



**Edward
River**
COUNCIL

Community Grants Program

2023/24

Application Form

Customer Service Centre

180 Cressy Street (PO Box 270)
Deniliquin NSW 2710
www.edwardriver.nsw.gov.au

PART A - Applicant Details

1 Details of person completing this application

First Name	
Surname	
Position/Role within the organisation	
Phone (B/H)	
Phone (M)	
Email	

2 Details of organisation submitting this application

Name	
Address	
Postal Address (if different)	
Email	

Overview of organisation

Provide a brief overview below of your organisation, including vision/mission; programs and activities undertaken and/or services provided; number of staff/volunteers involved; and/or details of any partnerships or engagement with other organisations or stakeholders.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	52
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Legal Status of organisation

Please attach evidence of your organisation's legal status, such as a copy of your Certificate of Incorporation or charitable status advice. If you are a social enterprise or not-for-profit organisation without charity or deductible gift recipient (DGR) status, please attach a copy of your Constitution, which includes your statement of purpose and organisation structure.

<input type="checkbox"/>	Registered club
<input type="checkbox"/>	Incorporated organisation
<input type="checkbox"/>	Not-for-profit organisation or community group
<input type="checkbox"/>	Other (please specify):

Australian Business Number <i>(if applicable):</i>	
Australian Company Number <i>(if applicable):</i>	
NSW Incorporation Number <i>(if applicable):</i>	

Is your organisation registered for GST?

<input type="checkbox"/>	Yes – Registered for GST	<input type="checkbox"/>	No – Not registered for GST
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Public Liability Insurance

To be eligible for Council's Community Grants Program, your organisation must hold current Public Liability Insurance of not less than \$20 million. Please attach a copy of your Certificate of Currency.

Insurer	
Expiry	
Value	

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 Name	
Bank and Branch	

3 Previous funding			
Has your organisation received funding from Edward River Council?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<p>If 'YES' to the above, please detail the year the funding was received, the type of funding received, the value of funding received, and how the funding was used:</p> <p>If your organisation has received Council funding on several occasions, please submit an attachment detailing the below information for each of those funding agreements.</p>			
Year received			
Type			
Value			
Use			

PART B - Project Details

4 Project overview
What is the name of Project/Activity/Event?
What is the purpose of the project?
Where is the location of the project?

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 project be measured?	
Please detail how Council's contribution will be acknowledged:	
If your project is an event, please 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, what percentage do you estimate to be visitors to the Edward River local government area?	

5 Project timeframe	
Start Date	
End Date	

6 Project cost and funding requested

Applicants may seek funding up to \$3000 through the Council's Community Grants Program. Applications that request funding amounts outside of this funding range will not be considered. Please detail below the total project cost; the amount requested from Council; and the financial contribution your organisation 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 amount your organisation will be contributing to the project?

\$

Please list any grants, sponsorships or in-kind funding requested or received from Federal, State and/or Local Governments and private entities for this project:

6 Project 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?

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Does your project align with Council's Community Strategic Plan, *Edward River 2030*, or Delivery Program?

Both documents can be accessed online from Council's website at www.edwardriver.nsw.gov.au.

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PART C – Project Budget

The table below is an example of a Project Budget. The actual items in your project 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.

BUDGET			
Financial and In-Kind Contributions			
Are there any contributions? Please detail both In-Kind and Financial Contributions below.			
<input type="checkbox"/>	In-kind (volunteer labour) contribution	<input type="checkbox"/>	Financial (cash) contribution
Will funding be sought from other sources? If funding is sources from other sources, please show as income below.			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Income		Expense	
	\$		\$
	\$		\$

	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
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
TOTAL			\$	\$

Please attach separate Project Budget if insufficient room.

PART D – Checklist and Certification

Checklist of Items to support your application

<input type="checkbox"/>	Application signed by authorised organisation representative
<input type="checkbox"/>	All elements of the application complete, including budget

Please ensure copies of the following are attached to your completed application

<input type="checkbox"/>	Organisation's Public Liability Insurance Certificate of Insurance
<input type="checkbox"/>	Copies of quotes for products/services
<input type="checkbox"/>	Completed Risk Assessment (only required if your project is an event)

Grant Eligibility Checklist

In submitting this application, I confirm the following to be correct:

<input type="checkbox"/>	The applicant is a Registered Club, Incorporated organisation or Not-for-Profit organisation, or is being auspiced by this type of organisation.
<input type="checkbox"/>	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.
<input type="checkbox"/>	The applicant will acknowledge the contribution made by Edward River Council to the delivery of the Project.

Certification

I certify that I am authorised to submit this application for funding on behalf of the organisation named on page one of this application.

Name	
Signature	
Date	