

Application Form Monaro Street Facade Improvement Program

Round 1

Form Preview

Eligibility

* indicates a required field

Monaro Street Facade Improvement Program

This field is read only.

Applicants: please note

Before completing this application form, you should have read the program guidelines.

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is important that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact **Tracey Lamont** on **(02) 6285 6308** or at **tracey.lamont@qprc.nsw.gov.au**.

If you do contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.

Confirmation of Eligibility

Before proceeding, please confirm the following:

- you have read and understood the program guidelines
- you are able to demonstrate alignment between your project and the aims of this program
- you are a building owner or manager with a street frontage along Monaro Street (from Lowe Street to Collett Street), Queanbeyan.

You must confirm that all statements above are true and correct. *

☐ Yes

Contact Details

* indicates a required field

Privacy Notice

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We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. Personal information provided in this form is required in order to process the application. Information is voluntary; however, if insufficient information is provided, support for your application will be difficult when considering competing requests. Your personal information will not be used without your prior written permission.

Applicant Details

Applicant *

Title	First Name	Last Name

Address of Monaro St property for which you are seeking funding

Address

Applicant postal address

Address

Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Are you the building owner? *

- ☐ Yes
☐ No

If you are not the building owner, please upload a document confirming you have the authority to act on behalf of the building owner

Attach a file:

Please attach a file if you are not the building owner.

Applicant ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Application Form Monaro Street Facade Improvement Program Round 1 Form Preview

Information from the Australian Business Register

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

[More information](#)

ACNC Registration

Tax Concessions

Main Business Location

Must be an ABN.

I confirm the business is financially solvent and is not subject to any ongoing legal proceedings that may impact ability to deliver the proposed project *

☐ Yes

If you cannot confirm, you are not eligible to apply for funding under this Program.

Project Details

* indicates a required field

Project title *

Word count:

Must be no more than 25 words.

Provide a name for your project/program/initiative. Your title should be short but descriptive

Project Start and End Date

Project start date *

Project end date *

Please provide a detailed description of the proposed works *

Word count:

Must be no more than 250 words.

Please describe the project, what you will do and the scope of works.

Please describe how your project aligns with the Grant Objectives *

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Word count:
Must be no more than 250 words.
Please describe how the project progresses the Program Objectives. The Objectives are: improve the visual presentation of buildings along the street; assist building owners to attract and retain tenants; and complement the Monaro Street Refresh Project including the Shopfront Improvement Program, which specifically targets business shopfronts.

Timelines

What are the major steps / stages (i.e. milestones) involved in delivering your initiative?

Milestone	Start Date	End Date	Notes
One per row. e.g. Planning; recruitment; evaluation. Add more rows if you want to list additional milestones.	Leave blank if date is unknown or not relevant. Must be a date.	Leave blank if date is unknown or not relevant. Must be a date.	Add notes if you need to provide more context.

Project Budget

Budget

Name of Expenditure Item	\$ Amount
	Please use whole dollars only (no cents)

Total Project Budget

Total Project Budget

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This number/amount is calculated.

Total Amount Requested

Must be a dollar amount.

What is the total financial support you are requesting in this application? Requested funds cannot be more than \$10,000.

Your \$ contribution to the project

This number/amount is calculated.

\$ amount you are contributing to the project

Certification

* indicates a required field

Certification

This section must be by the building owner or manager who is applying for the grant funding from Queanbeyan-Palerang Regional Council.

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if I gain approval for this grant application, I will be required to accept the terms and conditions of the grant as outlined in the Letter of Offer.

I agree *

☐ Yes

Name of applicant *

Title

First Name

Last Name

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

Phone number *

Must be an Australian phone number.

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

Email *

Must be an email address.