

Community Grants

Your Say DCG

Community Grant Scheme Round 1 2021-22 Application Form

ELIGIBILITY

To be eligible to apply you must be able to tick **ALL** of these boxes. 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 our project/event, or willing to gain required insurance.

ORGANISATION DETAILS

Organisation Name

(Required)

Address

(Required)

Contact Name

Position within the organisation

(Required)

Phone number

(Required)

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Email address

(Required)

ABN

(Required)

Registered for GST?

(Choose any 1 options) (Required)

- ☐ Yes
- ☐ No

Note: If "No" note that if your application is successful a Statement by Supplier Form must be provided to Council prior to any funds being made available.

Is Your organisation an Incorporated Association?

(Choose any 1 options) (Required)

- ☐ Yes
- ☐ No

Answer this question only if you have chosen Yes for Is Your organisation an Incorporated Association?

Please provide your Incorporation number

(Required)

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Answer this question only if you have chosen No for Is Your organisation an Incorporated Association?

If your organisation is not incorporated you will need to seek an organisation to auspice your application. Please see the Community Grant Guidelines (under the documents section on this page) or contact Council if further information is required.

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INSURANCE

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

(Choose any 1 options) (Required)

☐ Yes

☐ No

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Answer this question only if you have chosen Yes for Does your organisation have current Public Liability Insurance (>\$10 million) to cover this project?

If yes please provide your Policy Number and attach your Certificate of Currency at the end of the application

(Required)

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Answer this question only if you have chosen No for Does your organisation have current Public Liability Insurance (>\$10 million) to cover this project?

If No if your application is successful you will need to take out such insurance and provide evidence of the coverage (eg certificate of currency) to Council.

Is your organisation Star Service accredited?

(Choose all that apply) (Required)

☐ Yes

☐ No

Is your organisation Star Club accredited?

(Choose all that apply) (Required)

☐ Yes

☐ No

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APPLICATION DETAILS

GRANT CATEGORIES

Please tick ONE Grant Category only

(Choose any 1 options) (Required)

- ☐ Community Group
- ☐ Hall
- ☐ Sporting Club

PROJECT DETAILS

Project name

(Required)

Project Start Date

(Required)

Project End Date

(Required)

What is the physical location of where will the project occur?

(Required)

Please provide a brief description of the project

(Required)

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Have you discussed your project with the District Council of Grant Officer?

(Choose any 1 options) (Required)

- ☐ Yes
- ☐ No

Answer this question only if you have chosen Yes for Have you discussed your project with the District Council of Grant Officer?

Which District Council of Grant Officer did you discuss your project with?

Have you completed a Council Special Events Application (if required)?

(Choose all that apply)

- ☐ Yes
- ☐ No

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

(Required)

Will your project involving working with other Community Partners?

(Choose any 1 options) (Required)

- ☐ Yes
- ☐ No

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Answer this question only if you have chosen Yes for Will your project involving working with other Community Partners?

If yes who are they?

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PROJECT BUDGET

Income

Financial contribution from your organisation

(Required)

Supporting income (donations, sponsorships, fees)

(Required)

Other Contributions (Please provide details)

TOTAL INCOME (A)

Expenditure

Contractor and/or material costs (please attach quotes at end of application)

Advertising and promotion costs

Equipment hire

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Equipment purchase costs (please attach quotes at end of application)

Other costs (attach details at end of application)

TOTAL EXPENDITURE (B)

BUDGET SHORTFALL (A-B)

AMOUNT REQUESTED FROM COUNCIL (C must = A-B)

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.

PROJECT PROMOTION

How will you promote Council's support of your project in the community?

(Choose all that apply) (Required)

- ☐ Social Media
- ☐ Newsletters
- ☐ Signage
- ☐ Media release/press advertising
- ☐ Radio
- ☐ Flyer/Brochure
- ☐ poster
- ☐ Other (please specify)

Note: Answer this question if it applies

Attach Insurance Certificate of Currency Certificate

Note: Answer this question if it applies

Attach document for other income contributions (if applicable)

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Note: Answer this question if it applies

Attach quote for contractors (if applicable)

Note: Answer this question if it applies

Attach quote for materials (if applicable)

Note: Answer this question if it applies

Attach quote for equipment purchase (if applicable)

Note: Answer this question if it applies

Attach quote for equipment hire (if applicable)

Note: Answer this question if it applies

Attach any further documents to support your application (if applicable)

APPLICATION CHECKLIST

Before submitting your application please ensure that all of these boxes are ticked (if applicable)

(Choose all that apply) (Required)

- ☐ Ensured that your organisation and project is eligible to apply
- ☐ Nominated the correct grant category
- ☐ Completed all sections of the application form
- ☐ Attached details of any other income contributions included in your budget
- ☐ Attached quotes for contractors, materials, equipment purchase/hire in the budget section
- ☐ Attached a copy of your Insurance Certificate of Currency
- ☐ Completed this application prior to the closing date 5:30pm 18 June 2021

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 the subject of a request to access information under the Freedom of Information Act 1991.

DECLARATION

The Declaration must be read and signed by an authorised representative from your organisation.

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

Date of the meeting this application was approved by your organisation

(Required)

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Name of the person authorised to submit this application

(Required)

Position of authroised person in the organisation

Signature (not required on electronic forms)

If this application is being auspiced

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

Position within the sponsoring organisation

Signature (not required on electronic forms)