

Community Grants Program

2020/21

Application Form







PART A - Applicant Details

1 Details of pers	son completing this application
First Name	
Surname	
Position/Role with	nin the organisation
Phone (B/H)	
Phone (M)	
Email	
2 Details of orga	anisation submitting this application
Name	
Address	
Postal Address	
(if different)	
Email	
0	
Overview of organ	nisation view below of your organisation, including vision/mission; programs and
	n and/or services provided; number of staff/volunteers involved; and/or details
of any partnerships	or engagement with other organisations or stakeholders.



Please att Incorporat organisation	ach evider tion or cha 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 If your organ	ceived, 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	What is the purpose 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 Edward River local governmen	what percentage do you estimate to be visitors to the nt area?		
5 Project timeframe			
5 Project timeframe			
Start Date			
End Date			



6 Pro	iect cost	t and fu	ndina	requested	ł
				على المراجع ا	

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	\$
	upport from Council, such as materials, labour, ouncil Fees and Charges? If so, please identify the in-kind
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?



or Delivery Program?	Does your project align with Council's Community Strategic Plan, <i>Edward River 2030</i> , or Delivery Program? Both documents can be accessed online from Council's website at www.edwardriver.nsw.gov.au.			
	PART C - Pr	oject Budg	et	
 budget will most likely be different, but the way they are set out and described should be the same. Ensure you: Include all other contributions: Are these confirmed or pending? Provide quotes for costs: List and attach. Outline in-kind support: In-kind support is highly regarded. Include a description of in-kind support in your budget, both who and what they are contributing. For example, discounts on quote, waived venue hire fees, catering, project co-ordination, sponsorship, etc. 				
	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	oour) contribution		Financial (cash) co	ontribution
Will funding be sought from other sources? If funding is sources from other sources, please show as income below.				
Yes			No	
Income	Income Expense			
	\$			\$
	c			ф.



	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total Income	\$ Total Expense	\$

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

Please attach separate Project Budget if insufficient room.



PART D – Checklist and Certification

Checkli	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				