

CEO APPROVED FORM: 3317411 Version 2 – 1 October 2025 Finance & Liveability – Community

Community Grants Program – Indigenous Affairs Fund Application

PRIVACY COLLECTION NOTICE: South Burnett Regional Council collects your personal information for the purpose of processing this form and for use in any Council matters. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will only be disclosed to a third party as per the South Burnett Regional Council Information Privacy Policy. A hard copy of this electronic document is considered uncontrolled when printed.

Section 1 - Grant program

Indigenous Affairs Fund

This is a cover sheet and summary. Attachments are required. Funding rounds are available throughout the financial year and received by Council a minimum of three (3) weeks prior to the activity/project/event.

Funding is not available for activities/events that have already commenced prior to approval.

This fund recognises that small activities, projects and events, deserving of support from Council, come up in an ad hoc way throughout the year.

Applications will be assessed by the Community Grants Program Assessment Panel against the Community Grants Program Policy.

Grants Frogram Folicy.							
Section 2 – Applicant/Organisation							
Applicant full name							
Postal address							
Contact details							
Email							
Section 3 – Activity/Event Describe the project or activity							
Title							
Description and why funding is requested. (min 150 words)							
Start date			End date				
Section 4 – Project Budget							
What is the total cost for the activity/project?							
Amount of funding required from Council for event/project?							
Please list any other funding sources and \$ amount							
1.							
2.							
3.							
4.							

• •	Section 5 – Supporting Documents					
Please attach all requested supporting documents as these are mandatory for assessment						
Relevant supporting do 1. Copy of Public Liab 2. Product Liability (if a 3. Completed SBRC C 4. 5.	ility					
The above documents help to demonstrate the need and benefit to the Community.						
Section 4 - Certification	on					
 I certify to the best of my knowledge that the statements made in this application are true and correct. I understand that approval of support is subject to a signed agreement between the South Burnett Regional Council and the applicant. I understand that the South Burnett Regional Council does not accept any liability or responsibility for the supported project/event and that it is the responsibility of the applicant to provide the appropriate insurance cover. I agree an activity summary and financial report (Acquittal) will be supplied (including a copy of all required receipts and photos) showing funds were fully expended within six (6) weeks of completion. The Mayor and Councillors are to be invited for the presentation of the cheque and to show Councils support. Councils Logo is to be used on all advertising, flyers and promotions, showing Councils support for your organisation. 						
Date						
Name						
Signature						
Executive position neld						
Lodgement of applica	ation					
Please return your completed form to the following address, or email info@sbrc.qld.gov.au						

for enquiries, please contact (07)4189 9100

South Burnett Regional Council

PO Box 336, Kingaroy Qld 4610



Community Grants Program Budget

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Expenditure	Total	SBRC Grant	Income		
A. Activity costs (Please list individually) e.g., equipment, hire, catering,	What is the total cost of each expenditure item?	How much of total cost would be covered by this grant?	Income is the money you are generating to cover the cost of the activity. This includes in-kind contribution and the total SBRC Grant you are seeking. D. Earned income e.g., entry fees, sales etc.		
consumables etc.					
	\$	\$		\$	
	\$	\$		\$	
	\$	\$		\$	
	\$	\$		\$	
Subtotal A	\$	\$	Subtotal D	\$	
B. Promotion and marketing costs (if applicable)			E. Grant income e.g., SBRC, Gambling Community Benefit Fund		
	\$	\$	This SBRC Grant	\$	
	\$	\$		\$	
	\$	\$		\$	
	\$	\$		\$	
Subtotal B	\$	\$	Subtotal E	\$	
C. Administration costs e.g., insurance, event organiser etc.	g., insurance, event organiser e.g., the difference		F. Your own contribution e.g., the difference between that the columns equal	ntribution (In-kind value and/or \$) ce between expenditure and income so equal	
	\$	\$		\$	
	\$	\$		\$	
	\$	\$		\$	
Subtotal C	\$	\$	Subtotal F	\$	
TOTAL EXPENSES A+B+C= X X must = Y	\$	\$	TOTAL INCOME D+E+F=Y Y must = X	\$	