

## APPLICATION FORM

# Central Queensland Rural Health Connected Communities within Banana Shire Grants – Round 2

### BEFORE YOU BEGIN

Please refer to the CQRH Connected Communities within Banana Shire Grants Round 2 information available at our website to assist you with your application and ensure you have your organisation's ABN and insurance certificate of currency available for uploading. You may also like to refer to our Privacy Policy, also available at our website, as we will need to record, store and retrieve your application for administration and reporting purposes.

### IMPORTANT

- Please take note of the closing date provided to you. We cannot make exceptions for anyone trying to submit after 5pm on the closing date. Applications and all requirements must be submitted via [admin@cqrdgp.com.au](mailto:admin@cqrdgp.com.au) or in paper form in person or by mail at our Biloela office, 66 Callide Street, Biloela, Qld 4715.
- You will be notified by mail or by phone of the outcome of your application from Friday, 8 March 2024.

### ABOUT YOUR ORGANISATION

|                                                                  |               |               |
|------------------------------------------------------------------|---------------|---------------|
| <b>Organisation Name*</b>                                        |               |               |
| <b>ABN</b>                                                       |               |               |
| <b>No. of current financial members</b>                          |               |               |
| <b>Purpose of organisation</b>                                   |               |               |
| <b>Major activities your organisation offers in Banana Shire</b> |               |               |
| <b>Grant applicant name</b>                                      | <b>Name:</b>  | <b>Role:</b>  |
|                                                                  | <b>Email:</b> | <b>Phone:</b> |
| <b>Secondary contact for grant</b>                               | <b>Name:</b>  | <b>Role:</b>  |
|                                                                  | <b>Email:</b> |               |
| <b>Organisation street address</b>                               |               |               |
| <b>Organisation postal address</b>                               |               |               |
| <b>Club president's name and contact</b>                         |               |               |

\*Applicant Organisation - Exactly as per your ABN – Refer to the Australian Business Register  
(www.abr.gov.au)

## YOUR EVENT / ACTIVITY

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| <b>Name of event/activity</b>                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Describe your event/activity</b><br><br><i>Note: Please include the date, time and location of activity as well as a description as to what will take place</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Funding category (please tick the box that most closely aligns to the benefit(s) your event/activity will provide)</b>                                          | <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> <b>Community connection</b><br/>           Activities and initiatives that create or enhance people’s sense of belonging and social connectedness to others within the community who share a common location interest, cause or experience. Community connection activities help reduce social isolation and build relationships to promote community resilience and support networks.</li> <br/> <li>2. <input type="checkbox"/> <b>Improving wellbeing of participants</b><br/>           Activities and initiatives that help promote good physical and mental health, happiness and comfort for residents. It is more than promoting the absence of disease and illness, but create a sense of wellness and positivity in individuals so they are resilient during challenging times and are active community participants.</li> <br/> <li>3. <input type="checkbox"/> <b>Promote volunteering within clubs or community</b><br/>           These activities and initiatives directly promote volunteering within clubs or community. Volunteers are essential for resilient and active communities, so these activities must focus on benefitting the wider community.</li> <br/> <li>4. <input type="checkbox"/> <b>Improve community wellbeing</b><br/>           Activities and initiatives that improve community</li> </ol> |

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|                                                                                                                                                                                                                                                                                                                                           | <p>involvement and support to build resilience and help people tackle challenges and opportunities as they arise. Priority will be given to activities which promote one or more of the following: Being active; continuous learning; community giving; connecting with others; and community safety.</p> |
| <p><b>Describe how your event/activity meets the guidelines of the category in which you are applying for a grant</b><br/> <i>Note: Application that show evidence that your event/activity will meet the need outlined in the category criteria will be considered more favourably.</i></p>                                              |                                                                                                                                                                                                                                                                                                           |
| <p><b>Describe what you plan to do with the funds (please be as specific as possible and detail your or other confirmed contributions to this initiative)</b><br/> <i>Note: Applications that include an itemised list of planned spending will be considered more favourably.</i></p>                                                    |                                                                                                                                                                                                                                                                                                           |
| <p><b>Please outline possible risks that may impact on your event and describe the risk mitigation strategies you will put in place</b></p>                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                           |
| <p><b>As part of this funding, you will be required to include our logo and acknowledge the Tackling Regional Adversity through Connected Communities (TRACC) funding provided by the Queensland Government as well. Please describe how you plan to do this. We will provide information and logos to the successful applicants.</b></p> |                                                                                                                                                                                                                                                                                                           |

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| <b>Funding Dates</b>                                                                                                                                                                                                                | <b>OPENS: 9am, Monday, 15 January 2024</b><br><b>CLOSES: 5pm, Thursday, 29 February 2024</b>                                                                                                                                                                                                    |
| <b>Please acknowledge you have read and agree to the CQRH Connected Communities within Banana Shire Grants terms and conditions, available at <a href="https://www.cqruralhealth.com.au/">https://www.cqruralhealth.com.au/</a></b> | <input type="checkbox"/> I/We acknowledge the terms and conditions of the Central Queensland Rural Health Connected Communities within Banana Shire Grants                                                                                                                                      |
| <b>Submission Checklist</b>                                                                                                                                                                                                         | <input type="checkbox"/> Acknowledgement of Terms & Conditions in Form<br><input type="checkbox"/> Letters of Support are ready to send with this Form<br><input type="checkbox"/> Certificate of Currency (Insurance) is ready to send<br><input type="checkbox"/> This Form is fully complete |
| <b>Applications to be submitted to:</b>                                                                                                                                                                                             | <a href="mailto:admin@cqrdgp.com.au">admin@cqrdgp.com.au</a> by 5pm, Thursday, 29 February 2024 or deliver to the Central Queensland Rural Health office, 66 Callide Street, Biloela Q4715.                                                                                                     |
| <b>For more information</b>                                                                                                                                                                                                         | Phone (07) 4992 1040 or email <a href="mailto:admin@cqrdgp.com.au">admin@cqrdgp.com.au</a>                                                                                                                                                                                                      |
| <b>Acquittal information</b>                                                                                                                                                                                                        | Your acquittal form will be due 5pm, Friday 28 June 2024.                                                                                                                                                                                                                                       |