

# 2020-21 Community Grants Projects - Application Form R2

## Form Preview

### Eligibility

\* indicates a required field

#### Before you Begin

You will require certain information to complete this application. To assist this process you may need the following documentation:

- Certificate of Incorporation
- Latest Audited Financial Statement
- Details of how the need for the project you want to carry out was identified
- Copies of quotes for items over \$1,000
- Owners Consent

Needed for groups that are not incorporated

- Details of an incorporated organisation willing to lodge this application on your behalf. (an auspice organisation) *This application should be developed with a representative of the auspice organisation.*

**Have you read and understood the guidelines? \***

Yes

If you have not read the guidelines, please read them before commencing this application.

#### Incorporation

**Is your organisation incorporated? \***

Yes

No

If you are a community organisation that is not incorporated your application will need to be auspiced. For further information click [here](#). Before progressing further, please consult with an eligible incorporated body to make application on your behalf.

**Please provide your Incorporated Association Number \***

to look up your IA number click [here](#)

#### Approval of management Committee

**Has the management committee or your organisation endorsed this grant application \***

Yes  No

Yes, I do have the endorsement of the management committee for this application

**Please include text from the committee minutes endorsing the this grant application, or attach a copy of the minutes \***

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### Attach copy of meeting minutes here

Attach a file:

No, I do not have the endorsement of the management committee for this grant application

### Comment \*

## Applicant Information

\* indicates a required field

### Organisation Name \*

Organisation Name

### Organisation ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

### Organisation Primary Address \*

Address

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Suburb/Town, State/Province, and Postcode are required.

### Organisation Postal Address \*

Address

  

Suburb/Town, State/Province, and Postcode are required.

### Organisation Phone Number \*

Must be an Australian phone number.

### Organisation Email \*

Must be an email address.

### Organisation Website

Must be a URL.

### Organisation Bank Account \*

Account Name

BSB Number      Account Number

      

Must be a valid Australian bank account format.

## Organisation Applicant Contact Details

### Organisation Contact Person \*

Title      First Name      Last Name

            

Person completing the Grant application

### Contact Person's Position \*

### Contact Person's Phone Number \*

Must be an Australian phone number.

### Contact Email \*

Must be an email address.

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### Auspice Information

\* indicates a required field

**Name of Organisation applying for Grant \***

**Auspice Organisation Name \***

Organisation Name

**Auspice Organisation ABN \***

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

**Auspice Organisation's Incorporated Association Number \***

to look up your IA number click [here](#)

**Auspice Organisation's Primary Address \***

Address

  

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

**Auspice Organisation's Postal Address \***

Address

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Address Line 1, Suburb/Town, State/Province, and Postcode are required.

### **Auspice Organisation's Phone Number \***

Must be an Australian phone number.

### **Auspice Organisation's Email \***

Must be an email address.

### **Auspice Organisation's Website**

Must be a URL.

### **Auspice Bank Account \***

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

## Project Details

\* indicates a required field

### **Project Title \***

no more than 15 words

### **Project Description \***

Word count:

Provide a short description of your project (10 word minimum, 50 word maximum)

### **Start Date \***

Must be a date and no earlier than 28/2/2021.

### **End Date \***

Must be a date and between 28/2/2021 and 31/8/2021.

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### Project Need - Why is this project needed and how was the need identified? \*

Word count:

Describe the specific issue / need you are addressing. How was this identified? (200 words maximum)

### Who do you expect to benefit from this project? \*

- |  |  |
|--|--|
| <input type="checkbox"/> Disability access and inclusion | <input type="checkbox"/> Arts and culture                              |
| <input type="checkbox"/> Disadvantaged groups            | <input type="checkbox"/> Health and wellbeing                          |
| <input type="checkbox"/> Children/youth                  | <input type="checkbox"/> Aboriginal and Torres Strait Islander peoples |
| <input type="checkbox"/> Seniors                         | <input type="checkbox"/> Multicultural communities                     |
| <input type="checkbox"/> General community               | <input type="checkbox"/> Other: <input type="text"/>                   |

No more than 3 choices may be selected.

### What is the benefit of this project to the broader community? \*

Word count:

Good projects should provide for positive impacts in the broader community. Discuss what these could be. (200 words maximum)

### What are the primary areas of focus for this project/program? \*

You can select items from any area of the list - all have equal value. Only select sub-categories if you want to be more specific. In this question we want to know about the field of work (e.g. arts, sport, health), rather than the types of people it will affect (e.g. young people, refugees)

### What are the expected outcomes of the project? \*

Describe three things you want the project to achieve in terms of benefits for participants and/or others (200 words recommended)

### How will you know if these outcomes have been achieved? \*

Describe three changes you will see if the expected outcomes of the project occur (150 words recommended)

## Project Location

### Address \*

Address

  

Address Line 1, Suburb/Town, and State/Province are required.

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**Are you willing to collaborate (work) with other groups on this project? \***

Existing collaborations  Willing to collaborate  No

No more than 1 choice may be selected.

**If no, why not?**

**Please provide details of existing or possible collaboration \***

Must be no more than 100 words.

**Do you have the land or building owners consent to undertake this project? \***

Yes  No  N/A

You must provide evidence of owners consent to undertake this project.

## Project Budget

\* indicates a required field

**Have you sought funds for this project from any other sources? \***

Yes  No

This is not compulsory but assists Council to understand where a project has broader support.

**Provide details of other funders? \***

## Project Budget

**Is your organisation registered for GST?**

Yes  No

Organisation is registered for GST

**All calculations listed in your income and expenditures must exclude GST**

Organisation is NOT Registered for GST

When completing your budget and calculating your grant amount, use GST inclusive figures (where applicable) from the quotes used in your project calculations

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### Project Cash Budget

This section of the application form is designed to provide Council with a clear understanding of the overall cost and to determine the feasibility of the proposed event.

The budget is one of the most important aspects of the application and must be detailed, accurate and supported by quotes for items over \$1,000. It must also demonstrate the applicant's contribution and any other income sources (donations etc.) that apply to the event.

**Income** - Please list all financial contributions to the event, including revenue raised from ticket, food, beverage and other items to be sold.

**Expenditure** - Please list the items required for your event and the cost of each item.

if your organisation is **registered** for GST all costs used in these calculations amounts are to be provided exclusive of GST.

If your organisation is **not registered** for GST all costs used in these calculations amounts are to be provided inclusive of GST *(This is to ensure that there is not an unexpected shortfall in funding for the project)*

**Please ensure that any items flagged for funding by grant monies are eligible expenditure (check program guidelines)**

When you have completed your budget the Total Expenditure should equal the Total Income.

<b>Income - Description\$ ie where funds for the project are coming from. This will be FCRC Grant and possibly Organisation Funds, Sponsorship, Donation</b>	<b>Expenditure - Description ie itemising what the requested funds will be spent on to deliver the project</b>		<b>\$</b>
	a dollar amount		a dollar amount
	\$		\$

### Cash Budget Totals

**Total Cash Income Amount**  
\$   
This number/amount is calculated.

**Total Cash Expenditure Amount**  
\$   
This number/amount is calculated.

**Balance**  
\$   
This number/amount is calculated.  
This should be 0

### In-kind Support

In-kind contributions are meant to be used in the delivery of the project.

The Description should show the source of the in-kind support and then the value of the support.



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**In-kind labour can be calculated at \$27.45 per hour.** Please record in-kind labour as No. of volunteers x No. of hours x \$ cost per hour used.

Description	\$
	\$

### Funding and Event Total Amount

Total Project Cost	Funding Requested	Total In-Kind Amount	Organisations Cash Contribution
\$	\$	\$	\$
This number/amount is calculated. Total Cash Expenditure + In-Kind amount.	Must be a dollar amount. Grant Amount, must be no more than \$10,000	This number/amount is calculated.	This number/amount is calculated.

### Supporting Evidence

\* indicates a required field

#### Latest Audited Financial Statement \*

Attach a file:

A minimum of 1 file must be attached.  
This file can be

If you do not have an Audited Financial Statement please explain why.

#### Quotes for items over \$1,000

Attach a file:

Please add as many as required

#### Letters of Support from Community

Attach a file:

A maximum of 1 file may be attached.  
Scan all letters into one PDF, for help click [here](#)

#### Owners Letter of Consent

Attach a file:

A maximum of 1 file may be attached. Scan all letters into one PDF, for help click [here](#)

### Certification

I am authorised by my group/organisation to complete this form and agree that:

- I certify that to the best of my knowledge the statements made in this application are true.
- all necessary permits/approvals will be obtained prior to the beginning of the project
- the project will be covered by appropriate insurance
- all relevant health and safety standards will be met
- if successful, the organisation will be required to accept the terms of the grant in accordance with council requirements
- council does not accept any liability or responsibility for the project
- if successful, the organisation will ensure that acquittal requirements are met within 6 weeks of the nominated project completion date
- if successful, the organisation will ensure that funds are claimed within three months of notification, except where there is a co-funding requirement

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- if successful, the organisation will provide proof of successful co-funding (other grant sources) within six months of notification
- if successful, the organisation will complete the project within twelve months of receiving council funding

**I agree to the above statements \***

Yes

**Authorised Person's Name \***

Title      First Name      Last Name

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**Authorised Person's Position \***

**Authorised Person's Phone Number \***

Must be an Australian phone number.