



**Edward
River**
COUNCIL

Community Grants Program

2024/25

Application Form

Customer Service Centre

180 Cressy Street (PO Box 270)

Deniliquin NSW 2710

www.edwardriver.nsw.gov.au

PART A - Applicant Details

1 Details of person completing this application

First Name	
Surname	
Position/Role within the organisation	
Phone (B/H)	
Phone (M)	
Email	

2 Details of organisation submitting this application

Name	
Address	
Postal Address (if different)	
Email	

Overview of organisation

Provide a brief overview below of your organisation, including vision/mission; programs and activities undertaken and/or services provided; number of staff/volunteers involved; and/or details of any partnerships or engagement with other organisations or stakeholders.

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Legal Status of organisation
Please attach evidence of your organisation's legal status, such as a copy of your Certificate of Incorporation or charitable status advice. If you are a social enterprise or not-for-profit organisation without charity or deductible gift recipient (DGR) status, please attach a copy of your Constitution, which includes your statement of purpose and organisation structure.

<input type="checkbox"/>	Registered club
<input type="checkbox"/>	Incorporated organisation
<input type="checkbox"/>	Not-for-profit organisation or community group
<input type="checkbox"/>	Other (please specify):

Australian Business Number (if applicable):	
Australian Company Number (if applicable):	
NSW Incorporation Number (if applicable):	

Is your organisation registered for GST?

<input type="checkbox"/>	Yes – Registered for GST	<input type="checkbox"/>	No – Not registered for GST
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Public Liability Insurance
To be eligible for Council's Community Grants Program, your organisation must hold current Public Liability Insurance of not less than \$20 million. Please attach a copy of your Certificate of Currency.

Insurer	
Expiry	
Value	

Bank Details
Please provide the details for your organisation's bank Account. If your application is successful, payment will be made to this bank account after your Funding Agreement is signed and returned.

BSB No.:	
Account No.:	
Account Name	
Bank and Branch	

3 Previous funding

Has your organisation received funding from Edward River Council?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If 'YES' to the above, please detail the year the funding was received, the type of funding received, the value of funding received, and how the funding was used:
 If your organisation has received Council funding on several occasions, please submit an attachment detailing the below information for each of those funding agreements.

Year received	
Type	
Value	
Use	

PART B - Project Details

4 Project overview

What is the name of Project/Activity/Event?

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What is the purpose of the project?

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Where is the location of the project?

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Please provide a brief description of the project. What works will be undertaken as part of the project and why?	
How will the success of the project be measured?	
Please detail how Council's contribution will be acknowledged:	
If your project is an event, please detail the expected number of attendees:	
Total volunteers	
Total committee members/organisers	
Total paid attendees (entertainment, logistics, suppliers, etc.)	
Total guests	
TOTAL ATTENDEES	
Of the above total attendees, what percentage do you estimate to be visitors to the Edward River local government area?	

5 Project timeframe	
Start Date	
End Date	

6 Project cost and funding requested	
Applicants may seek funding up to \$3,000 through Council’s Community Grants Program. Applications that request funding amounts outside of this funding range will not be considered. Please detail below the total project cost; the amount requested from Council; and the financial contribution your organisation will make to the Project.	
Total project cost	\$
Cash amount sought from Council	\$
Are you seeking any in-kind support from Council, such as materials, labour, promotion and/or waiver of Council Fees and Charges? If so, please identify the in-kind support below:	
What is the cash amount your organisation will be contributing to the project?	
\$	
What, if any, is the in-kind amount your organisation will be contributing to the project?	
\$	
Please list any grants, sponsorships or in-kind funding requested or received from Federal, State and/or Local Governments and private entities for this project:	

6 Project value
Does the project improve social connectivity and community wellbeing or increase community participation?
How does the project demonstrate environmental, social or economic benefit to the Edward River local government area?

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Does your project align with Council’s Community Strategic Plan, *Edward River 2030*, or Delivery Program?

Both documents can be accessed online from Council’s website at www.edwardriver.nsw.gov.au.

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PART C – Project Budget

The table below is an example of a Project Budget. The actual items in your project budget will most likely be different, but the way they are set out and described should be the same. Ensure you:

- **Include all other contributions:** Are these confirmed or pending?
- **Provide quotes for costs:** List and attach.
- **Outline in-kind support:** In-kind support is highly regarded. Include a description of in-kind support in your budget, both who and what they are contributing. For example, discounts on quote, waived venue hire fees, catering, project co-ordination, sponsorship, etc.

BUDGET

Financial and In-Kind Contributions

Are there any contributions?

Please detail both In-Kind and Financial Contributions below.

<input type="checkbox"/>	In-kind (volunteer labour) contribution	<input type="checkbox"/>	Financial (cash) contribution
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Will funding be sought from other sources?

If funding is sources from other sources, please show as income below.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Income		Expense	
	\$		\$
	\$		\$

	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total Income	\$	Total Expense	\$

Details of Voluntary Labour				
Task to be completed	Name/s or number of people who will be completing tasks	No. of Hours	Rate per Hour	Total Cost
TOTAL			\$	\$

Please attach separate Project Budget if insufficient room.

PART D – Checklist and Certification

Checklist of Items to support your application

<input type="checkbox"/>	Application signed by both Project Manager and organisation Chair/President
<input type="checkbox"/>	All elements of the application complete, including budget

Please ensure copies of the following are attached to your completed application

<input type="checkbox"/>	Organisation's Public Liability Insurance Certificate of Insurance
<input type="checkbox"/>	Copies of quotes for products/services
<input type="checkbox"/>	Completed Risk Assessment (only required if your project is an event)

Grant Eligibility Checklist

In submitting this application, I confirm the following to be correct:

<input type="checkbox"/>	The applicant is a Registered Club, Incorporated organisation or Not-for-Profit organisation, or is being auspiced by this type of organisation.
<input type="checkbox"/>	The applicant can demonstrate a community need, improvements to social connectivity and build on community wellbeing, and/or demonstrate a social, economic or environmental benefit to the community.
<input type="checkbox"/>	The applicant will acknowledge the contribution made by Edward River Council to the delivery of the Project.

Certification

I certify that I am authorised to submit this application for funding on behalf of the organisation named on page one of this application.

Name	
Signature	
Date	