

## **Application Form - 24/25 FY Community Grants**

## **Program - East Nowra Skills Development Grant**

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/ Group* ( <i>If appli</i>					
E-mail Addres	SS*				
Phone No*		(H)		(M)	(B)
Address*					
Postal Addres (If different from a					
Non-profit	Registration	on			
ls your organi	sation/commur	nity group registered as a	non-profit with	NSW Fair	Trading or ASIC?*
C Yes	🛛 No	In one sentence describe the purpose of your organisation/community group.			
If applicable, what is the name of your auspice organisation?					
Is your auspice a registered non-profit organisation?			Yes No		🗖 No
Is your organisation (or auspice organisation) registered for GST?			D Ye	es	🗖 No
Does your organisation (or auspice organisation) Yes   have an Australian Business Number (ABN)? No					

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Payment Details*					
	Account Name				
What are the bank details for your organisation (or auspice organisation)?	BSB No				
	Account No				
Project Information*					
Name of Project:					
Will your project be held in the Sho (Please note: to comply with Grant Guideline Shoalhaven LGA and primarily support resid	ust be held within the	🛛 Yes	🗖 No		
Project Start Date: Project End Date:					
Does your event or activity provide dir with a disability and their families and o			C Yes	🗖 No	
How many people will be supported	l by the proje	ct?			
1-20 people 21-50 people	ple 🔲	51-100 people	0 people 🔲	500+ people	
Will there be a fee charged or a cost to people participating in your project?					

Project Description:		
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#### What are the planned activities for your activity or event?

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's aim?

"To provide employment and training opportunities for residents of the East Nowra community."

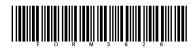




#### Activity/Event Outcomes:

What are the outcomes for people participating in your activity or event 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 (Please detail)	
TOTAL:	





Project Costs			
Example:			
ltem	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 Ex GST
1.			
2.			
3.			
4.			
5.			
**Please note: Income should equal expenditure.		TOTAL COST:	

Funding Agreement				
Amount requested from Shoalhaven City Council Grant Program:	\$			
If partial funding is received, could the project still go ahead?	The Yes	🔲 No		
If yes, what is the minimum funding required?	\$			

Delivery Criteria		
Do you have existing funding to deliver services like this proposed project?	🛛 Yes	🔲 No
Is this project a core responsibility of your existing funding agreements?	Yes	🔲 No
Does your project need a child protection policy?	Yes	🗖 No

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The Chief Executive Officer, PO Box 42, Nowra NSW 2541 Australia

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Delivery Criteria continued		
Does your project need a COVID-19 Safe Plan? If yes, do you have a COVID-19 Safe Plan?	Yes	🗖 No
Are you able to provide relevant business documentation? (See Frequently Asked Questions)	C Yes	🗖 No
Are you able to provide relevant insurance evidence?	Yes	🔲 No
Are you able to provide relevant financial statements?	Yes	🔲 No
Are you able to provide relevant annual reports where applicable?	Q Yes	🛛 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.*				
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.*				
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: <u>council@shoalhaven.nsw.gov.au</u>

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

Trim Form Number: <u>FM3626</u> Issue Date: <u>October 2024</u> Review Date: October 2024

Owned By (section): Community Connections Department

## Privacy & Public Access to Information

Information supplied on this form will be managed in accordance with <u>Council's Privacy</u> <u>Management Plan</u>, Public Access to <u>Council Information Policy</u> and relevant legislation. Certain information supplied to and held by Council may be made available to the public pursuant to the provisions of the Government Information (Public Access) Act 2009 (GIPA Act) unless there is an overriding public interest against disclosure of this information. Further information on privacy and public access to information can be found on <u>Council's website</u>.

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.

