

# 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 \*

# CFSP Community Facilities Request Form 24/25

## Form Preview

### 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

# CFSP Community Facilities Request Form 24/25

## Form Preview

### 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

# CFSP Community Facilities Request Form 24/25

## Form Preview

### 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
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

# CFSP Community Facilities Request Form 24/25

## Form Preview

### 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
<div></div>	<div></div>	<div></div>

**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

# CFSP Community Facilities Request Form 24/25

Form Preview

**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**