

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*	□ Yes	□ No		
*Please attach copies				
AUSPICE DETAILS (ONLY IF APPLICABLE)				
Auspice organisation applying on behalf of g	oup			
Contact Name				
Postal Address				
Email				
Phone				
Incorporated non-profit organisation*	□ Yes	□ No		
Certificate of Currency*	☐ Yes	□ No		
Public Liability*	□ Yes	□No		
*Plags attach conics		<u> </u>		

^{*}Please attach copies

PROJECT DESCRIPTION

Project Title:			
•			
Drain of Company			
Project Summary:			
Community Benefit:			
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Partner Organisation	Roles & Responsibilities	Contribution (\$)	Contribution (In Kind)
·			
	1	1	

Project Start Date: Project End Date:

Council Officer's Name:

Date of Contact:

*It is a requirement of the application process that you contact a Council Officer to discuss the project

Link to Council's Community Strategic Plan:

Choose an item.

^{*}Please keep in mind that projects can not begin before payment is approved and processes – see guidelines for more information

PROJECT BUDGET

Outline your project budget and include your own organisation's 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/IK	Amount (\$)
Grant amount requested from		
Leeton Shire Council		
Entry/participant fees		
Cash from own organisation		
In-Kkind from own organisation		
Cash from partner organisation		
Other:		
Other:		
	Total	

Expenditure	Amount (\$)
Materials and project costs	
Fees and wafes	
Promotion and publicity	
Venue costs	
Administration	
Other:	
Other:	
Total	

^{*}Total income should equal expenditure

What items will be funded by the Community Strengthening Grant?

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

SUBMITTING YOUR APPLICATION

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

Email

council@leeton.nsw.gov.au

Mail

IPR, Governance and Engagement Team Leeton Shire Council 23-25 Chelmsford Place Leeton NSW 2705

In person

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
- Email/letters of support

The organisation/individual is an incorporated association or is auspiced by an
incorporated body
The project will directly benefit residents of Leeton Shire Council
The project algins with the strategic priorities of the Community Strategic Plan
The application was received prior to the closing date
Insurance paperwork was included in the application
All questions have been answered
An authorised person has signed the application
The project outlined in the application is anew project or program (ie doesn't replicate and
activity previously funded by Council's grants program
A clear understanding of a target group and their need has been demonstrated
if applicable, acquittals have been completed for previously funded projects