2026/27 Facility Support Requests
Form Preview

Contact Details

* indicates a required field

Applicant Details

Community Facilty Management Commitee Name *
Organisation Name

For organisations: please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Name of Facility

Do you have a current Licence Agreement for the facility?
- ○ Yes
- ○ No

Expiry date of Licence Agreement

Must be a date.

Reason for Application

* indicates a required field

What are you requesting in this application? *
- ○ Request for Council maintenance support (eligible as per your Licence Agreement)
- ○ Owners consent to undertake works / upgrade of facility (applying for an external grant to undertake works or applicant is covering full cost of the works)

Request for Council Maintenance Support

* indicates a required field

Describe the maintenance issue you are requesting support for *

Is this maintenance request a Council responsibility as outlined in your Licence Agreement?

- ○ Yes
- ○ No

If no, please explain why you are requesting Council to carry out this work, even though it is not listed as Council's responsibility in your licence.

Request for Owners Consent

Application for Owners Consent for works - Project Overview to Council Facility

Project Name

Brief Description of Project / Works

Are there any other outstanding / overdue maintenance issues?

Is the site heritage listed?

- ○ Yes
- ○ No

Do you have a Strategic Plan for the facility?

- ○ Yes
- ○ No

Strategic Plan

Please upload a copy of your Strategic Plan
Attach a file:

If you have one

Is this project detailed in your Strategic Plan

- ○ Yes
- ○ No

Site Specific Heritage Information

Do you have a Statement of Heritage Impact Assessment (SOHI)
- ○ Yes (please attach)
- ○ No, we need some heritage advice
- ○ Not applicable for this project

If yes, attach Statement of Heritage Impact Assessment (SOHI)
Attach a file:

Detailed Design

Do you have detailed site plan, floor plans, elevations, sections and schedule of colours and materials?
- ○ Yes
- ○ No
- ○ Not applicable

Comments

Have you considered how the design will allow access to people of all abilities?
- ○ Yes
- ○ No
- ○ Not applicable

Provide evidence of meeting Disability (Access to premises buildings) standard 2010

Have you considered how the design will increase the facilities environmental sustainability?
- ○ Yes
- ○ No
- ○ Not applicable

i.e. will it help reduce heating, energy needs, etc.

Comments

Insurance Costs

Have you considered how this design will impact future insurance payments?
- ○ Yes
- ○ No
- ○ Not applicable

Impacts on future insurance premiums

Fire Safety

Does the design effect the flow of people around the facility?
- ○ Yes, we will need a new evacuation plan
- ○ No
- ○ Not sure

Asbestos

Are any works likely to release asbestos material?
- ○ Yes, we will need to manage the risk
- ○ No
- ○ Don't know, we require some advice

Planning

What planning approval is required for the proposed works?
- ○ Complying Development
- ○ Development Application
- ○ Not applicable

Planning Advice

Brief overview of planning advice recieved (or attach advice provided)

Attach advice received
Attach a file:

Project Costs and Suppliers

Budget

Please list the cost item and the supplier

Cost Item and Supplier	**$ Amount**
	$
	$

	$
	$
	$
	$
	$
	$

Budget Totals

Total Cost

$

This number/amount is calculated.

Quotes

Please attach quotes for each of the cost items
Attach a file:

Funding Sources

Project Funding Sources

Funding Source	Amount
	$
	$
	$
	$
	$
	$
	$
	$

Attach any grant information / evidence

Please note: you must have approval before submitting a grant application for any works to the hall.

What is the amount of funding you will request in your grant application?

$

Must be a dollar amount.

What date does the grant program close?

Must be a date.

Attach relevant grant program information
Attach a file:

Financial Attachments

Financial Attachments

Please provide a link to or attach a copy of your most recent Annual Report.

If you do not produce an annual report, please provide us with your most recent financial statements (may include a Profit and Loss Statement / Statement of Financial Performance and a Balance Sheet / Statement of Financial Position).

Upload files

Attach a file:

Certification

* indicates a required field

Certification

This section must be completed by an appropriately authorised person who holds an elected position on the committee (may be different to the contact person listed earlier in this application form). The authorised person is required to be listed on Council's records as an elected Committee Member.

Name of authorised person *

Title First Name Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Has this application been authorised at a Committee meeting?

- ○ Yes
- ○ No

Committee Approval

Please attach the minutes of the Committee meeting showing committee approval for this application
Attach a file:

Committee Approval

Explain why this application has not been authorised at a Committee meeting

Additional Information

Any other comments / information