



# COMMUNITY STRENGTHENING GRANT APPLICATION

**PLEASE ENSURE THAT YOU HAVE READ A COPY OF THE GUIDELINES BEFORE COMPLETING THIS APPLICATION**

## ORGANISATION DETAILS

|  |  |
|--|--|
| Name of community group or organisation: |  |
| Contact Name:                            |  |
| Postal Address:                          |  |
| Email:                                   |  |
| Phone:                                   |  |

- Incorporated non-profit organisation\*     Yes     No  
 Certificate of Currency\*     Yes     No  
 Public Liability Insurance\*     Yes     No  
 \*please attach copies

## AUSPICE DETAILS (ONLY IF APPLICABLE)

|   |  |
|---|--|
| Auspice organisation applying on behalf of group: |  |
| Contact Name:                                     |  |
| Postal address:                                   |  |
| Email:  |  |
| Phone:  |  |

- Incorporated non-profit organisation\*     Yes     No  
 Certificate of Currency\*     Yes     No  
 Public Liability Insurance\*     Yes     No  
 \*please attach copies

## PROJECT DESCRIPTION

**Project Title:**

|  |
|--|
|  |
|--|

**Project Summary:**

*(Describe the event, service, activity for which you seek support)*

|  |
|--|
|  |
|--|

**Community Benefit:**

*(How will it benefit the Community and specifically which target group/s will it benefit)*

|  |
|--|
|  |
|--|

## PARTNER ORGANISATION

| Partner Organisation | Roles and Responsibilities | Contribution \$ | Contribution in -Kind |
|----------------------|----------------------------|-----------------|-----------------------|
|                      |                            |                 |                       |
|                      |                            |                 |                       |
|                      |                            |                 |                       |
|                      |                            |                 |                       |

|   |  |
|---|--|
| <b>Project start date:</b> (Keeping in mind projects cannot begin before payment is approved and processed – see guidelines for more information) |  |
| <b>Project end date</b>   |  |

I have contacted a Council Officer to discuss my initiative (Please note: this is a requirement of the application process)

Staff Name:

Date Spoken to:

**Link to Community Strategic Plan:**

## PROJECT BUDGET

Outline your project budget and include your own organisations cash and/or in kind contribution. Also include any confirmed/unconfirmed and in kind contributions from partner organisations and other funding bodies. (C= Confirmed; NC =Not Confirmed, IK = In Kind).

| Income   | C/NC | \$ | Expenditure                 | IK | \$ |
|--|------|----|-----------------------------|----|----|
| Amount requested from the Leeton Shire Community Grant |      |    | Materials and project costs |    |    |
| Other Grants (name of funding body)                    |      |    | Fees and wages              |    |    |
|  |      |    | Promotion and publicity     |    |    |
| Entry/participant fees                                 |      |    | Venue costs                 |    |    |
| Cash from own organisation                             |      |    | Administration              |    |    |
| In-kind from own organisation                          |      |    | Other                       |    |    |
| Cash from own partner organisation                     |      |    |                             |    |    |
| In-kind from partner organisation                      |      |    |                             |    |    |
| Other  |      |    |                             |    |    |
| <b>Total*</b>  |      |    | <b>Total*</b>               |    |    |

\*Total income should equal project expenditure

### What items will be funded by the Leeton Shire Community Grant?

Please attach a copy of all quotes

#### NOTES:

- Your budget needs to reflect all the costs associated with the project excluding GST.
- Include a statement outlining the items which will be funded by the Quick Response Grant.
- In-kind contributions must appear in both the Income and Expenditure columns. Indicate with a tick if the expenditure is in-kind (IK).
- Mark any other grants or contributions with C = Confirmed or NC = Not Confirmed.
- Include any costs for equipment, services, venue hire or permits based on quote

## CERTIFICATION

I, the applicant, certify that all details supplied in this application form and in any attached documents are true and correct to the best of my knowledge. The application has been submitted with the full knowledge and agreement of the management of the community group, organisation or auspice body. I have read the accompanying guidelines and information to applicants provided with this application form.

|                    |                      |
|--------------------|----------------------|
| Group Organisation | Auspice Organisation |
| Name:              | Name:                |
| Title:             | Title:               |
| Date:              | Date:                |
| Signature:         | Signature:           |

The CEO or equivalent of your community group or organisation is required to read and sign this form. When using an auspice organisation, then both the CEO of your organisation and the auspice organisation needs to read and sign this form.

## SUBMITTING YOUR APPLICATION

Complete the checklist on the following page before you submit your application using one of these methods:

### By email

Email an electronic copy of your application form and electronic copies of all supporting material to [council@leeton.nsw.gov.au](mailto:council@leeton.nsw.gov.au)

### By mail

Post one printed copy of your application form and copies of your supporting material to:

Community Services Team  
Leeton Shire Council  
23-25 Chelmsford Place  
LEETON NSW 2705

### In person

Deliver one printed copy of your application form and copies of your supporting material to Customer Service between 9am and 5pm, Monday to Friday:

Leeton Shire Council  
23-25 Chelmsford Place  
LEETON NSW 2705

## CHECKLIST

To ensure your application is considered, it is essential that you complete all sections of this application form and provide all supporting documentation as requested.

### Required supporting material

- Public liability insurance certificate.
- Certificate of currency.
- Quotes for any services or products required for the project.
- Emails or letters of support from partner organisations.

Please ensure you have ticked all of the below prior to submitting:

- I have read the guidelines and application form.
- The project satisfies the grant criteria.
- I have contacted a Council Officer either by telephone or email to discuss my eligibility and project idea.
- My organisation has acquitted any previous Council grants.
- I have completed every question in the application form.
- My community group or organisation has made a financial and/or in-kind contribution to the project.
- The income and expenditure totals are the same.
- I have proof read my application and kept a copy for myself.
- I have included with my application all required supporting material including proof of public liability insurance, certificate of currency, quotes for any services, equipment or products.
- My project partners have read the application and have approved their role and contribution to the project.