



## COMMUNITY GRANTS PROGRAM Application Form

**Closing date 31 May 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	
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**Please tick **ONE BOX ONLY**

- Community Project** maximum of \$3,000
- Arts and Culture Event** maximum of \$1,000
- Sustainability Project** maximum of \$500
- Leisure and Recreation Activity** maximum of \$500
- Small Capital Equipment** maximum of \$500

**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your organisation registered for GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your organisation hold current Public Liability Insurance to cover your application's activities?	<input type="checkbox"/> Yes <b>Please attach a copy of your Certificate of Currency</b> <input type="checkbox"/> No
What is your organisation's legal status?	<input type="checkbox"/> Incorporated Association <input type="checkbox"/> Registered Charity <input type="checkbox"/> Cooperative <input type="checkbox"/> Other – please state: _____ <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your organisation registered for GST?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your organisation hold current Public Liability Insurance to cover your application's activities?	<input type="checkbox"/> Yes <b>Please attach a copy of your Certificate of Currency</b> <input type="checkbox"/> No
What is your organisation's legal status?	<input type="checkbox"/> Incorporated Association <input type="checkbox"/> Registered Charity <input type="checkbox"/> Cooperative <input type="checkbox"/> Other – please state: _____ <input type="checkbox"/> 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 event, project, activity or equipment for funding is being requested	
Timeframe	<b>Event</b> is expected to be held on
	<b>Project</b> or activity will start in and is expected to finish by
Actual location of event or where project or activity will occur	
Is the event, project, activity offered for the whole of the Wollondilly Shire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How will you make this event / project accessible to people with a disability and/or people from a cultural background	Details:
Amount requested from Council – <b>cannot exceed maximum amount allowed</b>	\$
Describe the event, program activity or equipment for which the funding is being requested	

<p>Why are you holding the event, undertaking the project/activity or purchasing the equipment?</p>	
<p>Linkage to Council's Community Strategic Plan</p> <ul style="list-style-type: none"> <li>• <b>Tick one box only</b></li> <li>• <b>Refer to Council's Community Strategic Plan 2033 for details</b></li> </ul>	<p><input type="checkbox"/> Looking after the Community  <input type="checkbox"/> Caring for the Environment  <input type="checkbox"/> Building a stronger economy  <input type="checkbox"/> Management and provision of infrastructure</p>
<p>How will your application address the strategies of the Community Strategic Plan?</p> <ul style="list-style-type: none"> <li>• <b>Tick relevant boxes</b></li> <li>• <b>Refer to Council's Community Strategic Plan 2033 for details</b></li> </ul>	<p><input type="checkbox"/> Access to a range of activities services and facilities  <input type="checkbox"/> A connected and supported community  <input type="checkbox"/> Our local environment that is valued and supported  <input type="checkbox"/> A community that interacts with, and cares for their environment  <input type="checkbox"/> A strong local economy providing employment and other opportunities  <input type="checkbox"/> Safe, maintained and effective infrastructure  <input type="checkbox"/> Access to a range of transport options</p>
<p>Who are the primary target groups for you application?  <b>Tick relevant boxes</b></p>	<p><input type="checkbox"/> Men  <input type="checkbox"/> Women  <input type="checkbox"/> Children  <input type="checkbox"/> Young people  <input type="checkbox"/> People with a disability  <input type="checkbox"/> People from a diverse cultural background  <input type="checkbox"/> Families  <input type="checkbox"/> Older people  <input type="checkbox"/> Aboriginal and Torres Straight Islanders  <input type="checkbox"/> The Whole community  <input type="checkbox"/> Other – please state: _____</p>
<p>Will you be working in partnership with other organisations?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No  If yes please detail roles &amp; responsibilities?</p>
<p>Have you sought funding from other sources for your event, project, activity or equipment?</p> <p>If yes who from?</p> <p>Amount requested</p> <p>Amount received/approved</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**APPLICATION BUDGET****INCOME – all projected income**

Income to be generated through fees, ticket sales etc	\$
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, activity or equipment**

Tutor fees, Artists or musician fees	\$
Material Purchased – not purchase of equipment	\$
Documentation and or Promotional costs	\$
Equipment Hire	\$
Small capital Equipment items – please attach a quote for each item	\$
Other costs– please state	\$
	\$
EXPENDITURE TOTAL (B)	\$

<b>Amount requested from Wollondilly Shire Council (C)</b> <b>C must = B – A</b>	\$
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**Note** You may apply for up to a maximum amount as set out for each grant category. 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	
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## APPLICATION CHECKLIST

### Have you:

- Checked that you or your organisation and the application are eligible?
- Nominated the correct type of grant category that best matches your application?
- 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.