



## Somerset Regional Council Community Assistance Grant Application

Date of Application: \_\_\_\_\_

Organisation Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Description of project, event or service: \_\_\_\_\_

How will it benefit the community? \_\_\_\_\_

When will it start? \_\_\_\_\_ When will it finish? \_\_\_\_\_

Total estimated cost of project: \$ \_\_\_\_\_

Less contribution from applicant: \$ \_\_\_\_\_

Less contribution/s from other parties: \$ \_\_\_\_\_

Grant requested from Council: \$ \_\_\_\_\_

Project budget details:

<u>Income</u>	<u>Expenditure</u>
_____	_____
_____	_____
_____	_____

Copy of organisation's most recent financial statements attached: Yes/No

Is your organisation incorporated? Yes/No

# Somerset Regional Council

## Goods and Services Tax and Pay As You Go Questionnaire

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1. Are you registered for GST?

Yes

No

2. Do you have an Australian Business Number (ABN)?

Yes – My ABN is \_ \_ \_ \_ \_

No

3. If you do not have an ABN, have you been assessed as ineligible for an ABN by the ATO?

Yes – (You must supply a copy of your letter from the Australian Taxation Office) No

4. If you do not have an ABN, are you an individual employed by another person/organization/company?

(This means an employee of any person/organization/company, including the Queensland Government.)

Yes

No

5. If you do not have an ABN Somerset Regional Council may have to withhold 48.5% of your grant. Do you consider your grant should be exempt from withholding tax?

(If so, please complete the attached STATEMENT BY A SUPPLIER form and submit it to Somerset Regional Council)

Yes (You must provide the statement.)

No

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Please complete all questions and return to:

Chief Executive Officer  
Somerset Regional Council  
PO Box 117  
Esk Qld 4312



## **Somerset Regional Council**

### **Community Assistance Grants Policy**

- 1 Applications for Community Assistance Grants shall be invited twice per financial year usually in July and January.
- 2 Applicants shall meet one of the following classifications:
  - (a) sporting/leisure/cultural organisation which is a non-profit group whose primary aims are to advance the social, cultural, leisure or sporting needs of its members and/or the residents of the Somerset Region.
  - (b) A charitable organisation that is a non-profit group whose primary aim is to improve the quality of life of under-privileged sections of the community.
  - (c) A community service provider whose primary aims are to provide a community service to all or specific sections of the community.
  - (d) An educational institution.
- 3 Applicants shall be required to:
  - (a) Demonstrate the community benefit that the project, event or service will provide.
  - (b) Provide a copy of the organisation's most recent financial statements.
  - (c) Provide details of the organisation's status in relation to GST.
- 4 The following guidance regarding applications is provided - generally:
  - (a) Council will not consider applications for recurrent or ongoing expenditure, other than payment of Council rates.
  - (b) Any payment for Council rates will exclude any amount attributed to water consumption.
  - (c) Council will consider grant requests to a maximum of \$5000 or 50% of the total project cost.
  - (d) Expenditure of the grant should be completed within the financial year for which the grant is made.
  - (e) There is no limit on the number of applications that an organisation may lodge, however, there is a limit on the level of funds available per funding round.
- 5 Successful applicants will be required to lodge an acquittal statement for the expenditure of the grant, prior to the end of the financial year. Applicants will be precluded from receiving further grants until previous grants have been acquitted.



Australian Government  
Australian Taxation Office

# Statement by a supplier

## Reason for not quoting an Australian business number (ABN) to an enterprise

Name of supplier	<input type="text"/>
Address of supplier	<input type="text"/>

Under the pay as you go legislation and guidelines produced by the Tax Office I provide you with a written statement that explains why I have not quoted an ABN for the current and future supply of goods and services to you.

Tick the appropriate box

The supply is made to you in my capacity as an individual, and the supply is made in the course of an activity that is a **private recreational pursuit or hobby**

The supply is made to you in my capacity as an individual, and the supply is wholly of a **private or domestic nature for me**

I (or the supplier that I represent) am/is a **non-resident who is not carrying on an enterprise in Australia**

The whole of the payment that I (or the supplier that I represent) will receive for the supply is **exempt from income tax**

I (or the partnership that I represent) have **no reasonable expectation of profit or gain** from the activity undertaken and consider that I (or the partnership that I represent) do not meet the definition of enterprise for tax purposes

For this reason I am not quoting you an ABN. You should not withhold an amount from the payment you make to me for the supply. I agree to advise you in writing if circumstances change to the extent that this statement becomes invalid.

Name of authorised person (if not the supplier)	<input type="text"/>
Signature of supplier or authorised person	<input type="text"/>
Date	<input type="text"/>
Daytime contact phone number	<input type="text"/>

**It is an offence to make a false or misleading statement**

**The person or entity to whom this statement is made should retain the statement for 5 years**

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