

Gambling Community Benefit Fund Program – Instructions for submitting grant applications using the Online Grants Portal

The Gambling Community Benefit Fund (GCBF) allocates funding to not-for-profit community groups to enhance their capacity to provide services, leisure activities and opportunities for Queensland communities. Applications can be submitted for funding between \$500 and \$35,000 and there are four funding rounds per year (28 February, 31 May, 31 August and 30 November).

Online applications are made through the Gambling Community Benefit Funds online portal:

www.justice.qld.gov.au/corporate/sponsorships-and-grants/grants/community-benefit-funding-programs

As the legal entity, The Scout Association of Australia, Queensland Branch Inc. is registered with the Fund as the 'Sponsor Organisation'. Individual Queensland Scout Formations are defined as 'Sponsored Entities' by the Fund.

QBSI 6.5 (Financial Management – Grants), states that Groups wishing to apply for grant funding must first seek approval from the Region Commissioner and Chief Commissioner and all applications are to be lodged through the Branch Support Office prior to submission. Only the Chief Commissioner and General Manager are authorised to enter into a Funding Agreement on behalf of the Organisation and therefore the approval of the Chief Commissioner must be sought by all applicants.

Online Portal Registration

Registration – How to register a Scout Formation on the GCBF online portal

The Branch Support Office will register all Queensland Scout Formations who wish to apply to the Fund.

Contact: Grants and Project Officer, Scouts Queensland

Email: grants@scoutsqld.com.au **Tel:** 07 3721 5734

Formations with an existing grant open will not need to register the Group as their details have been transferred into the new system. Contact the Grants and Project Officer for access details.

Please provide the following information in order for the Grants and Project Officer to complete your registration:

Group / Formation Name

Physical Address of Group and Postal Address (if different)

When was the Group established?

What geographical area does your Group cover? (Towns / suburbs from which Members attend the Group)

Financial Position of the Group, from the last audited accounts provide figures for the following:

- Income
- Expenditure
- Assets
- Liabilities
- Cash at Bank
- Investments

Group Contact Details, Where possible provide details for the Group Leader and use a Group email address:

On provision of the information set out above, the Group will be with a User Name and Password.

Completing an Online Grant Application

Enter the Gambling Community Benefit Fund website:

www.justice.qld.gov.au/corporate/sponsorships-and-grants/grants/community-benefit-funding-programs

Login to the online portal

Select: **To submit an application visit:**
www.gamblingcommunityfund.qld.gov.au

To submit an application visit
www.gamblingcommunityfund.qld.gov.au.

Welcome Page

Enter the Welcome Page and read the terms and conditions and privacy statement.

On completion, tick the box to agree to the privacy statement and press **CONTINUE**

☐ By checking this box you indicate that you agree with the privacy statement

Continue >

Sign In Page

Enter the Group **Name** and **Password**

Select: **SIGN IN**

When logging into the portal, type your organisation number or name slowly and wait for the full name to appear in the drop down list. Type in your password exactly as it appears in your registration email.

Sign In

Please enter your Organisation Name, or Number, and Password to sign in.

Unsure if you are registered? Start typing your Organisation Name to check, or contact CBFU on [1800 633 619](tel:1800633619) or [3247 4284](tel:32474284).

Name or Number *

Password *

Sign In

[Forgot your password?](#)

Organisation Details

The organisation details completed when the Formation was registered appear on the page, check that these are still correct.

Select: **Save and Continue**

Organisation Details

[Cancel](#) [Save and Continue](#)

Please ensure the details on your Organisation below are up-to-date and correct.

Applications

Select: **Create a new application or + New Application**

Applications

[Sign Out](#) [Organisation Details](#) [+ New Application](#)

You do not currently have any applications.
[Create a new application](#)

<p><u>New Application</u></p> <p>As a 'sponsored entity' you are required to enter the name of the 'Sponsor Organisation':</p> <p>Enter: The Scout Association of Australia Queensland Branch Inc.</p> <p>Details regarding the 'Sponsor' and 'Sponsored Entity' will automatically be completed based on the information provided during registration.</p>	<p>Legal Entity _____</p> <p>As you are applying as a Sponsored Entity, the application needs to be sponsored by a Legal Entity organisation who will accept legal and financial responsibility of the grant. Please provide the Name or Number of the Legal Entity who has agreed to sponsor this application.</p> <p>Name or Number *</p> <input type="text"/> <p><small>Enter the Organisation's Number, or search by their Name.</small></p>
<p><u>Application Contact Person</u></p> <p>Enter the name and contact details of the Formation Contact, preferably a Group Leader.</p> <p><u>Accountable Officer</u></p> <p>The Chief Commissioner is the Accountable Officer, details will automatically appear based on the registration details.</p>	<p>Application Contact Person _____</p> <p>Title * <input type="text"/></p> <p>First Name * <input type="text"/></p> <p>Last Name * <input type="text"/></p> <p>Phone Number * <input type="text"/></p> <p>Mobile Number <input type="text"/></p> <p>Email Address * <input type="text"/></p>
<p><u>Contribution</u></p> <p>It is strongly recommended that Formations contribute to the cost of the project either financially and / or in-kind. Priority will be given to applications where there is a co-contribution.</p>	<p>Contribution _____</p> <p>Are you providing a financial contribution to this application? * <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Please note your contribution cannot be included in your requested items.</p> <p>Financial Amount * <input type="text"/></p> <p>Please outline * <input type="text"/></p> <p>Are you providing in-kind support to this application? * <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Please outline * <input type="text"/></p>
<p><u>Requested Items</u></p> <p>Complete a separate line for each of the requested items. Use the drop down menu to select the item category, enter a description and quantity and the total value of the item.</p> <p>Select 'Add an item' to add additional rows.</p>	

Please note: As Scouts Queensland is registered for GST you are required to enter the exclusive GST amount for each requested line item.

Grants will be acquitted using invoices to the value of the grant excluding GST spent on the goods or services. For example, if you receive \$35,000 of funds, when you acquit the grant you will provide invoices to the value of \$35,000 excluding GST (or \$38,500 including GST where tax invoices are provided).

Requested Items from fund

- Please select from the 'Requested Item Category' the category that best suits the item/s you are requesting from the fund.
- Please provide the description of the requested item/s you wish to purchase, please do not include model numbers.
- Please input the requested \$ amount including GST (if applicable), exclude any financial contributions.

Requested Item Category	Description	Quantity	GST	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	N/A	<input type="text"/>
+ Add an item				Requested Amount \$0.00

Events

Complete this section if the funds are required for an event. Ensure the event will be held after the date the grant is due to be awarded.

Event

Are any of the requested items for a community event or workshop? * ☒ Yes ☐ No

Is this event reliant on this grant funding application being successful? *

☐ Yes ☐ No

What date will this event/workshop be held? *

Is this event held annually? *

☐ Yes ☐ No

Facility Improvements

Answer the questions **Yes / No** to each question in order, further questions will appear depending on your answer to each question.

Facility Improvements

Are any of the requested items for facility improvements? * ☒ Yes ☐ No

Does your organisation own the property? * ☐ Yes ☒ No

Is the property owned by another not-for-profit organisation? * ☐ Yes ☒ No

Is the property owned by council or other government entity? * ☐ Yes ☒ No

Is the property owned by an individual or private company? * ☒ Yes ☐ No

Please advise the end date of your current tenure *

Please provide an explanation as to how you will meet the three year requirement *

Application Description

Enter text to explain the project benefits for the organisation and the community.

Select from the drop down menu the category that best describes the people most assisted by the application.

It is strongly recommended that the project should support more than one not-for-profit organisation and that the project should

<p>provide an opportunity for the Group to generate income.</p> <p>Select Yes / No as appropriate and provide supporting information.</p>	<h3>Application Description</h3> <p>How will the application benefit your organisation and the community? *</p> <div></div> <p>Which category best describes the people to be assisted by your application *</p> <div></div> <p>Will this application provide benefit to more than one not-for-profit organisation, if successful? *</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Will this application provide an opportunity for your organisation to generate income if successful? *</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Have you applied for funding for budget items listed in this application from any other sources? *</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<h3><u>Natural Disaster</u></h3> <p>Complete this section of the application if the project is required as a result of a natural disaster.</p>	<h3>Natural Disaster</h3> <p>Is this application being submitted as a result of your organisation being affected by a natural disaster within the last two years? *</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Natural Disaster *</p> <div></div> <p>Please outline how your Organisation was affected by this Natural Disaster *</p> <div></div>
<h3><u>Members</u></h3> <p>Enter the number of Group members, include; youth, leaders, committee and other volunteers.</p> <p>Enter the number of people accessing the facilities, include; all of the above plus family members, casual and regular Den rentals.</p> <p>Note: Region and Organisation Service Type will both automatically complete based on information from the registration page.</p>	<h3>Members</h3> <p>How many paying members does your organisation currently have? *</p> <div>#</div> <h3>Users</h3> <p>How many people access your organisations facilities or services annually? *</p> <div>#</div> <h3>Region</h3> <p>What geographical area does your organisation cover?</p> <h3>Organisation Service Type</h3> <p>Organisation Service Type</p> <div>Children (under 16 years)</div>
<h3><u>Referees</u></h3> <p>You will be asked to provide three referees who should be from outside of Scouting.</p>	

They will not be required to provide a letter of support however, they must give permission for their contact details to be included in the application.

Federal MP's, State MP's and Local Councillors are familiar with the process and often receive such requests however please make contact early and give them sufficient time to respond.

Referees

All referees listed may be contacted. Referees cannot be management committee members or accountable officer.

Referee #1

Full Name *

Position *

Contact Number *

Email Address *

Declaration

The Declaration is to be completed by the Grants and Project Officer only once the Chief Commissioner has confirmed authority to proceed.

Declaration

Are you listed as the Accountable Officer or Contact Person on this application? * ☐ Yes ☐ No

Are you authorised to submit this application on behalf of the applicant organisation? * ☐ Yes ☐ No

Declaration Officer

Title *

First Name *

Last Name *

Phone Number *

Mobile Number

Email Address *

Save / Submit

Save the application.

Scout Formations are not authorised to submit grant applications without the prior approval of the District Commissioner, Region Commissioner and the Chief Commissioner.

Notify the Grants and Project Officer when you have completed the application and it will then appear on the Sponsors account.

Gambling Community Benefit Fund Checklist (F2)

When notifying the Grants and Project Officer of your intention to apply to the Gambling Community Benefit Fund, please complete the Checklist (F2) to confirm eligibility and approval from the District Commissioner (where applicable) and Region Commissioner. Applications will be reviewed and submitted to the Chief Commissioner for approval once the checklist has been completed.

Applications submitted by Queensland Scout Formations without the prior approval of the Chief Commissioner will be rejected and removed from the portal.

These instructions have been developed in consultation with the Gambling Community Benefit Fund and the advice provided will ensure the effective processing of grant applications.