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| **wsc_logo_stacked_CMYK** | **COVID-19 COMMUNITY GRANTS PROGRAM**  **Application Form**  **Closing date 7 August 2020** |

**INSTRUCTIONS**

You must submit your application using this electronic based application form by 5pm on the closing date.

Only use the space provided as excess information will not be considered. Use dot points to convey your message more efficiently.

Additional information may be requested to support your application.

Contact Council’s Team Leader Community Projects & Events for any assistance in completing your application on 4677 9611 or [council@wollondilly.nsw.gov.au](mailto:council@wollondilly.nsw.gov.au)

**Late applications will not be accepted.**

**CERTIFICATION**

By submitting this application I acknowledge that I have read and understood the information made available by Wollondilly Shire Council on the Community Grants Program, including the eligibility criteria and to the best of my knowledge the information provided in this application is true and correct.

I also acknowledge that this application is submitted with both the full awareness and authority of either the organisation under which it is being submitted or, where applicable my parent or guardian.

* YES – please tick box

|  |  |
| --- | --- |
| Name of person completing this application |  |
| Date |  |
| Position with the organisation or group |  |
| **If this Application is being Auspiced** | |
| Name of person from Auspice organisation who has agreed to the submission of the application |  |
| Position within Auspicing organisation |  |

**GRANT CATEGORY**

🗖 **Community Program** **to provide financial support to ratepayers experiencing severe financial hardship as a result of COVID-19**

**ORGANISATIONAL DETAILS**

|  |  |
| --- | --- |
| Organisation Name |  |
| Street Address |  |
| Mailing Address -if different to above |  |
| ABN of organisation |  |
| If ABN not stated and this application is successful, will you agree to provide Council with a Statement by Supplier form? | 🗖 Yes 🗖 No |
| Is your organisation registered for GST? | 🗖 Yes 🗖 No |
| Does your organisation hold current Public Liability Insurance to cover your application’s activities? | 🗖 Yes **Please attach a copy of your Certificate of Currency**  🗖 No |
| What is your organisation’s legal status? | 🗖 Incorporated Association 🗖 Registered Charity  🗖 Cooperative 🗖 Other – please state:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🗖 Unincorporated - if so an auspice is required to manage any funds provided by Council. Please complete the next section |

**AUSPICE DETAILS – only if applicable**

|  |  |
| --- | --- |
| Organisation Name |  |
| Street Address |  |
| Mailing Address -if different to above |  |
| Australian Business Number  (ABN) |  |
| If not stated and this application is successful, will you provide Council with a Statement by Supplier form? | 🗖 Yes 🗖 No |
| Is your organisation registered for GST? | 🗖 Yes 🗖 No |
| Does your organisation hold current Public Liability Insurance to cover your application’s activities? | 🗖 Yes **Please attach a copy of your Certificate of Currency**  🗖 No |
| What is your organisation’s legal status? | 🗖 Incorporated Association 🗖 Registered Charity  🗖 Cooperative 🗖 Other – please state:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🗖 Un-incorporated - if so an auspice is required to manage any funds provided by Council. Please complete the next section |

**CONTACT DETAILS – for this particular application**

|  |  |
| --- | --- |
| Name |  |
| Position within organisation |  |
| Telephone during office hours |  |
| Mobile |  |
| E-Mail address |  |

**BANK DETAILS**

Any financial assistance provided by Council will only be provided by way of a direct deposit into a nominated bank account of the organisation or individual.

|  |  |
| --- | --- |
| Account Name |  |
| BSB Number |  |
| Account Number |  |
| Bank Name |  |

**APPLICATION DETAILS**

|  |  |
| --- | --- |
| Name of program for which funding is being requested |  |
| Detailed description of the program (i.e. how the funding will be used to directly support ratepayers suffering financial hardship as a result of Covid-19)  E.g. cash payments? Food and utility vouchers? Hampers? Payment of bills? Petrol cards etc.? |  |
| Timeframe | **Program** will start in  and is expected to finish by |
| Actual location of where program will occur |  |
| Is the program offered only to Wollondilly Shire ratepayers? | 🗖 Yes  🗖 No |
| How will you determine whether someone is a ratepayer? |  |
| How will you assess financial hardship and/or vulnerability? |  |
| What will be your criteria for ratepayer eligibility for financial support (i.e. how will you choose and/or prioritise who will be a recipient of assistance?) |  |
| What is the maximum amount of total financial assistance value you are proposing to provide per household? |  |
| How many households do you therefore expect to reach and support? |  |
| How will you make this program accessible to people with a disability and/or people from a cultural background |  |
| Amount requested from Council | $ |
| How have you identified the need to hold this program? |  |
| How will you monitor and evaluate this program? |  |
| Linkage to Council’s Community Strategic Plan   * **Tick one box only** * ***Refer to Council’s Community Strategic Plan 2033 for details*** | 🗖 Looking after the Community  🗖 Caring for the Environment  🗖 Building a stronger economy  🗖 Management and provision of infrastructure |
| How will your application address the strategies of the Community Strategic Plan?   * **Tick relevant boxes** * ***Refer to Council’s Community Strategic Plan 2033 for details*** | 🗖 Access to a range of activities services and facilities  🗖 A connected and supported community  🗖 Our local environment that is valued and supported  🗖 A community that interacts with, and cares for their environment  🗖 A strong local economy providing employment and other opportunities  🗖 Safe, maintained and effective infrastructure  🗖 Access to a range of transport options |
| Who are the primary target groups for you application?  **Tick relevant boxes** | 🗖 Ratepayers  🗖 Men  🗖 Women  🗖 Children  🗖 Young people  🗖 People with a disability  🗖 People from a diverse cultural background  🗖 Families  🗖 Older people  🗖 Aboriginal and Torres Straight Islanders  🗖 The Whole community  🗖 Other – please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Will you be working in partnership with other organisations? | 🗖 Yes 🗖 No  If yes please detail roles & responsibilities? |
| Have you sought funding from other sources for this program?  Amount requested  Amount received/approved | 🗖 Yes 🗖 No |

**APPLICATION BUDGET**

**INCOME – all projected income**

|  |  |
| --- | --- |
| Support income – donations, sponsorship from other sources | $ |
| Financial contribution by your organisation or partners | $ |
| Other contributions – please state | $ |
| INCOME TOTAL (A) | $ |

**EXPENDITURE – for all aspects of you event, project or activity**

|  |  |
| --- | --- |
| Tutor or facilitator fees | $ |
| Material Purchased – not purchase of equipment | $ |
| Documentation and or Promotional costs | $ |
| Equipment Hire | $ |
| Equipment – please attach a quote for each item | $ |
| Other costs– please state | $ |
|  | $ |
| EXPENDITURE TOTAL (B) | $ |

|  |  |
| --- | --- |
| **Amount requested from Wollondilly Shire Council (C)**  **C must = B – A** | $ |

**Note** You may apply for up to a maximum amount as per the total funding pool. There should not be any shortfall in funds required to successfully complete your planned activity. Funding will only be considered for applications that show financial viability.

|  |  |
| --- | --- |
| What in-kind contribution will the organisation and partners be making towards your application?  e.g. volunteer labour, use of facility or equipment |  |

**APPLICATION CHECKLIST**

**Have you:**

* Checked that you or your organisation and the application are eligible?
* Acknowledged the COVID-19 Community Grants Program is targeted towards Wollondilly **ratepayers** only?
* Ensured all appropriate persons are aware that this application is being submitted?
* Completed all sections of the Application Form?
* Attached any required documentation to the email when submitting your application?
* Kept a copy of this Application Form for your records?
* Checked the application form will be received by Council on or before the closing date?

**PRIVACY STATEMENT**

Wollondilly Shire Council is collecting personal information from you on this form for the purpose of assisting the determination process of your application. This information is required by law and failure to provide the information may lead to rejection or delays of your application.

At any time you have the right to access, view or correct the personal information that you have provided. Please also note that information supplied on this document may be the subject of a request to access information under the Government Information (Public Access) Act 2009.

**SUBMITTING YOUR APPLICATION**

Please save this form to your computer and e-mail it to [council@wollondilly.nsw.gov.au](mailto:council@wollondilly.nsw.gov.au) with a subject line of Community Grant Application, along with any required support documents.

Please contact Council’s Team Leader Community Projects & Events on 4677 9611 if you require assistance in completing your application or sending it in.