

Funding Agreement - 24/25 FY Community Grants Program - East Nowra Skills Development Grant

1. Authorisation

I _____ of _____

am authorised to accept Shoalhaven City Council's funding of the **Community Grants Program** for delivery of the project.

for the **East Nowra Skills Development Grant 24/25 FY**.

2. Funding Conditions

By accepting this funding, I understand and agree that:

- a) The grant funding received may only be used for the purpose approved, as per application, and in accordance with the **Community Grants Program** Guidelines and other associated documents.
- b) _____ will seek approval for any changes to the project for which assistance has been approved and understand that if the project is cancelled Shoalhaven City Council reserves the right to seek full reimbursement of funds.
- c) Events and activities will be delivered between Thursday 19 December 2024 and Friday 30 May 2025 (inclusive).
- d) Shoalhaven City Council reserves the right to seek full reimbursement of funds if:
 - i) The project is not completed between Thursday 19 December 2024 and Friday 30 May 2025 (inclusive); and
 - ii) Funds are at any point misallocated.
- e) Shoalhaven City Council's support will be publicly acknowledged as a contributor. This recognition may include, but is not limited to:
 - i) Opportunities for Council to have brand exposure at events or associated functions.
 - ii) Opportunities for Council to do onsite promotion during events; and
 - iii) Opportunities for Council participation in formal ceremonies.
- f) Before 5pm Friday June 13 2025, _____ will supply a completed activity or event synopsis and photographs to Shoalhaven City Council.



3. Declaration

I have been authorised by _____ to complete and submit this grant funding agreement.

I have attached a compliant Tax Invoice to Shoalhaven City Council for the successful funding amount.

Full Name:

Position in Organisation:

Signature:

Date:

Office Use Only

Trim Form Number: FM3627 Issue Date: October 2024 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 [Council's Privacy Management Plan](#), Public Access to [Council Information Policy](#) 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 [Council's website](#).

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.

Lodgement Details

You can lodge the completed return by:

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

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

Post: Shoalhaven City Council – Community Connections
 PO Box 42, NOWRA NSW 2541

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

