

CFSP Community Facilities Request Form 24/25

Form Preview

Contact Details

* indicates a required field

Applicant Details

Group or Organisation 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 as outlined in your Licence as Council's responsibility
- Owners consent to undertake works / upgrade facility (at organisation's cost)
- Combined - Owners consent to both undertake works to the facility and to apply for a grant to fund the works

Request for Council Maintenance Support

* indicates a required field

Describe the maintenance issue you are requesting support for *

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How urgent is the request? *

- Urgent (safety issue)
- Not urgent

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 hall?

- 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

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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 received (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
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

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

Grant Information

Name of Grants Funding Program**Grant Program Website**

Must be a URL.

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

Name of authorised person *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Position held in applicant organisation

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

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Has this application been authorised at a committee meeting? * Yes No

Committee Approval

Please attach the minutes of the committee meeting showing approval for this application

Attach a file:

Committee Approval

Explain why this application has not been authorised by the committee

Additional Information

Any other comments / information