

Project Title:	
Description of project:	
Applicant name:	
Contact phone:	
Contact email:	
Group or Club:	
Why is this project needed:	
Total project costs:	
Estimated whole of life costs (if known):	
Value of project support in-kind:	
Proposed project financial contributions: (including grants, sources, name, cash ETC)	
Demonstrate how project meets Council's strategic plan/s and direction:	(please list which plan/s and relative strategies and objectives if applicable)
Demonstrate how project meets Guiding principles & criteria of these guidelines:	(please describe how this projects meets the guiding principles & criteria)
Will you be applying for a grant for this project? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, grant name:
Will this be a community managed project? (Optional but must meet council's requirement table listed on page 14) <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please provide name and contact details of the nominated project manager.
Council is requested to project manage (optional) at a cost recovery based on 10 -15% of total cost of project including grant amounts etc <input type="checkbox"/> YES <input type="checkbox"/> NO	Will contractors be engaged to undertake works <input type="checkbox"/> YES <input type="checkbox"/> NO
Expected life of proposed project infrastructure (e.g. 5, 10, 15, 20 years)?	Annual operating costs + suggested
Is any community maintenance of the proposed infrastructure project proposed? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please list.
Anticipated number of people that will use the project:	
Project budget breakdown: (budget attachments accepted)	
Signed:	Date:

Please attach any additional information for council's assessment team to consider such as a site map indicating proposed infrastructure, proximity to same or similar facilities, project management details, any quotes, correspondence or any other supporting documents.

If the application is for active recreation funding (i.e. sportsgrounds or similar project), these guidelines must be read in conjunction with Sports Capital Works Partnership Program –

<http://doc.shoalhaven.nsw.gov.au/displaydoc.aspx?record=POL16/219>

Please email your application to council@shoalhaven.nsw.gov.au

Community Project Managed Community Driven Infrastructure Projects

For community groups to manage their own project Council requires compliance with any development approval, environmental considerations and work and health & safety (WHS) requirements. This will require providing relevant safety management plans.

Development approval and environmental considerations are normally listed in the approval process to undertake the project. To ensure compliance with WHS requirements, the following table needs to be completed when contractors (paid work) are being used by the community group.

Project task	Individual / Company Name	ABN Number	White Card Number	Is BNG registered http://www.bngconserve.com.au/ (Yes No)	Safe Work Method Statement provided to the Project Manager	Insurance coverage details – <i>Including workers compensation & public liability amounts staff to determine appropriate amount</i> <i>Attach copies of certificate of currency</i>	Example of similar work

In addition to identification of contractors, the overall project manager responsible for the project must be identified and have relevant qualifications and provide details of related experience.

A person cannot undertake construction / physical works on the site if they don't provide the following to Council:

- White Card Number
- Safe Work Method Statement (this will likely require a risk assessment to be undertaken)
- Insurance coverage details
- Example of similar work