

## Community Grants Program

2020/21

**Application Form** 







## **PART A - Applicant Details**

| 1 Details of pers                | son completing this application  |
|----------------------------------|--|
| First Name                       |  |
| Surname                          |  |
| Position/Role witl               | hin the organisation   |
|                                  |  |
| Phone (B/H)                      |  |
| Phone (M)                        |  |
| Email                            |  |
| 2 Details of orga                | anisation submitting this application  |
| Name                             |  |
| Address                          |  |
|                                  |  |
| Postal Address<br>(if different) |  |
| (ii dinorcint)                   |  |
| Email                            |  |
| activities undertake             | nisation view below of your organisation, including vision/mission; programs and n and/or services provided; number of staff/volunteers involved; and/or details or engagement with other organisations or stakeholders. |



| Please att<br>Incorporat<br>organisation                                      | ach evider<br>tion or cha<br>on without     | ritable status advice. If you are   | a social ent (DGR | ) status, please attach a copy of your   |  |  |
|---|---|---|-------------------|--|--|--|
|   | Registere                                   | ed club   |                   |  |  |  |
|   | Incorpora                                   | ated organisation   |                   |  |  |  |
|   | Not-for-p                                   | rofit organisation or community   | group             |  |  |  |
|   | Other (please specify):                     |   |                   |  |  |  |
| Australiar  | n Busines                                   | Australian Business Number (if applicable):   |                   |  |  |  |
| Australian Company Number (if applicable):                                    |   |   |                   |  |  |  |
|   | n Compan                                    |   |                   |  |  |  |
| Australiar  |   |   |                   |  |  |  |
| Australian  | orporation                                  | y Number (if applicable): Number (if applicable):   |                   |  |  |  |
| Australian  | prporation                                  | Number (if applicable):  Number (if applicable):  on registered for GST?  |                   | No. Not we wintered for CCT  |  |  |
| Australian  | prporation                                  | y Number (if applicable): Number (if applicable):   |                   | No – Not registered for GST  |  |  |
| Australian  NSW Inco  Is your of  Public Lit To be elig                       | rganisation Yes – Re ability Insible for Co | Number (if applicable):  Number (if applicable):  on registered for GST?  egistered for GST  surance  uncil's Community Grants Prog |                   | No – Not registered for GST  r organisation must hold current attach a copy of your Certificate of |  |  |
| Australian  NSW Inco  Is your of  Public Lia  To be elig Public Lia           | rganisation Yes – Re ability Insible for Co | Number (if applicable):  Number (if applicable):  on registered for GST?  egistered for GST  surance  uncil's Community Grants Prog |                   | r organisation must hold current   |  |  |
| Australian  NSW Inco  Is your of  Public Lia To be elig Public Lial Currency. | rganisation Yes – Re ability Insible for Co | Number (if applicable):  Number (if applicable):  on registered for GST?  egistered for GST  surance  uncil's Community Grants Prog |                   | r organisation must hold current   |  |  |

## **Bank Details**

Please provide the details for your organisation's bank Account. If your application is successful, payment will be made to this bank account after your Funding Agreement is signed and returned.



| BSB No.:                     |                            |  |  |
|------------------------------|----------------------------|--|--|
| Account No                   | .:                         |  |  |
| Account Na                   | me                         |  |  |
| Bank and Bi                  | ranch                      |  |  |
|                              |                            |  |  |
| 3 Previou                    | s fund                     | ling   |  |
| Has your o                   | rganisa                    | ation received funding from Edward River Council?  |  |
| Y                            | es/es                      | □ No   |  |
| funding red<br>If your organ | <b>ceived,</b><br>nisation | ove, please detail the year the funding was received, the type of the value of funding received, and how the funding was used: has received Council funding on several occasions, please submit an g the below information for each of those funding agreements. |  |
| Year receiv                  | /ed                        |  |  |
| Туре                         |                            |  |  |
| Value                        |                            |  |  |
| Use                          |                            |  |  |
|                              |                            | PART B - Project Details   |  |
|                              |                            |  |  |
| 4 Project                    | overvi                     | iew  |  |
| What is the                  | name                       | of Project/Activity/Event?   |  |
|                              |                            |  |  |
| What is the                  | purpo                      | ose of the project?  |  |
|                              |                            |  |  |
|                              |                            |  |  |
|                              |                            |  |  |
| Where is th                  | ne locat                   | tion of the project?   |  |
|                              |                            |  |  |
|                              |                            |  |  |



| Please provide a brief descript of the project and why?         | Please provide a brief description of the project. What works will be undertaken as part of the project and why? |  |  |
|---|--|--|--|
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| How will the success of the pr                                  | oject be measured?   |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| Please detail how Council's co                                  | ontribution will be acknowledged:  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| If your project is an event, plea                               | ase detail the expected number of attendees:   |  |  |
| Total volunteers  |  |  |  |
| Total committee members/ organisers                             |  |  |  |
| Total paid attendees (entertainment, logistics,                 |  |  |  |
| suppliers, etc.)  |  |  |  |
| Total guests  |  |  |  |
| TOTAL ATTENDEES   |  |  |  |
| Of the above total attendees, v<br>Edward River local governmen | what percentage do you estimate to be visitors to the nt area?   |  |  |
|   |  |  |  |
| 5 Project timeframe   |  |  |  |
| -   |  |  |  |
| Start Date  |  |  |  |
| End Date  |  |  |  |



| 6 Pro | ject cos | t and fu | ndina 1 | reauest | ed |
|-------|----------|----------|---------|---------|----|
|       |          |          |         |         |    |

Applicants may seek funding of between \$1,000 and \$5,000 through Council's Community Grants Program, Applications that request funding amounts outside of this funding range will not be

| 3 11                             | ne total project cost; the amount requested from Council; and canisation will make to the Project.  |  |  |
|----------------------------------|---|--|--|
| Total project cost               | \$  |  |  |
| Cash amount sought from Council  | \$  |  |  |
|                                  | Are you seeking any in-kind support from Council, such as materials, labour, promotion and/or waiver of Council Fees and Charges? If so, please identify the in-kind support below: |  |  |
|                                  |   |  |  |
|                                  |   |  |  |
| What is the cash amount your     | organisation will be contributing to the project?   |  |  |
| \$                               |   |  |  |
| What, if any, is the in-kind amo | ount your organisation will be contributing to the  |  |  |
| \$                               |   |  |  |
|                                  | rships or in-kind funding requested or received from vernments and private entities for this project:   |  |  |
|                                  |   |  |  |

| 6 | Pro | iect | value |
|---|-----|------|-------|
|   |     |      | Value |

Does the project improve social connectivity and community wellbeing or increase community participation?

How does the project demonstrate environmental, social or economic benefit to the Edward River local government area?



| Does your project align with or Delivery Program?  Both documents can be accessed  |  | _                                      |  | ·           |
|--|--|--|--|-------------|
|  |  |  |  |             |
|  |  |  |  |             |
|  |  |  |  |             |
|  | PART C - Pr  | oject Budg                             | et   |             |
| <ul> <li>Include all other contrib</li> <li>Provide quotes for cost</li> <li>Outline in-kind support in-kind support in your bu discounts on quote, waive sponsorship, etc.</li> </ul> | <b>'s</b> : List and attach<br>In-kind support idget, both who a | n.<br>s highly regar<br>nd what they a | ded. Include a desc<br>are contributing. For |             |
|  | BUD  | GET                                    |  |             |
| Fi   | nancial and In-K   | ind Contribu                           | tions  |             |
| Are there any contributions? Please detail both In-Kind and Fin  | ancial Contributior  | ns below.                              |  |             |
| In-kind (volunteer lab   | our) contribution  |  | Financial (cash) co                          | ontribution |
| Will funding be sought from If funding is sources from other s   |  |  | e below.                                     |             |
| Yes  |  |  | No   |             |
| Income   |  |  | Expense                                      |             |
|  | \$   |  |  | \$          |
|  | <b>c</b>   |  |  | Φ.          |



|              | \$                  | \$ |
|--------------|---------------------|----|
|              | \$                  | \$ |
|              | \$                  | \$ |
|              | \$                  | \$ |
|              | \$                  | \$ |
|              | \$                  | \$ |
|              | \$                  | \$ |
| Total Income | \$<br>Total Expense | \$ |

| Details of Voluntary Labour |   |                 |                  |               |
|-----------------------------|---|-----------------|------------------|---------------|
| Task to be completed        | Name/s or number of<br>people who will be<br>completing tasks | No. of<br>Hours | Rate per<br>Hour | Total<br>Cost |
|                             |   |                 |                  |               |
|                             |   |                 |                  |               |
|                             |   |                 |                  |               |
|                             |   |                 |                  |               |
|                             |   |                 |                  |               |
|                             |   |                 |                  |               |
|                             |   |                 |                  |               |
|                             |   |                 |                  |               |
| <u> </u>                    | TOTAL   |                 | \$               | \$            |

Please attach separate Project Budget if insufficient room.



## **PART D – Checklist and Certification**

| Checklist of Items to support your application |  |  |  |  |
|--|--|--|--|--|
|  | Application signed by both Project Manager and organisation Chair/President  |  |  |  |
|  | All elements   | s of the application complete, including budget                |  |  |
| Please 6                                       | ensure copi  | es of the following are attached to your completed application |  |  |
|  | Organisatio  | n's Public Liability Insurance Certificate of Insurance        |  |  |
|  | Copies of q  | uotes for products/services                                    |  |  |
|  | Completed  | Risk Assessment (only required if your project is an event)    |  |  |
| Grant E  | ligibility Ch  | ecklist  |  |  |
| In subm  | itting this a  | application, I confirm the following to be correct:            |  |  |
|  | The applicant is a Registered Club, Incorporated organisation or Not-for-Profit organisation, or is being auspiced by this type of organisation.   |  |  |  |
|  | The applicant can demonstrate a community need, improvements to social connectivity and build on community wellbeing, and/or demonstrate a social, economic or environmental benefit to the community. |  |  |  |
|  | The applicant will acknowledge the contribution made by Edward River Council to the delivery of the Project.   |  |  |  |
|  |  |  |  |  |
| Certifica                                      | Certification  |  |  |  |
| _  | I certify that I am authorised to submit this application for funding on behalf of the organisation named on page six of this application.   |  |  |  |
| Name   |  |  |  |  |
| Signatu  | re   |  |  |  |
| Date   |  |  |  |  |