



Shoalhaven City Council

Community Development Grant Program-File Ref No. 35860E

Application Form

- Please refer to the Community Development Grant Program Objectives and Guidelines before completing this form.
- Applications are due at close of business on 29th July 2018.
- Applicants will be notified by the 31st August 2018 of the outcome.
- Please contact the Community Development Team on 4429 3456 for further details if required.

Part A: Application Details

Name of Organisation:	
Postal Address:	
Is the organisation a not for profit community based organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the group/organisation incorporated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incorporation Registration number of the organisation:	
Is the Group auspiced by an incorporated association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of auspice organisation managing the project (if applicable): (A letter from the auspicings body must be submitted with the application)	
Postal Address of auspice organisation (if applicable):	

Australian Business Number (ABN) of the Organisation :	
Contact Person for this project:	
Telephone number of the contact person:	
Email address:	
GST Status of the organisation	<input type="checkbox"/> Registered for GST <input type="checkbox"/> Not Registered for GST
Has your group/organisation received funding from Shoalhaven City Council in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type of funding did the organisation receive?	
What was funded?	
How much did the organisation receive?	\$
When was the funding received?	
Describe the primary activity(ies) that are undertaken by your group/organisation?	

Part B: Project Details

Name of Project/Activity/Event	
Purpose of the Project	
Total Cost of the Project:	\$
Amount requested through the Community Grant Program (max. \$2000):	\$
Location of Project	
Is the organisation based in the Shoalhaven?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commencement Date	
Estimated Completion Date	
Please provide a brief description of the proposed project. Tell us what you are going to do and who is involved.	
Project Objectives. Please detail what your aims are in running this project and how the project will meet these objectives.	

Community Grant Objectives. Please detail the project's capacity to address the following objectives (no more than 100 words per objective)

- Build inclusive, safe and connected communities
- Activate communities through arts, culture and events
- Support active, healthy liveable communities

How will the project be evaluated?

How will Shoalhaven City Council's contribution to this project be acknowledged?

Part C Budget Details

Income	
Sources of funds/income	\$
Other Grants	
Sponsorship	
Fundraising	
In Kind Support (Please explain how you have calculated this)	

Council Grant (ie amount applied for)	
Other Income	
Total Income	

Expenditure	
Sources of Expenditure	\$
Promotion and Publicity	
Hire Fees	
Equipment and materials	
Other (Please specify)	
Total Expenditure	

NB. Income should equal expenditure

Part D: Supporting Documentation Checklist

Have you:

Attached a copy of your organisations last audited financial statement or a statement of income and expenditure over the past 12 months.

Attached a copy of the organisation's most recent Annual Report.

Attached a copy of the organisation's constitution or Statement of Aims and Objectives if a new applicant, or where these details have changed since a previous application.

Attached all other relevant information e.g. quotes.

Part E: Certification

I certify, to the best of my knowledge, the statements in this application form are true. I have read, and I understand the Shoalhaven City Council Community Grants Program Objectives and Guidelines.

I acknowledge that Shoalhaven City Council cannot guarantee funding for any application and cannot guarantee funding to the full amount requested by any applicant.

I have been authorised by.....

(name of organisation) to make this application.

Full Name:.....

Position in organisation:
.....

Signature..... Date:

Please return completed application and supporting documentation to:

**The General Manager
Shoalhaven City Council
PO Box 42
Nowra NSW 2541**

Or

Email – council@shoalhaven.nsw.gov.au

For further information please contact Community Development at Shoalhaven City Council on 4429 3456.