

# Queensland Bushfires R2 - Community Recovery - Large Grant Application Form

## Form Preview

### About the Queensland Bushfires - Category C - Flexible Funding Grants Program, Round 2 - Large Grants

#### About this program

#### **Queensland Bushfires - Category C - Flexible Funding Grants Program, Round 2 - Large Grants**

*An initiative jointly funded under the Commonwealth/State Disaster Recovery Funding Arrangements 2018.*

Over two years from 2020 to 2022, a total of \$6M (GST exclusive) has been made available through two open funding rounds to provide flexible grants to Queensland-based non-government organisations, research bodies, industry groups and peak bodies, community groups and Local Governments in the 23 disaster affected local government areas of **Brisbane (City), Bundaberg, Gold Coast (City), Cook, Fraser Coast, Gladstone, Gympie, Ipswich, Livingstone, Lockyer Valley, Mareeba, Noosa, North Burnett, Redland, Rockhampton, Scenic Rim, Somerset, South Burnett, Southern Downs, Sunshine Coast, Toowoomba, Townsville, and Whitsunday.**

**This application is for Round 2 funding with a total of \$4.2M available.**

There are two types of grants available:

- Small grants: (min. \$2,500 up to \$50,000)
- **Large grants: (min. \$50,001 up to \$100,000) (This application form)**

Applicants are required to submit a basic [project plan](#) as part of this application, presenting a project overview and significant milestones using the provided template.

#### **Eligibility**

**Applicants are required to address all criteria and meet program objectives** in order to be eligible for grant funding.

We strongly recommend that you **read the [Funding Information Paper](#) and [Fact Sheet](#) prior to commencing this application** or visit our [website](#) where you can access these documents and other information.

If your organisation is not already a Registered Vendor with the Department, your application must include an [Agreement to Issue Recipient Created Tax Invoices](#) form and [EFT Application](#) form.

#### **Closing date**

A completed SmartyGrants online application form must be received by the Department of Communities, Housing and Digital Economy with all required documents by **2pm AEST, Thursday 11 February 2021**. Online applications **only** will be accepted.

### About the Applicant

\* indicates a required field

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### Applicant organisation name \*

Organisation Name

Must be as shown in the ABN lookup below

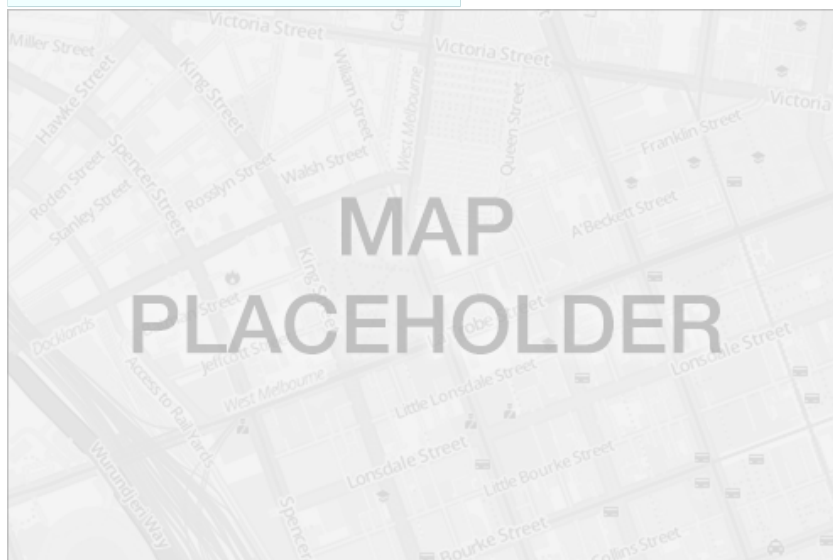
### Type of organisation \*

Other:

For 'Other' provide detail.

### Primary physical address of applicant \*

Address



Address Line 1, Suburb/Town, State/Province, and Postcode are required. Coordinates Required.

Country must be Australia

Applicant must be Queensland based. This question asks for the primary address of the organisation.

Details of the project location are provided later in the application form.

### Postal address (if different to above)

Address

### Website

Must be a URL.

### Applicant social media

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**Does your organisation or agency have an ABN? \***

Yes

No

I have recently applied for an ABN

**Applicant 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.

As your organisation or agency does not have an ABN, please print, complete and sign a [Statement by Supplier - non ABN](#) form and upload to this application.

**Upload the signed Statement by Supplier - non ABN form. \***

Attach a file:

Click 'Choose Files' to upload documents

**Please confirm the date your organisation or agency applied for an ABN \***

Must be a date.

### Auspicing agency

If your organisation does not meet the eligibility criteria set out in the [Funding Information Paper](#) the project must have a suitable auspicing agency.

**Does your application require the project to be auspicied by another entity? \***

Yes

No

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If yes, you will be asked to provide details and supporting documentation in the Auspice section of this form.

### Approved Service Provider

**Is your organisation or agency an Approved Service Provider (ASP) with the Department of Communities, Housing and Digital Economy (previously Department of Communities, Disability Services and Seniors)? \***

Yes  No  Unsure

Note: Only organisations with a current agreement with the department will have an ASP number.

**If yes, please enter your Approved Service Provider (ASP) Number.**

### Registered Vendor

**Is your organisation or agency a registered vendor with the Department of Communities, Housing and Digital Economy (previously Department of Communities, Disability Services and Seniors)? \***

Yes  No  Unsure

Please print, complete and **sign** (original signature required) both the [EFT Form](#) and [Agreement to Recipient Created Tax Invoices](#) forms.

**Please upload your signed EFT Form and Agreement to Recipient Created Tax Invoices Forms here. \***

Attach a file:

Click 'Choose Files' to upload documents. Please refer to the Department's Privacy Statement on page 7 of this application form.

### Incorporation

Please upload your Incorporation Certificate:

- if your organisation has not already provided it to the Department
- OR if your organisation's incorporation details have changed.

Councils and government agency applicants do not need to provide this document.

**Upload Incorporation Certificate here.**

Attach a file:

### Charities registration

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**Does your organisation have Deductible Gift Recipient (DGR) status? \***

- Yes  No  Don't know

**Is your organisation registered with the Australian Charities and Non-Profit Commission (ACNC)? \***

- Yes  No  Other:

**Please enter your ACNC registration number**

Government agency applicants and councils do not need to provide an ACNC registration number.

## Project Contact Details

\* indicates a required field

**Project Contact \***

Title First Name Last Name

This person will be the first point of contact and noted on the funding agreement.

**Project Contact Position \***

eg. CEO, Secretary

**Project Contact Phone Number \***

Must be an Australian phone number.

**Other Phone Number**

Must be an Australian phone number.

**Project Contact Primary Email \***

Must be an email address.

## Project Overview

\* indicates a required field

**Project title \***

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Must be between 1 and 40 words.

### Provide a brief overview of your project \*

Must be no more than 50 words.

This is a brief description of your project, you will provide a detailed description later in the application form.

### Project start date \*

Must be a date and between 1/4/2021 and 30/4/2022.

### Project end date \*

Must be a date and no later than 30/4/2022.

## Project Location(s)

### Which local government areas will the project be delivered to? \*

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Brisbane City     | <input type="checkbox"/> Gympie         | <input type="checkbox"/> North Burnett | <input type="checkbox"/> Southern Downs |
| <input type="checkbox"/> Bundaberg         | <input type="checkbox"/> Ipswich        | <input type="checkbox"/> Redland       | <input type="checkbox"/> Sunshine Coast |
| <input type="checkbox"/> Cook              | <input type="checkbox"/> Livingstone    | <input type="checkbox"/> Rockhampton   | <input type="checkbox"/> Toowoomba      |
| <input type="checkbox"/> Fraser Coast      | <input type="checkbox"/> Lockyer Valley | <input type="checkbox"/> Scenic Rim    | <input type="checkbox"/> Townsville     |
| <input type="checkbox"/> Gladstone         | <input type="checkbox"/> Mareeba        | <input type="checkbox"/> Somerset      | <input type="checkbox"/> Whitsunday     |
| <input type="checkbox"/> Gold Coast (City) | <input type="checkbox"/> Noosa          | <input type="checkbox"/> South Burnett |   |

At least 1 choice must be selected.

### What address will the project be delivered from?

Address

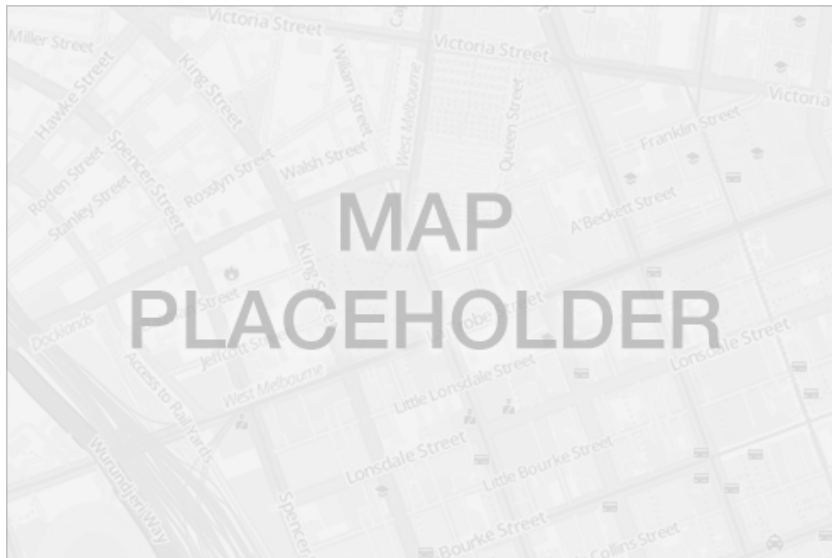
Enter address if different to the above physical address of applicant.

### Postcode of delivery address \*

Address

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Please provide a postcode for each LGA your project will be delivered to. Press the 'Add More' button located to the right. Then enter 'suburb name, Qld' (eg. Gympie, Qld) to populate the postcode.

### Approval for Works to Land or Buildings

Does your project entail works to land or buildings that require appropriate approvals in order to proceed?

\*

Yes

No

**If you have answered YES, please provide details of what approval(s) is required, and whether you have sought appropriate approval to proceed if application is successful**

### Evidence of approval for works

Attach a file:

If you haven't received approval to proceed to date, provide evidence that you have sought to do so at the time of submission of application

### Project Description

\* indicates a required field

**Describe your project - explaining the activities to be conducted, the community needs this aims to meet, and the intended outcome(s) \***

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Must be between 20 and 200 words.  
This must be reflective of your broad project plan

**Applicants are required to include a basic project plan as part of this application.**

Use the [Project Plan template](#) to set out the project timeline, activities, milestones and project deliverables. Upload the project plan in the next section of the form.

**Is this project targeted to one or more of these specific groups? \***

- |   |   |
|---|---|
| <input type="checkbox"/> children and families                                    | <input type="checkbox"/> seniors                            |
| <input type="checkbox"/> young people   | <input type="checkbox"/> small businesses                   |
| <input type="checkbox"/> Aboriginal and Torres Strait Islanders                   | <input type="checkbox"/> primary producers                  |
| <input type="checkbox"/> culturally and linguistically diverse (CALD) communities | <input type="checkbox"/> service providers                  |
| <input type="checkbox"/> people with disability                                   | <input type="checkbox"/> No, this is not a targeted project |

**Who are your project stakeholders and how will they be engaged in the planning and delivery of the project? \***

Must be between 10 and 200 words.  
Attach on the upload page evidence of partnerships and what they bring to the project including letters of support, planning meeting minutes etc.

### Projects must be aligned with the National Principles for Disaster Recovery

[National Principles for Disaster Recovery](#)

**Projects must be aligned with the National Principles for Disaster Recovery. Indicate which of the following principles have been considered in planning your project. \***

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> understanding the context             | <input type="checkbox"/> ensuring coordination of all activities | <input type="checkbox"/> acknowledging and building local capacity   |
| <input type="checkbox"/> recognising complexity                | <input type="checkbox"/> employing effective communication       | <input type="checkbox"/> identifying lessons and building resilience |
| <input type="checkbox"/> using local, community-led approaches |  |  |

A minimum of one must be chosen.

**Describe how the project is aligned with the selected National Principles for Disaster Recovery \***

Upload attachments to support your application



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**Applicants are required to include a basic project plan as part of this application.**

Use the [Project Plan template](#) to set out the project timeline, activities, milestones and project deliverables. Make sure that the information in the project plan template aligns with the project description provided above.

**Upload the completed Project Plan template \***

Attach a file:

**Applicants are required to provide evidence of significant community support for the project.**

A minimum of two Letters of Support are required (a maximum of 5 files may be attached). Emails will be accepted however must contain an official electronic signature with signatory details provided.

At least one support letter **must** be from a local or district disaster management agency such as the Local or District Disaster Management Groups. Contact your local council for details of the local or district disaster management agencies.

**Upload Letters of Support \***

Attach a file:

A minimum of two letters of support are required (a maximum of 5 files may be attached).

**Applicants are required to provide evidence of partnerships and collaboration** with local government, and other organisations and/or groups.

**Upload confirmation of project partnerships. \***

Attach a file:

A minimum of one upload is required (a maximum of 5 files may be attached). Examples include letters or emails confirming your partnerships

## Recovery Outcomes

\* indicates a required field

### Alignment with National Disaster Recovery Outcomes

#### [National Disaster Recovery Outcomes](#)

**Projects must contribute to one or more of the following National Disaster Recovery Outcomes. Indicate which outcomes your project will contribute to, and in the following questions explain how your project will contribute to each relevant outcome. \***

- the needs of vulnerable groups are addressed in disaster recovery
- the community is aware of the disaster recovery processes
- the community can express its changing disaster recovery needs

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- community members are aware of the risks of future disasters and information is available to help them to make informed risk reduction decisions
- the community has improved capacity and capability to respond to future disasters
- business and not for profits have in place adequate mitigation practices for risks and threats

**Describe how the project will contribute to the disaster recovery outcome: the needs of vulnerable groups are addressed in disaster recovery \***

Must be between 10 and 100 words.

**Describe how the project will contribute to the disaster recovery outcome: the community is aware of the disaster recovery process \***

Must be between 10 and 100 words.

**Describe how the project will contribute to the disaster recovery outcome: the community can express its changing disaster recovery needs \***

Must be between 10 and 100 words.

**Describe how the project will contribute to the disaster recovery outcome: community members are aware of the risks of future disasters and information is available to help them to make informed risk reduction decisions \***

Must be between 10 and 100 words.

**Describe how the project will contribute to the disaster recovery outcome: the community has improved capacity and capability to respond to future disasters \***

Must be between 10 and 100 words.

**Describe how the project will contribute to the disaster recovery outcome: business and not for profits have in place adequate mitigation practices for risks and threats \***

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Must be between 10 and 100 words.

## Disaster Resilience

\* indicates a required field

**Projects must contribute to the resilience and future disaster preparedness of the community. Indicate how your project will contribute to resilience and disaster preparedness. \***

- Promote preparedness and resilience to future disasters
- Reduce future risks and minimise community dependence on government assistance
- Promote connectedness, encourage support networks and social inclusion
- Support and promote opportunities for sustainable economic recovery
- Other:

At least 1 choice must be selected.

<https://knowledge.aidr.org.au/resources/national-strategy-for-disaster-resilience/>

**Describe how this project will promote preparedness and resilience to future disasters \***

Must be between 10 and 100 words.

**Describe how your project will reduce future risks and minimise community dependence on government assistance \***

Must be between 10 and 100 words.

**Describe how your project will promote connectedness, encourage support networks and social inclusion \***

Must be between 10 and 100 words.

**Describe how your project will support and promote opportunities for sustainable economic recovery \***

Must be between 10 and 100 words.

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**Describe how your project will contribute to the resilience and future disaster preparedness of the community in other ways.**

Optional - if not addressed in previous sections

## Budget

\* indicates a required field

### Budget

**Total Amount Requested from this grant (Queensland Bushfires - Category C Flexible Funding Program, Round 2) \***

\$

Ensure amount requested is between \$50,001 and \$100,000.

### Budget - Expenditure

Consult the [Funding Information Paper](#) for a list of eligible expenses

**List all items of expenditure for your project**                      **\$ Dollar value (estimate if Funded from this grant? required)**

	Must be a dollar amount.		
add your budget line items here	\$		

### Expenditure Total

\$

This number/amount is calculated.

### Budget- Income

**Income - detail by line item all sources of income**    \$

**Financial or in kind support?**    **Confirmed?**

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	Must be a dollar amount.		
Queensland Bushfires - Large Grant (this grant amount)	\$	Financial In Kind	Yes No
add other line items here		Financial In Kind	Yes No
		Financial In Kind	Yes No
		Financial In Kind	Yes No
		Financial In Kind	Yes No
		Financial In Kind	Yes No
		Financial In Kind	Yes No
		Financial In Kind	Yes No

### Total Project Budget

\$

This number/amount is calculated.

This amount should not be smaller than total amount requested from this grant round

### Future funding

**Will this project have ongoing or recurrent costs after this grant funding period? \***

Yes

No

### Sources of future funding

**How do you intend to sustain your project beyond the grant funding period? \***

Must be between 10 and 200 words.

Unconfirmed funding applications through other grant funding rounds is not sufficient.

## Verification of Financial Status

\* indicates a required field

### Verification of Financial Status

**Applicants are required to verify they have no outstanding financial liability, service delivery or performance issues for funding previously and currently provided by the Queensland Government. This includes previous Flexible Funding Grant rounds.**

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**Does your organisation have any outstanding financial liability, service delivery or performance issues in relation to any Queensland Government funding? \***

Yes  No

Please be aware that your financial status will be verified by the department. If you do have outstanding funding requirements you may be ineligible for this grant.

**If yes, please explain the nature of the outstanding matters \***

Must be between 20 and 100 words.

**Has your organisation received funding from Category C Flexible Funding Grants?**

This may include Category C Flexible Funding Grants for recovery from the FNQ & NQ Monsoon Trough, Central Queensland Bushfires, or Queensland Bushfires Round 1.

\*

Yes  No

**Details of grant funding received under Category C - Flexible Funding Grants Programs**

**Application number    Project title                      Grant Amount \$                      Have all required reports been submitted?**

eg. FNQMQMT or CQBCCFFG	Project title	Must be a dollar amount.	Verification that reporting obligations have been met

**Total of grant funding received under Category C- Flexible Funding Grants Programs**

\$

This number/amount is calculated.

## Auspicing Organisation Details

\* indicates a required field

Auspicing Organisation Details

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Only organisations that require an incorporated entity to manage grant funds need to provide this item.

### **Auspecting Organisation Name \***

Organisation Name

### **Auspecting Organisation's ABN \***

Must be an ABN.

### **Auspecting Organisation Address \***

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

### **Auspecting Organisation's Project Contact \***

Title      First Name      Last Name

### **Position held in auspecting organisation \***

### **Auspecting Primary Phone Number \***

Must be an Australian phone number.

### **Auspecting Contact Email \***

Must be an email address.

### **Upload a letter from your auspecting body confirming that they will auspect your grant. \***

Attach a file:

A maximum of 1 file may be attached.

## Additional Supporting Materials

If you have any additional information required to complete your application, please upload the supporting documents here. These will vary depending on the nature of your project. Forms and templates can be located on the department's [website](#)

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Upload formats are Word, Excel, and PDF. Other file formats may not upload and may need to be converted to one of the three formats used by SmartyGrants. Files larger than 25 MB will not upload. File sizes of up to 10MB work best. If you have any problems uploading files [Contact SmartyGrants](#) for support.

### Upload surveys, reports or needs assessments (if relevant)

Attach a file:

A maximum of 4 files may be attached.

These are documents to support your application which are directly related to the targeted community eg. community engagement and development plans, excerpts from relevant strategies or plans.

### Upload any other materials to support your application (if relevant)

Attach a file:

A maximum of 5 files may be attached.

These may include media coverage, testimonials and references

## Applicant Feedback

Please take the time to provide us with feedback and suggestions for improving the grant application experience.

### How long (in minutes) did it take to complete your application?

Must be a number.

### How easy or difficult did you find the application process?

Very easy     Easy     Neutral     Difficult     Very Difficult

### Can you provide us with any suggestions on how to improve the grant application process?

Must be between 10 and 100 words.

## Certification

\* indicates a required field

## Privacy Notice

The Department of Communities, Housing and Digital Economy is collecting information, including personal information, on this form for the purpose of assessing your application to the Queensland Bushfires - Category C - Flexible Funding Grants Program. Your personal information will only be accessed by authorised departmental officers for the purposes directly related to assessment of your application. Your personal information will be managed in accordance with the Information Privacy Principles outlined in the [Information](#)



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[Privacy Act 2009](#). The department may provide local Members of Parliament with the contact details of organisations approved for funding.

### Privacy Notice Acceptance \*

By clicking this option, I agree to the terms and conditions of the Department of Communities, Housing and Digital Economy Information Privacy Principles outlined in the Information Privacy Act 2009.

### Certification

This certification must be completed by an authorised person on behalf of the applicant organisation.

An authorised person is a person who has an authority to sign an agreement on behalf of the organisation, i.e. Chief Executive Officer or President.

This person may be different to the primary contact person.

### Certification Clause \*

By clicking this option, I certify that to the best of my knowledge that the statements made in this application are true and correct, and I understand that, if the grant is approved, we will be required to accept the terms and conditions of the grant as outlined in the Executed Short Form Particulars Agreement and the associated Whole Of Government Terms and Conditions.

### Authorised Person \*

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

### Position \*

### Postal Address \*

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.  
Organisational address - may be different to project delivery address

### Contact Phone Number \*

Must be an Australian phone number.

### Contact Email \*

Must be an email address.

### Date \*

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Must be a date.