

Community Grants Scheme 2023/2024 (Round 1)

Your Say DCG

2023/2024 Round 1 Community Grant Scheme Application Form

ELIGIBILITY

All boxes must be ticked to be eligible to apply.

My club / organisation is:

(Choose all that apply) (Required)

- ☐ Not for profit
- ☐ Not a government agency or Department (including schools)
- ☐ Incorporated
- ☐ Adequately insured to cover the project / event, or willing to gain required insurances

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CLUB / ORGANISATION DETAILS

Club / organsiation name

(Required)

Address

(Required)

Primary contact person name

(Required)

Position within club / organisation

(Choose any one option)

- ☐ President
- ☐ Secretary
- ☐ Treasurer
- ☐ Committee member
- ☐ Other (please specify)

Phone number

(Required)

Email address

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ABN (Australian Business Number)

Is your club / organisation registered for GST?

(Choose any one option) (Required)

☐ Yes

☐ No

Is your club / organisation an Incorporated Association?

(Choose any one option) (Required)

☐ Yes

☐ No

Please provide your Incorporated number

If your club/ organisation is not incorporated, you will need to seek an organisation to auspice your application. Please see the Community Grant Guidelines or contact Council for further information.

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INSURANCE / ACCREDITATION

Does your club / organisation have current Public Liability Insurance (above \$10 million) to cover this project?

(Choose any one option) (Required)

☐ Yes

☐ No

Please provide the Policy Number

Note: Answer this question if it applies

Please attach a copy of the Certificate of Currency

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If your application is successful, you will need to take out the appropriate insurance and provide evidence of the coverage (eg. Certificate of Currency) to Council should you not currently hold insurance.

Is your club / organisation Star Service accredited?

(Choose any one option) (Required)

- ☐ Yes
- ☐ No

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APPLICATION DETAILS

Is your club / organisation Star Club accredited?

(Choose any one option) (Required)

- ☐ Yes
- ☐ No

Have you discussed this project with a District Council of Grant Officer?

(Choose any one option) (Required)

- ☐ Yes
- ☐ No

Name/position of District Council of Grant Officer this project was discussed with

-

GRANT CATEGORY

Please select the grant category you are applying for

(Choose any 1 options) (Required)

- ☐ Sporting Club
- ☐ Community Group
- ☐ Community Participation

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PROJECT DETAILS

Project title

(Required)

Start date

(Required)

Note: Please provide an approximate start date.

End date

Note: Please provide an approximate end date.

Address of where this project will occur

(Required)

Brief description of project

(Required)

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Will this project require a Council Special Events Permit?

(Choose any one option) (Required)

- ☐ Yes
- ☐ No
- ☐ Unsure

How does this project respond to a community need and contribute to building a stronger community in the District Council of Grant?

(Required)

Will this project involve working with other Community Partners?

(Choose any one option) (Required)

- ☐ Yes
- ☐ No

Name of Community Partner/s

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PROJECT BUDGET

INCOME

Financial contribution from your club / organisation

(Required)

Supporting income (eg. donations, sponsorships, fees)

Other contributions (please provide details)

TOTAL INCOME (A)

(Required)

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EXPENDITURE

Cost of contractor and/or material

Cost of advertising and promotion

Cost of equipment hire

Cost of equipment purchase

Other costs (please provide details)

TOTAL EXPENDITURE (B)

(Required)

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Budget shortfall (A - B)

(Required)

Amount requested from Council (C) (C must = A - B)

(Required)

NOTE

You may apply for up to a maximum amount as set out in the Guidelines. There should not be any shortfall in funds required to successfully complete your project. Funding will only be considered for applications that are financially viable.

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PROJECT PROMOTION

How will Council's support of the project be promoted in the community?

(Choose all that apply)

- ☐ Social Media (eg. Facebook, Instagram)
- ☐ Newsletter
- ☐ Signage
- ☐ Media release / press advertising
- ☐ Radio
- ☐ Flyer / brochure
- ☐ Poster
- ☐ Other (please specify)

-

ATTACHMENTS

Note: Answer this question if it applies

Copy of Insurance Certificate / Certificate of Currency

Note: Answer this question if it applies

Proof of other income contribution/s

Note: Answer this question if it applies

Quote for contractor/s

Note: Answer this question if it applies

Quote for materials

Note: Answer this question if it applies

Quote for equipment hire

Note: Answer this question if it applies

Quote for equipment purchase

Note: Answer this question if it applies

Other supporting document/s

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APPLICATION CHECKLIST

Prior to submitting, please ensure all boxes below are checked (if applicable)

(Choose all that apply) (Required)

- ☐ Ensured club / organisation and project is eligible to apply
- ☐ Nominated for correct grant category
- ☐ Completed all sections of this application form
- ☐ Attached details of other income contributions identified in the budget
- ☐ Attached quotes for contractors, materials, equipment hire / purchase in the budget
- ☐ Attached a copy of Insurance Certificate / Certificate of Currency

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PRIVACY STATEMENT

The District Council of Grant is collecting personal information from you for the purpose of assisting the determination process of your application. This information is required by law and failure to provide the information may lead to rejection or delays with your application.

At any time you have the right to assess, view or correct the personal information that you have provided.

Please also note that information supplied on this document may be required to be accessed under information under the Freedom of Information Act 1991.

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DECLARATION

The declaration must be read and signed by an authorised representative form your club / organisation.

By submitting this application, I certify that, to the best of my knowledge, the statements made in the is application are true and correct.
I also certify that this application for funding have been approved by the Committee of Working Group of the organisation on behalf in which this application had been submitted or auspiced.

Date of meeting when this application what approved by your club / organisation

(Required)

Name of person authorised to submit this aplication

(Required)

Position of authorised person within club / organisation

(Choose any one option)

- ☐ President
- ☐ Secretary
- ☐ Treasurer
- ☐ Committee member
- ☐ Other (please specify)

Signature (applicant)

Only complete if this application is being auspiced:

Auspicing incorporated organisation

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Name of person, from the incorporated organisation, who has agreed to the submission of this application

Phone number

(Required)

Email address

Signature (auspicing organisation)