Text

Description automatically generated

## Organisation detail

|  |  |
| --- | --- |
| Organisation name Where you have a sponsor arrangement, this must be the name of the sponsor organisation who is eligible to apply. | Click here to enter text. |
| ABN (Where you have a sponsor arrangement, this must be the ABN of the sponsor organisation). | Click here to enter text. |
| What type of entity are you? You may be required to provide proof of incorporation if applicable. | Incorporated not-for-profit organisation  Queensland Parents and Citizens’ Association  School in QLD  Australian State/Territory Government body or statutory authority (or the Commonwealth Minister(s) representing such a body or authority)  Local Governing Body (e.g. Local council) |
| Are you an incorporated trustee on behalf of a trust? If yes, please provide both the Trust and the Trustee’s ABN. | Select Yes or No  Trust ABN: Click here to enter text.  Trustee ABN: Click here to enter text. |
| Are you a charity registered with the Australian Charities and Not‑for-profits Commission (ACNC)? | Select Yes or No |
| Are you registered for GST? | Select Yes or No |
| Organisation street address Please provide a street address, not a post box address. | Address Line 1  Address Line 2  Suburb  State Postcode |
| Organisation postal address You may provide a post box address here. | Address Line 1  Address Line 2  Suburb  State Postcode |

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| --- | --- | --- | --- |
| Sponsored organisation (where applicable) | |  |  |
| Are you applying as a sponsor on behalf of an unincorporated organisation? | Select Yes or No | | |
| Sponsored organisation name | Click here to enter text. | | |

## Nominee Contact Details

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Position in organisation | Click here to enter text. |
| Email Address | Click here to enter text. |
| **Telephone number**    **Mobile number**  (optional) | Click here to enter phone number.  Click here to enter mobile number. |
| Address Enter ‘as above’ if using the organisation address | Address Line 1  Address Line 2  Suburb  State Postcode |

## Project Information

|  |  |
| --- | --- |
| Project title | Click here to enter text. |
| Project description What are your key project activities and outcomes? | Click here to enter text. |
| Project outcome/Why is the project important? Explain how your project increases community awareness of The Queen’s Jubilee and increases/enhances the area of tree canopy. | Click here to enter text. |
| Total cost of project | Click here to enter $ amount. |
| Grant funding sought | Click here to enter $ amount. |
| Can you hold a commemorative event by 31 December 2022? | Select Yes or No |
| Can you complete the project by 30 November 2023? | Select Yes or No |
| **Project site location**    Please ensure this street address is within the nominating electorate. You can check this using [National Map.](https://nationalmap.gov.au/#share=s-3d93XcZJ6Ie0TP6WHlTsvqLybHp)  **% of project value undertaken at site**  *Please provide all project site addresses if there is more than one, and the % of project value undertaken at each site. The combined total % must add up to 100%.* | Address Line 1  Address Line 2  Suburb  State Postcode  Click here to enter % |