

2024-2025 Housing Support Program - Application Form

Form Preview

Eligibility

* indicates a required field

Housing Support Program - preliminary eligibility check

If you answer NO to any of the following questions you are ineligible for a Housing Support Program Grant. Before commencing your application, please phone Council on 07 3403 8888 and ask to speak with the Safe Communities Team to discuss your project eligibility and include their name on your application.

Refer to the program [Guidelines](#) for full eligibility criteria.

Is your organisation an incorporated not-for-profit or auspiced by an incorporated not-for-profit organisation? *

☐ Yes

☐ No

Is the project benefiting people experiencing homelessness and/or those in social housing within the inner north of Brisbane only? Specifically - Fortitude Valley, New Farm, Newstead, Teneriffe, Spring Hill and Bowen Hills. *

☐ Yes

☐ No

Will your project commence after 26 May 2025? *

☐ Yes

☐ No

Is your organisation clear of any outstanding debts, overdue or unacquitted grants with Council or outstanding issues with the Office of Fair Trading at the time of application? *

☐ Yes

☐ No

Does your organisation (or your auspice) have current public liability cover to the value of \$20M? *

☐ Yes

☐ No

Introduction - Housing Support Program

* indicates a required field

Introduction

The Housing Support Program provides funding to develop and improve programs and facilities for people experiencing homelessness and those in social housing within the **inner north of Brisbane including Fortitude Valley, New Farm, Newstead, Teneriffe, Spring Hill and Bowen Hills only.**

To include participants from outside the stipulated area deems the application ineligible.

Funding is from a minimum of \$2,000.00 up to \$10,000.00 (GST exclusive) for each applicant.

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Before you apply

Read the program [Guidelines](#) and [Community Grants Policy](#) before completing your application. The guidelines and policy will govern the grant if your application is successful.

It is recommended that you contact the Safe Communities Team to discuss project eligibility by calling Council on (07) 3403 8888 (disability or translation service numbers are listed in the program guidelines).

Applicants must be a not-for-profit incorporated organisation, or be sponsored by a not-for-profit organisation that is incorporated and able to accept legal and financial responsibility for the project or activity.

Applicants must not have outstanding debts or overdue unacquitted grants with Council.

Applicants must have appropriate insurance and workplace health and safety policies.

Most fields in this form are mandatory and if not completed your form will not be able to be submitted. An error message will highlight which fields require completion.

The closing date for the Housing Support Program is **midnight, Monday 24 March 2025**.

Have you read the guidelines? *

☐ Yes

☐ No

Have you discussed your proposal with a Council Safe Communities Team Member? *

☐ Yes

☐ No

To discuss your proposal, please contact a Safe Communities Team by phoning Council on 3403 8888.

Name of the Council Officer you spoke with from the Safe Communities Team to discuss your proposal *

Title

First Name

Last Name

All applicants are required to contact a Council Officer from the Safe Communities Team on (07) 3403 8888 to confirm their eligibility and obtain advice on your proposal.

Applicant Details

* indicates a required field

Are you applying with the support of an auspice?

If you have an ABN and are an organisation (not an individual), then an auspice is not required.

Please refer to the [Community Grants Policy](#) which provides further information with respect to an individual or unincorporated organisations use of an auspice.

Click [here](#) for the ATO explanation on when to use Statement by Supplier forms.

Will you be nominating an auspice for this application? *

☐ No auspice required

☐ I will be nominating an auspice for this application

☐ I will be providing a 'Statement by Supplier' form

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Applicant Details

Organisation *

Organisation Name

Official entity, group or organisation name (no acronyms).
Cannot be a commercial business or an individual.

Contact Person *

Title

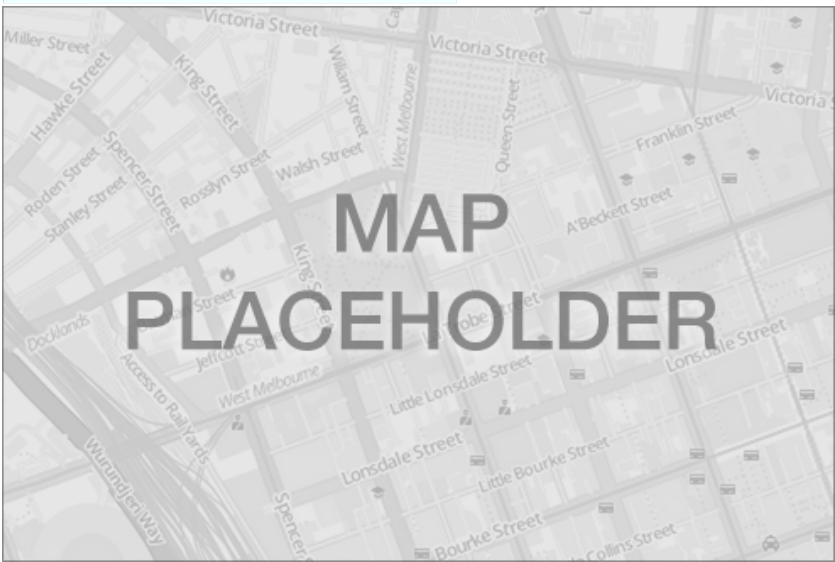
First Name

Last Name

Contact's position *

Organisation Address *

Address



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

Mailing Address *

Address

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

Phone Number *

Main point of contact during business hours. Please use standard format, e.g. (07) 3403 8888

Email Address *

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Please provide an organisational email address (e.g. genericemail@yourclub.org.au) rather than a specific personal address.

Alternate or Mobile Number *

If primary number is a landline, please provide an alternative mobile number. Please use standard format, e.g. (0491) 570 159

Auspice Organisation Details

* indicates a required field

PLEASE NOTE: An auspice is a not-for-profit incorporated organisation that is agreeing to manage the legal and financial responsibility of the grant on behalf of the auspiced (applicant) organisation. Their agreement letter (attached below) needs to clearly document the auspice's acceptance of these responsibilities. This is not simply a letter of support for the project.

If the grant application is successful the grant payment will be made to the auspice organisation, not the applicant.

Attach letter from your auspicing organisation agreeing to accept this responsibility *

Attach a file:

Auspice Organisation *

Organisation Name

Auspice Organisation Contact *

Title

First Name

Last Name

Auspice Organisation Contact Position *

Auspice Organisation Postal Address *

Address

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

Phone Number *

Please use standard format, e.g. (07) 3403 8888

Email Address *

Please use a generic email address (e.g. enquiries@example.com)

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Statement by Supplier Form

Form attachment

If you:

- a) do not have an ABN, and
- b) are not nominating an auspice

then you will need to provide a Statement by Supplier form to Council.

The form can be downloaded from the Australian Tax Office website. [Click here to download form](#)

Attach completed and signed Statement by Supplier Form.

Attach a file:

More information about the Statement by Supplier arrangements can be found [here](#).

Financial, Insurance and Banking Details

* indicates a required field

Financial Statement

Please attach your (or your auspice's) latest Annual Financial Statement with other financial documentation below (as required to be lodged with the Chief Executive in accordance with the Association Incorporation Act 1981)

Attach latest Annual Financial Statement *

Attach a file:

Insurance - Certificate of Currency

Applicant organisations (or their auspice) **must** keep and maintain adequate insurance including public liability insurance, with a reputable insurer, in relation to all activities carried out by the Applicant, including in relation to this project, against any claims for loss or damage to property and injury or death to persons.

Does your organisation (or your auspice) have current public liability cover to the value of \$20M? *

- ☐ Yes
- ☐ No

If Yes, attach a copy of the current certificate (must show amount insured, data and details of coverage etc)

Attach Public Liability Insurance Certificate *

Attach a file:

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Date of expiry of insurance cover *

Must be a date.

Applicant organisation (or auspice) legal status

What is the legal entity status of the organisation? *

- ☐ Company limited by guarantee
☐ Incorporated Association

Attach Certificate of Incorporation: *

Attach a file:

Applicant (or auspice) 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.

Bank Account Information

Please complete the information below, ensuring that the account name reflects the Entity Name as recorded by the ABN. Any discrepancy will result in a delay in payment while Council verifies account information.

Who is the owner of this bank account? *

- ☐ My organisation's account details
☐ My auspice's account details

Name of Bank *

Account Name *

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BSB Number *

BSB Number (must be six digits)

Account number *

Must not be an individual, maximum 9 digits

Organisation's email address (for payment remittance advice) *

Please provide an organisational email address (e.g. accountspayable@yourclub.org.au) rather than a specific personal address.

Project/Event Summary

* indicates a required field

Project or Event Details

Project Title *

Brief Project Description *

Word count:
(100 words approx)

Start Date *

Must be a date and no earlier than 26/5/2025.

End Date *

Must be a date and between 26/5/2025 and 26/5/2026.

Project Location Details

Reminder: The project can take place outside of the inner north Brisbane city area; but must only include participants from that area (i.e. Fortitude Valley, New Farm, Newstead, Bowen Hills, Teneriffe and Spring Hill).

Please enter where the actual project/event will take place, i.e. **not** the address of the organiser/s.

Location address *

Please include Park Name, for example: "Fake Park" 123 Fake Street, Brisbane 4000

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Council ward project is within *

Visit [Electoral Commission Queensland](#) to find out your ward

If project is in multiple locations, please list other addresses

Project Details

Provide a history or background to your group and/or project *

Word count:

Must be between 50 and 250 words.

What exact activities or tasks would be undertaken if you were to receive a Housing Support Program Grant? *

Word count:

Must be between 50 and 250 words.

Attach your project plan *

Attach a file:

What days and/or times will your project be open or operational? *

Word count:

Must be no more than 250 words.

How many people will your project assist? *

Must be a number.

How will they be assisted? *

Word count:

Must be between 50 and 250 words.

Do building works form part of this application? *

- ☐ Yes (Further questions to be completed later in the application)
- ☐ No

Assessment Criteria

The Assessment Criteria are listed in the Guidelines which can be viewed by clicking [here](#).

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Criterion 1: How does your project/activity meet one or more of the objectives of the program? *

Word count:
Must be no more than 250 words.

Criterion 2: Provide evidence of the need and/or support for this project and the anticipated benefits to people experiencing or at risk of homelessness. *

Word count:
Must be no more than 250 words.

Attach any support material

Attach a file:

Criterion 3: Who has been consulted and how will they be involved in the planning and implementation of your project? *

Word count:
Must be no more than 250 words.

Attach letters of support

Attach a file:

Criterion 4: Demonstrate your group's capacity to undertake all aspects of the project including evaluating and documenting the results. *

Word count:
Must be no more than 250 words.

If you have previously received funding from the Housing Support Program for a similar project, what new initiatives have you developed?

Word count:
Must be no more than 250 words.

Project Classification

The 2 questions below come from CLASSIE - a set of common terms that describe Australian social sector initiatives and entities.

When used collectively and systematically, the terms help grantmakers (and others) to make better sense of what's being funded and who's benefiting from that funding.

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CLASSIE was developed by The Australian Institute of Grants Management, with heavy input from the Foundation Center in the United States. You can read more about the project at www.ourcommunity.com.au/classie.

What are the primary areas of focus for this project/program? *

No more than 3 choices may be selected.
You can select items from any area of the list – all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)

Who are the expected primary beneficiaries of this project/program? *

No more than 3 choices may be selected.
Please choose only the group/s that are at the very core of this project/program. If your initiative is open to everyone, choose the first item, 'Universal – no particularly targeted beneficiaries'

Budget

* indicates a required field

You must provide an itemised budget for your project/activity.

This question relates to **Assessment Criterion 5: Extent to which the budget is comprehensive, realistic and provides value for money.**

[Click here to view budget tips and an example budget table online.](#)

Please note for the purpose of assessment:

- Provide a minimum of two recent quotes for capital and equipment purchases.
- Ensure the items you seek funding for, are eligible (see [Guidelines](#))
- If you include other grant funding in the 'income' column please indicate if it is approved or pending. Approved means you have formally been notified that your funding application was successful.
- Calculations of any labour costs or non-capital expenses must be added to the budget table.
- **Single Use Plastics:** Brisbane City Council is committed to the reduction of single-use plastics. Grant funding should not be used towards the purchase of single-use plastic items such as single-use plastic water bottles, plastic straws or helium balloons.

Please note that for the purpose of assessment all budget figures provided must be **GST exclusive**.

- If your organisation or auspice are **not** GST registered the 10% GST will be added to your grant, but will not be itemised as GST.
- If your organisation or auspice are registered for GST, 10% GST will be added to your grant as an itemised GST gross-up.

GST Calculator

[Click here for online GST calculator](#)

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Budget

Income item description	\$ Amount (ex GST)	Expenditure item description	\$ Amount (ex GST)	Funded by this grant
Housing Support Grant	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
				Must be a dollar amount.

Budget Totals

Total Income Amount	Total Expenditure Amount	Income - Expenditure	Housing Support Program funding sought
\$	\$	\$	\$
This number/amount is calculated.	This number/amount is calculated.	SHOULD EQUAL ZERO. Project income should equal expenditure	This number/amount is calculated. The above figure is the total of the amount you have indicated in the '\$ Funded by this grant' column of the expenses table. It should be between \$2,000 and \$10,000. If this figure is not correct please amend the figures you have provided in the Budget table.

Confirm the total grant amount requested from Brisbane City Council. *

\$

What is the total financial support you are requesting in this application?

Confirm total expenditure for the project. *

\$

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

Quotes

You MUST attach TWO recent quotes if you are applying to carry out capital works or purchase equipment.

Preferred quote(s) *

Attach a file:

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Please use clear file names

Attach other quotes

Attach a file:

Please use clear file name

Property Information

* indicates a required field

Property Ownership

What relationship does the applicant have to the property? *

- ☐ Owned by applicant
- ☐ Leased by applicant
- ☐ Owned by auspice
- ☐ Leased by auspice

Lease or letter of support from land/facility owner

Attach a file:

Leasing Information

If the property is not owned by the applicant, please provide any leasing information that is available.

Length of Lease (in months)

Must be a number.

Lease Expiry Date

Must be a date.

Lessor (Property Owner)

eg - Brisbane City Council

Development Applications/Building Approvals

For information regarding requirements for Development and Building Approvals, phone 3403 8888, visit: www.brisbane.qld.gov.au or visit a [Brisbane City Council Business Centre](#).

Design Plans and Drawings

Please ensure relevant plans are attached, showing the accessibility enhancements of new or existing buildings or structures e.g. wheelchair ramp, toilet blocks etc. and include all measurements and references to applicable Australian Standards.

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Application For Works (AFW)

If you are a council tenant, sub tenant or user group, you must attach a Application for Works on Community Leased Site supported letter for this project, to be eligible.

Please click [here](#) to access the AFW Application Process.

Certification of Works

An accredited building certifier must be engaged for all capital works projects, to review plans before work commences, and to formally certify that the completed works have achieved compliance with the *Building Code of Australia* and the *Disability Discrimination Act*.

The cost of engaging a certifier can be included in the project budget.

AFW Attachment

Attach a file:

If facility is council owned please attach AFW form here.

Do you have a Development Approval for your project? *

- ☐ Yes - received (please attach documentation)
- ☐ No - DA lodged, decision pending (provide evidence of IDAS self assessment)
- ☐ No - DA required and yet to lodge
- ☐ No - DA not required

DA must be issued by Brisbane City Council

Attach Development Approval documentation

Attach a file:

DA approval number (if relevant)

You may obtain a quote from BCC regarding the cost of a DA and include this in the budget section of this application

Do you have a Building Approval for your project? *

- ☐ Yes - received (please attach documentation)
- ☐ No - BA lodged and awaiting decision
- ☐ No - BA required and yet to lodge
- ☐ No - BA not required

BA must be issued by Brisbane City Council

Attach Building Approval documentation

Attach a file:

Do you have a Plumbing Approval for your project? *

- ☐ Yes - received (please attach documentation)
 - ☐ No - lodged and awaiting decision
 - ☐ No - required and yet to lodge
 - ☐ No - Plumbing approval not required
- Plumbing Approval must be issued by Brisbane City Council

Attach Plumbing Approval documentation

Attach a file:

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Please attach a copy of plans of architectural drawings.

Attach a file:

If available, please attach recent photos of the property

Attach a file:

Have you identified an accredited Building Certifier to consult about your plans, and provide final certification? *

- ☐ Yes
☐ No

If Yes, please provide the certifier's name

Is there any further information that can be provided with regards to Development, Building and/or Plumbing Approvals?

Word count:

Must be no more than 250 words.

Certification

* indicates a required field

Certification

The following section confirms your organisation's endorsement of this application. It should be completed by the **Chair, President or Chief Executive**.

- I certify that, to the best of my knowledge, the statements made in this application are true and correct.
- I understand that if Brisbane City Council approves a grant, I will be required to accept the terms and conditions as set out in the Funding Agreement and I will be required to comply with those terms and conditions including any Brisbane City Council audit requirements.
- I consent to the information contained within this application being disclosed to or by Brisbane City Council for the purposes of assessing, administering and monitoring current and further Brisbane City Council grant applications.
- I acknowledge that Brisbane City Council is or may be collecting my personal information for the purposes of assessing, administering and monitoring my application and, if approved by Council, the grant in accordance with the Funding Agreement. Any personal information collected by Brisbane City Council will be kept in accordance with [Brisbane City Council's privacy statement](#).
- I understand that if Brisbane City Council approves a grant, I will be bound by the contents of this application and the terms and conditions as set out in the Funding Agreement to carry out the project as I have described and as required by Council.

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I understand that this application and its contents will form part of the Funding Agreement and my contractual relationship with Brisbane City Council.

- I consent to the use of information contained in the application by Brisbane City Council in press releases and other media communications if I am successful.

Name and Position of Approving Officer *

President, Chair, Secretary etc

Date of Certification *

Where did you hear about the grants program? *

- ☐ Council Website
- ☐ Email
- ☐ Direct (Postal) Mail
- ☐ Social Media
- ☐ Living In Brisbane Newsletter
- ☐ Previous applicant
- ☐ Council Officer