

Application Form – 23/24 FY Community Grants Program East Nowra Skills Development Grant

City Lifestyles

Please refer to the Grants Guidelines or FAQ's for more information or if you have any questions. If you require further assistance with this form, please call the Community Capacity Building Team 1300 293 111
Questions marked * are required information.

Contact Information (We will use this information to contact you about your application).

Contact Name*			
Name of Organisation/Community Group <small>(If applicable)</small>			
E-mail Address*			
Phone No*	(H)	(M)	(B)
Address*			
Postal Address <small>(If different from above)</small>			

Non-profit Registration

Is your organisation/community group registered as a non-profit with NSW Fair Trading or ASIC?*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	In one sentence describe the purpose of your organisation/community group.
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If applicable, what is the name of your auspice organisation?

Is your auspice a registered non-profit organisation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your organisation (or auspice organisation) registered for GST?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your organisation (or auspice organisation) have an Australian Business Number (ABN)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	ABN: _ _ _ _ _



Payment Details*			
What are the bank details for your organisation (or auspice organisation)?	Account Name		
	BSB No		
	Account No		
Project Information*			
Name of Project:			
Will your project be held in the Shoalhaven LGA? <i>(Please note: to comply with Grant Guidelines, your project must be held within the Shoalhaven LGA and primarily support residents of the Shoalhaven)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Project Start Date:		Project End Date:	
Does your event or activity provide direct benefit to, and participation by, people with a disability and their families and carers in the Shoalhaven?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many people will be supported by the project?			
<input type="checkbox"/> 1-20 people <input type="checkbox"/> 21-50 people <input type="checkbox"/> 51-100 people <input type="checkbox"/> 101-500 people <input type="checkbox"/> 500+ people			
Will there be a fee charged or a cost to people participating in your project? <i>(Please note: to be eligible for an IDPwD Grant your activity or event must be no cost for participants).</i>	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No		



Project Description:

What are the planned activities for your activity or training?

Briefly describe the project, including details like where, what, when, and how it will happen, who will be involved, and who will benefit from the project.

Program Aim:

How does your project meet the program aim?

“The purpose of the program is to provide employment and training opportunities for residents of the East Nowra community”.



Activity/Event Outcomes:

What are the outcomes for people participating in your activity or training and how will these be measured?

Income & Expenses

Project Income

Source of Funds/Income	Income Amount
Shoalhaven City Council Grant Program	
Sponsorship	
Fundraising	
In Kind Support	
Other Grants	
Other Income (<i>Please detail</i>)	
TOTAL:	



Project Costs			
Example:			
Item	Price per unit	Quantity	Total Cost
1. Hall Hire	\$20 per hour	6 hours	20 x 6 = \$120.00
2. Morning Tea	\$10 per person	50 people	10 x 50 = \$500.00
TOTAL COST:			\$620.00

Item	Price per unit	Quantity	Total Cost
1.			
2.			
3.			
4.			
5.			
TOTAL COST:			

****Please note: Income should equal expenditure.**

Funding Agreement		
Amount requested from Shoalhaven City Council Grant Program:	\$	
If partial funding is received, could the project still go ahead?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is the minimum funding required?	\$	

Delivery Criteria		
Do you have existing funding to deliver services like this proposed project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this project a core responsibility of your existing funding agreements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your project need a child protection policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Delivery Criteria continued

Does your project need a COVID-19 Safe Plan? If yes, do you have a COVID-19 Safe Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to provide relevant business documentation? (See Frequently Asked Questions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to provide relevant insurance evidence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to provide relevant financial statements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to provide relevant annual reports where applicable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Certification

Full Name:		
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's Grant Program Guidelines.*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I acknowledge that the Shoalhaven City Council cannot guarantee funding for any application and cannot guarantee funding to the full amount requested by any applicant. Shoalhaven City Council can provide individual feedback on applications. Applications are to seek feedback on applications no more than one month after being notified that their application was unsuccessful.*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorised by (Name of Organisation) to make this application.		
Position in Organisation:		
Name of Applicant:		
Signature of Applicant:		
Date Signed:		



Lodgement Details

You can lodge the completed return by:

E-mail: council@shoalhaven.nsw.gov.au

In-person: Council offices at Bridge Rd, Nowra or Deering St, Ulladulla

Mail: PO Box 42, NOWRA NSW 2541

If you require further assistance with this form, please call the Community Capacity Building Team on 1300 293 111.

Once your application is received, a Council Officer will contact you if further information is required.

Office Use Only

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Review Date: July 2023

Owned By (section): Community Connections Department

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The supply of personal information by you is voluntary. However, if you cannot provide or do not wish to provide the information required, Council will be unable to process your application. You may make application for access to, or amendment of, information held by Council. You may also make a request that Council suppress your personal information from a public register. Council will consider any such application in accordance with the relevant legislation. Enquiries concerning this matter can be addressed to Council by telephoning 1300 293 111.

