# CFSP Halls Request Form 24/25
Form Preview

## Contact Details

* indicates a required field

### Applicant Details

**Hall 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 Hall**

[ ]

**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?** *
○ Funding to reimburse or help with hall management costs
○ Request for Council maintenance support (up to the value of $1,000)
○ Request for funds to undertake works to hall
○ 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)

### Available funds

Total available funds for either reimbursement or to undertake works to the hall is $3,000.00 per financial year.

Support by Council's maintenance officer for minor works can be applied for up to the amount of $1,000.00 per financial year. You will be notified of the costs of any works performed following its completion.

## Funding to reimburse or help with hall management costs

* indicates a required field

**Note: Eligible hall management costs include such things as electricity bills or insurance premiums, etc., up to a maximum of $3,000 in total per annum. This section is not for requesting funds towards maintenance or building works.**

**Describe what the funding you are requesting will be used for** *

**What is the amount you are requesting?** *

$

Must be a dollar amount.

**Please provide evidence of the cost (e.g. quote or invoice) of what you are requesting funding for**
Attach a file:

## Request for Council Maintenance Support

* indicates a required field

**Note: a limit of $1,000.00 per annum of maintenance support can be requested.**

**Describe the maintenance issue you are requesting support for** *

**How urgent is the request?** *
○  Urgent (safety issue)
○  Not urgent

## Request for Funds to Undertake Works to Hall

* indicates a required field

**Note: no work is to be done until this form is submitted and you have received written approval of your request**

**What is the total cost of the works?** *

$

Must be a dollar amount.

**What is the amount you are requesting?** *

$

Must be a dollar amount.
If the amount exceeds your balance (from the $3,000.00 allocated annual amount), your application will not be approved.

**If the total cost is more than the amount you are requesting, how will the balance be funded?** *
☐  Hall Management Committee will fund
☐  Applying for an external grant
☐  Not applicable
☐ Other:

## 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

**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?**

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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:

**Please attach an invoice for the amount you have requested in this application**

Attach a file:

Ensure all bank details are correct

## 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**