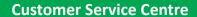


## **Community Grants Program**

2024/25

**Application Form** 



180 Cressy Street (PO Box 270) Deniliquin NSW 2710 www.edwardriver.nsw.gov.au



## **PART A - Applicant Details**

1 Details of pers	son completing this application
First Name	
Surname	
Position/Role with	hin the organisation
Phone (B/H)	
Phone (M)	
Email	
2 Details of orga	anisation submitting this application
Name	3
Address	
Postal Address (if different)	
,	
Email	
activities undertake	nisation rview below of your organisation, including vision/mission; programs and n and/or services provided; number of staff/volunteers involved; and/or details or engagement with other organisations or stakeholders.



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	tution, which includes your statement of purpose and organisation structure.  Registered club			
	Incorporated organisation			
	Not-for-profit organisation or community group			
	Other (please specify):			
Acceptable and Decision and Newsland (for any English)				
I Alistraliai	n Rusiness Number (if applicable):			
	n Business Number (if applicable):			
Australia	n Company Number (if applicable):			
Australia				
Australia	n Company Number (if applicable):			
Australia	n Company Number (if applicable):  orporation Number (if applicable):			
Australian  NSW Inco  Is your of the second	reporation Number (if applicable):  reganisation registered for GST?  Yes – Registered for GST  No – Not registered for GST  iability Insurance gible for Council's Community Grants Program, your organisation must hold current ability Insurance of not less than \$20 million. Please attach a copy of your Certificate of			
Australian  NSW Inco  Is your o  Public Li  To be elig Public Lia	reporation Number (if applicable):  reganisation registered for GST?  Yes – Registered for GST  No – Not registered for GST  iability Insurance gible for Council's Community Grants Program, your organisation must hold current ability Insurance of not less than \$20 million. Please attach a copy of your Certificate of			
Australian  NSW Inco  Is your o  Public Li To be elig Public Lia Currency.	reporation Number (if applicable):  reganisation registered for GST?  Yes – Registered for GST  No – Not registered for GST  iability Insurance gible for Council's Community Grants Program, your organisation must hold current ability Insurance of not less than \$20 million. Please attach a copy of your Certificate of			

## **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	3 Previous funding				
Has your or	rganisa	ation received funding from Edward River Council?			
Y	es	□ No			
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 receive	ed				
Туре					
Value					
Use					
		PART B - Project Details			
		TART B Troject Betaile			
4 Project o	vervie	ew			
What is the	name	of Project/Activity/Event?			
What is the	purpo	se of the project?			
Where is the location of the project?					



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 co	ontribution will be acknowledged:			
If your project is an event, plea	ase 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:				



or Deliver	Does your project align with Council's Community Strategic Plan, <i>Edward River 2030</i> , or Delivery Program?				
Both docun	nents can be accesse	ed online from Co	uncil's websit	e at www.edwardriv	er.nsw.gov.au.
		PART C - Pr	oject Budg	et	
budget will same. Ensi  Incl Pro Out in-ki	Provide quotes for costs: List and attach.				
		BUD	GET		
	Fi	nancial and In-K	ind Contribu	tions	
	Are there any contributions? Please detail both In-Kind and Financial Contributions below.				
	In-kind (volunteer labour) contribution Financial (cash) contribution			ontribution	
	Will funding be sought from other sources? If funding is sources from other sources, please show as income below.				
	Yes No				
	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				
	Application signed by both Project Manager and organisation Chair/President			
	All elements of the application complete, including budget			
Please 6	Please ensure copies of the following are attached to your completed application			
	Organisation's Public Liability Insurance Certificate of Insurance			
	Copies of quotes for products/services			
	Completed Risk Assessment (only required if your project is an event)			
Grant E	ligibility Ch	ecklist		
In subm	itting this a	pplication, I confirm the following to be correct:		
	The applicant is a Registered Club, Incorporated organisation or Not-for-Profit organisation, or is being auspiced by this type of organisation.			
	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.			
	The applicant will acknowledge the contribution made by Edward River Council to the delivery of the Project.			
A (16)				
Certifica	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				
Signatu	re			
Date				