

# Historical Organisation Assistance Grant Program - Application Form - 2024-25

## Form Preview

### Introduction

\* indicates a required field

The Historical Organisation Assistance Grant Program provides multi-year funding to build the sustainability and capacity of community-based, not-for-profit cultural heritage and historical organisations in delivering history and heritage activities that bring Brisbane's stories to life and enables a deeper connection to place.

This Program will provide grant funding of between \$2,000 and \$10,000 (ex GST) per year for three years.

Please read the [Guidelines](#) of this grant before completing your application.

Please note that 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.

**Have you read the guidelines, and does your application proposal comply with the application requirements, conditions and eligibility? \***

☐ Yes

☐ No

### Grants Information

**Did you attend the Grant Information Session? \***

☐ Yes

☐ No

**Have you spoken with a Council officer about your application? \***

☐ Yes

☐ No

**Name of Council Officer**

### Previous Brisbane City Council Grants

**Have you received a Historical Organisation Assistance Grant previously? \***

☐ Yes

☐ No

**If yes, please provide details of previous grant:**

Name of grant program, year of funding (e.g. Historical Organisational Assistance Grant, 2023-2024)

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**Are any of your previous Council grants overdue for acquittal? \***

- ☐ No  
☐ Yes - You may be ineligible for this grant  
If you are unsure if your organisation has an overdue acquittal, please email the Community Grants Team at: [CommunityGrants@brisbane.qld.gov.au](mailto:CommunityGrants@brisbane.qld.gov.au).

## Eligibility

\* indicates a required field

This section seeks to confirm your eligibility for this grant funding.

**If you answer NO to any of the following questions you may be ineligible for a Historical Organisation Assistance Grant.** If you are unsure if you are eligible for funding you can contact Brisbane City Council on (07) 3403 8888 and ask to speak to a Creative Sector Development Coordinator.

**1. Is your organisation a not-for-profit historical organisation, that is based or currently operating in the Brisbane LGA? \***

- ☐ Yes ☐ No

Eligible organisations must be registered or be eligible for registration under the Australian Charities and Not for Profits Commission Act 2012 (Cth). If you are unsure of which ward you live in, please enter your address into the [Electoral Commission of Queensland website](#) search tool or contact ECQ on 1300 881 665.

**2. Does your organisation have as one of its primary objectives, the purpose of promoting and fostering Brisbane's culture and caring for, preserving and protecting Brisbane's heritage? \***

- ☐ Yes ☐ No

**3. Does your organisation operate a facility which is intrinsically linked to Brisbane's history and/or heritage? \***

- ☐ Yes ☐ No

**4. Is the facility that your organisation operates accessible to the general public for regular hours? \***

- ☐ Yes ☐ No

**Please describe \***

Word count:

Must be no more than 50 words.

**5. If your organisation previously received this grant, is it applying for different funding items? \***

- ☐ Yes ☐ No ☐ N/A

Organisations that have previously received this grant can not apply for the same funding details.

**6. Will your funding requirements start after 1 June 2025? \***

- ☐ Yes ☐ No

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This is the intended grant notification date.

**7. Are you only applying once for this grant? \***

☐ Yes ☐ No

Only one (1) application per individual can be submitted.

### Applicant Details

\* indicates a required field

#### Applicant Details

**Organisation name \***

Organisation Name

Official entity name (same as ABN), group or organisation name (no acronyms).

**Contact person \***

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Contact's position \***

**Phone number \***

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

**Email Address \***

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

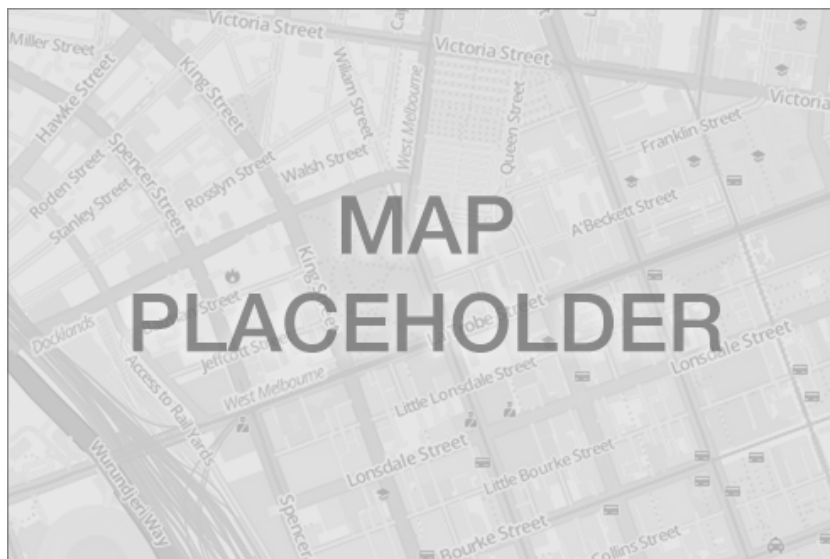
**Organisation address \***

Address

<input type="text"/>
<input type="text"/>

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

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**In which Council ward is your organisation based? \***

If you are unsure which Council ward your organisation is based in, visit [Electoral Commission Queensland](https://www.electoralcommission.qld.gov.au/) to find out your ward.

**Postal address \***

Address

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

**Will your grant outcome take place at the address listed above? \***

- ☐ Yes  
☐ No

**If 'no', where will it take place?**

Address

**Alternative Contact**

☐ Individual ☐ Organisation  
Organisation Name

Title First Name Last Name

**Alternative Phone Number**

Must be an Australian phone number.

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Are you applying with the support of an auspice?

**If your application is successful in obtaining funding, the auspice organisation will become the grantee on your behalf. Your auspice organisation must be located within the Brisbane Local Government Area (LGA).**

Your auspice organisation must supply a letter, signed by either the Chair, President or Chief Executive of the organisation, agreeing to auspice your grant. You will also need to provide the financial (banking) details of your auspice organisation, so a transfer of payment (electronic funds transfer) can be made, if your grant is successful.

Click [here](#) for Australian Tax Office (ATO) information regarding auspice and sponsor arrangements.

**Will you be nominating an auspice for this application? \***

- ☐ No auspice required
- ☐ I will be nominating an auspice for this application

## Auspice Organisation Details

\* indicates a required field

### Auspice details

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 letter needs to clearly document the auspice's acceptance of these responsibilities. This is not simply a letter of support for the grant application.

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

**Attach letter from your auspice 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

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

**Phone number \***

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

**Email address \***

## Financial, Insurance and Banking Details

\* indicates a required field

### Financial Statement

***If you have nominated an auspice organisation, please complete this section with their details.***

Please attach your 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

***If you have nominated an auspice organisation, please complete this section with their details.***

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 grant, against any claims for loss or damage to property and injury or death to persons.

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

- ☐ Yes  
☐ No

**Attach Public Liability Insurance Certificate \***

Attach a file:

Current certificate must show amount insured, data and details of coverage etc.

**Date of insurance cover expiry \***

### Organisation legal status

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***If you have nominated an auspice organisation, please complete this section with their details.***

**What is the legal entity status of your organisation? \***

- ☐ Company limited by guarantee  
☐ Incorporated Association

**Attach Certificate of Incorporation (or equivalent):**

Attach a file:

**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.

**Is the above ABN registered for GST? \***

- ☐ Yes ☐ No

## Bank Account Information

***If you have nominated an auspice organisation, please complete this section with their details.***

All grant payments through the Historical Organisational Assistance Grant are made by electronic funds transfer (EFT) to your nominated bank account.

**Who is the owner of this bank account? \***

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

**Account name \***

**Name of bank \***

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**BSB number \***

BSB Number (must be six digits)

**Account number \***

Must not be an individual's account, maximum 9 digits

**Email address (for payment remittance advice) \***

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

## Land / Facility Tenure

**Do you own the building and/or land? \***

- ☐ Owned by Applicant Organisation
- ☐ Leased by Applicant Organisation
- ☐ Owned by Auspice Organisation (sponsor)
- ☐ Leased by Auspice Organisation (sponsor)
- ☐ Owned by Brisbane City Council or another third party
- ☐ Leased by Brisbane City Council or another third party
- ☐ A usage agreement from Brisbane City Council
- ☐ Other (please attach written proof of the right to use buildings or land)

**Please attach supporting evidence. \***

Attach a file:

## Leasing Information

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

**Lease End Date**

Must be a date.

**Lessor (Property Owner)**

**Copy of lease (or usage agreement)**

Attach a file:

Acceptable instruments of tenure include but are not restricted to: leases, subleases, management rights, occupancy agreements and licences, with three years tenure\* from the date of grant application.



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### Proposal Summary

\* indicates a required field

#### Historical Organisation Assistance Grant Program Objectives

Applications are encouraged to demonstrate how this grant builds their **heritage economy**.

The Historical Organisation Assistance Grant Program provides funding over three years to Brisbane-based cultural heritage and historical organisations to:

- continue to operate and grow
- build stronger, more resilient organisations to achieve long-term sustainability
- increase the skills and capacity of organisations and their staff
- preserve Brisbane's cultural heritage and history and ensure it remains accessible for the Brisbane community.

**Note: Organisations that have previously received this grant can not apply for the previously funded items.**

Briefly describe your organisation

**Describe your organisation's vision, business structure and how you work to preserve Brisbane's cultural heritage and history? \***

Must be no more than 300 words.

**Please upload any supporting documents:**

Attach a file:

Please provide information about your charter, significant cultural heritage items, collections, places and events (e.g. images, register of artefacts etc.)

**How many current members does your organisation have? \***

Number of members at time of application.

**How many volunteers does your organisation have annually? \***

Number of active volunteers that are engaged regularly.

**On average, how many hours does your organisation operate per week? \***

Include regular opening hours, duration of services plus any additional events, activities or programs you operate throughout the year.

**How many people currently benefit from**

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**or access your service annually? \***

## Proposed Application Summary

**What is the name of your application? \***

Must be no more than 10 words.  
This is the title of your grant application and will be used when referring to the name of this application.

**Short description \***

**Word count:**  
Must be no more than 100 words.  
Provide a short description of your project over the three year term. What are you out to do and how do you expect the funding to impact your organisation?

**Year One start date \***

Must not be earlier than 1 June 2025.

**Year One end date \***

Must be completed within 12 months (anticipated month of acquittal will be June 2026).

## Proposed funding details

Applications that meet the eligibility requirements will be assessed according to [assessment criteria](#) and percentage weighting. When answering the questions below consider the intent of the activity across the three year period.

**MERIT: What are the key challenges impacting your organisation's long-term sustainability and how does your proposal address these challenges? \***

Maximum 200 words.

**Please upload any supporting documents:**

Attach a file:

Include items regarding proposed activities and intended outcomes of grant funding including how this opportunity will allow your organisation to increase potential income / investment or resilience.

**BENEFIT AND VALUE? What will the impacts of this funding be and**

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**how will the community benefit? \***

Must be no more than 200 words.

**Please upload any supporting documents:**

Attach a file:

Include evidence of demonstrated community need, consultation.

**CAPACITY: Describe how you will achieve your project outcomes? \***

Must be no more than 200 words.

**Please upload any supporting documents:**

Attach a file:

Include evidence of planning and delivery mechanisms and proposed personnel, letters of confirmation from any external providers named in the proposal, risk assessment, public liability or other insurance certificate/s, any copyright, licensing or workplace health and safety documents, surveys and evaluation.

**How will you document and evaluate your application, how will you know if it's been successful? and how you will measure success? \***

Explain how you will gather evidence to demonstrate successful outcomes (ie. participant/audience surveys, financial reports to show revenue generation, etc).

**Please provide a letter of commitment for your proposal from your Board or Executive Management Committee. \***

Attach a file:

Please upload confirmation of commitment. This can include the minutes of a board or management committee meeting where a resolution to support this proposal has been approved.

## 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.

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](http://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.

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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

Your budget must include all costs of your grant application. A [sample budget table](#) might assist you with development of your budget.

- **All budget figures provided must be [GST exclusive](#).**
- If you or your auspice is **not** GST registered the 10% GST will be added to your grant, and will not be itemised as GST.
- If you or your auspice is registered for GST, 10% GST will be added to your grant as an itemised GST gross-up.
- Indicate how much of the Grant funding will be used for each expense item noted.
- Use round figures eg \$3,450 not \$3,450.45.
- Refer to the grant's guidelines for what the project will not fund.
- **Council will NOT fund rates, salaries, rent or contingency costs.**

## Proposed project grant expenditure - Year One

This is what you are seeking Council's funding for. Please provide your organisation's itemised grant expenditure for the first financial year and upload quotes to support the expenditure request.

**Your total itemised grant expenditure must be a value between \$2,000 and \$10,000 (ex GST) per annum.**

**Note: Organisations that have previously received this grant can not apply for the same project funding details.** eg if you asked for funds to cover electricity costs in the previous grant, then you cannot ask for this again. Think about how else these funds can be expended.

Expenditure item description	\$ Grant Funding Amount (ex GST)
	\$
	\$
	\$
	\$
	\$
	Must be a whole dollar amount (no cents).

## Quotes

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**Attach quotes or evidence for year one funding. \***

Attach a file:

**Total proposed expenditure - Year One**

This figure is the amount of your grant request for the first year of the grant. If this figure is not correct please amend the table above.

**Total expenditure amount Year One**

\$

This number is an automatic calculation of the total of expenditure items you have provided in the table above, it should not exceed \$10,000. If this figure is not correct please amend the figures you have provided in the expenses table above.

**Total proposed grant expenditure - Year Two**

Please provide your organisation's itemised grant expenditure for the second financial year and upload quotes to support the expenditure request.

**Your total itemised grant expenditure must be a value between \$2,000 and \$10,000 per annum.**

**Expenditure item description - Year Two \$ Grant Funding Amount (ex GST)**

	\$
	\$
	\$
	\$
	\$
	\$
	Must be a dollar amount.

**Total proposed expenditure - Year Two**

This figure is the amount of your grant request for the second year of the grant. If this figure is not correct please amend the table above.

**Total expenditure amount Year Two**

\$

This number is an automatic calculation of the total of expenditure items you have provided in the table above, it should not exceed \$10,000. If this figure is not correct please amend the figures you have provided in the expense table above.

**Total proposed grant expenditure - Year Three**

Please provide your organisation's itemised grant expenditure for the third financial year and upload quotes to support the expenditure request.

**Your total itemised grant expenditure must be a value between \$2,000 and \$10,000 per annum.**

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Expenditure item description - Year Three	\$ Grant Funding Amount (ex GST)
	\$
	\$
	\$
	\$
	\$
	\$
	Must be a dollar amount.

## Total proposed expenditure - Year Three

This figure is the amount of your grant request for the third year of the grant. If this figure is not correct please amend the table above.

### Total expenditure amount Year Three

\$

This number is an automatic calculation of the total of expenditure items you have provided in the table above, it should not exceed \$10,000. If this figure is not correct please amend the figures you have provided in the expense table above.

## Total Triennial Funding Request

### Total expenditure amount over Triennial (three year) Funding Period

\$

This number is an automatic calculation of the total of expenditure items you have provided above for years one; two and three. This figure should not exceed \$10,000 per year. If this figure is not correct please amend the figures you have provided in the expenditure table/s above.

## Notes and supporting documents

### Budget notes:

#### Word count:

Maximum 100 words. Include any comments you have regarding your expenses.

### Please upload any supporting documents for your budget:

#### Attach a file:

Attach any documentation to support budget figures if available. May include quotes, hire agreements, evidence of expenses.

## Declaration

\* indicates a required field

### More about you:

Please complete the following questions to help with the continued improvement and tracking of this program.

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### Do you or your organisation identify with any of the following? \*

- |   |   |
|---|---|
| <input type="checkbox"/> Aboriginal heritage                    | <input type="checkbox"/> Culturally or linguistically diverse background    |
| <input type="checkbox"/> Torres Strait Islander heritage        | <input type="checkbox"/> Under 26 years of age, working with younger people |
| <input type="checkbox"/> Australian South Sea Islander heritage | <input type="checkbox"/> Women  |
| <input type="checkbox"/> Person/people with a disability        | <input type="checkbox"/> None of the above                                  |

### Where did you hear about the grants program? \*

- |  |  |
|--|--|
| <input type="radio"/> Council Website      | <input type="radio"/> Previous applicant |
| <input type="radio"/> Email                | <input type="radio"/> Council Officer    |
| <input type="radio"/> Direct (Postal) Mail | <input type="radio"/> Local Councillor   |
| <input type="radio"/> Social Media         | <input type="radio"/> Other:             |

### Do you have any feedback or suggestions regarding the application process?

Word count:

Must be no more than 50 words.

50 words maximum. If you are a previous applicant you may have noticed changes to the application form, your feedback relevant to these changes is greatly appreciated.

**If you would like to stay up to date with Brisbane City Council's Creative Communities opportunities and programs subscribe to our [Creative Register](#).**

## 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 grant as I have described and as required by Council.  
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.

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Name of authorising person \*

Date of Certification \*

Position in organisation \*

President, Chair, Secretary etc