
If your organisation operates in multiple locations or from multiple offices, please pick one as your primary address.

7c. Applicant website

Must be a URL

7d. Primary contact person *
Title	First Name	Last Name

This is the person we will correspond with about this grant

7e. Position held in organisation *

e.g. Manager, Board Member, Fundraising Coordinator

7f. Primary phone number *

Must be an Australian phone number.

7g. Back-up phone number

Must be an Australian phone number.

7h. Primary contact person's email address *

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

8. 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

Project Details

* indicates a required field

9. Project title: *

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

10. Project timing:

10a. Anticipated start date

10b. Anticipated end date

11. Please provide a summary of your project. *

Briefly describe your project, its aims and objectives and the community need it addresses.

12. Describe the project outcomes. *

What does success look like for this project? What KPI's will you use to know if your anticipated outcomes have been achieved?

13. Describe the extent to which your project aligns with the smart biosphere and addresses the economic pillars and growth enablers as identified in the Economic Development Strategy. *

14. Describe the community benefit your project will deliver. *

15. What is the scale of the economic impact likely to be achieved from your project? *

What does success look like for this project? What KPI's will you use to know if your anticipated outcomes have been achieved?

16. Describe the level of innovation, insight or creative thinking that makes the project unique. *

17. What is the potential for the project to create business/industry networks and partnerships that can drive future economic development activities? *

18. Demonstrate the capacity of your organisation to successfully deliver the program over the projected time frame. *

What experience does your organisation have in project management and successful delivery of similar programs? Please provide information about your organisation that will demonstrate that you can complete the work you've described in this project.

19. Upload your Project Plan
Attach a file:

20. Please provide evidence of support from project stakeholders and partners and/or consortium members
Attach a file:

Provide copies of correspondence that verifies support and participation from stakeholders and partners. If this application is for a consortium, please attach letters of support from listed organisations in question.

21. Please describe the risks associated with this project.

22. Describe how you will mitigate these risks.

23. Please upload the meeting minutes that demonstrate your organisation's support for this application.
Attach a file:

Project Budget

Total Project/Program Cost

$

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

Total Amount Requested

$

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

If applying for operational support, please provide an itemised account of your annual operational expenses.

Attach a file:

Budget

Outline your project budget including details of other funding that has been confirmed and applied for. Clear item descriptions must be given.

It is expected that the applicant will make both a cash and in-kind contribution to the project. Council will not wholly fund grant projects. Contributions for your own organisation could include:

- Applicant cash contributions
- Grants from other funding bodies
- Sponsorship, and
- In-kind support

Written quotes are required for any budget items over $1,000 as follows:

- Between $1000 and $7500 one (1) written quotation is required
- Over $7500 three (3) quotations are required.

The budget **MUST** balance (**TOTAL INCOME = TOTAL EXPENDITURE**) and all amounts recorded in this budget **must exclude** GST.

Please don't add commas to figures, e.g. write 1000 not 1,000.

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.

Please attach quotes for those expenditure (cost) items over $1000
Attach a file:

Certification and Feedback

* indicates a required field

Certification

This section **must** be completed by an appropriately authorised person on behalf of the applicant organisation (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 if Noosa Council approves the grant I will be required to accept the terms and condition of the grant as outlined in the grant application policy and Funding Agreement.

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

Applicant Feedback

Before you review your application and click the **SUBMIT** button please take a few moments
to provide some feedback.

Please indicate how you found the online application process:
○ Very easy   ○ Easy   ○ Neutral   ○ Difficult   ○ Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60 minutes

**Please provide us with your suggestions about any improvements and/or
additions to the application process/form that you think we need to consider.**

Thank you for your feedback. It will be used to improve our processes.