

Please ensure that you have read a copy of the guidelines before completing this application

ORGANISATION DETAILS

Name of community group or organisation	
Contact person	
Postal address	
Email	
Phone	

Incorporated non-profit organisation* ☐ Yes ☐ No
 Public Liability Certificate of Currency* ☐ 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
 Public Liability Certificate of Currency* ☐ Yes ☐ No

**Please attach copies*

PROJECT DESCRIPTION

Project Title:
Project Description:
Community Benefit:

Which of the following people will benefit from your project: (tick any that apply)

- ☐ Young people
- ☐ Older people
- ☐ People with disability
- ☐ LGBTQI+
- ☐ Aboriginal & Torres Strait Islander
- ☐ Multicultural community

Project Start Date:

Project End Date:

**Please keep in mind that projects cannot begin before payment is approved and processes – see guidelines for more information*

How does your project align to Council's Community Strategic Plan Focus Areas: (tick any that apply)

- ☐ A connected, inclusive and enriched community
- ☐ A safe, active and healthy community
- ☐ A thriving regional economy
- ☐ A quality environment
- ☐ Strong leadership and civic participation

For more information on the focus areas please read [Community Strategic Plan - Liveable Leeton](#)

PROJECT BUDGET

Outline your project budget and include your own organisation's cash contribution. Also include any confirmed/unconfirmed and in-kind contributions from partner organisations and other funding bodies

Income		Confirmed (Y/N)	Amount (\$)
Grant amount requested from Leeton Shire Council			
Entry/participant fees			
Cash from own organisation			
Cash from partner organisation			
Other grant funding			
Other:			
Other:			
Total			

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

*Total income should equal expenditure

What items will be funded by the Community Strengthening Grant?

Partner Organisation	Roles & Responsibilities	Contribution (\$)	Contribution (In Kind)

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

Community Development Coordinator
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 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 aligns with at least one strategic focus area 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 a new project or program (ie doesn't replicate another 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

PRIVACY STATEMENT

This form contains personal information of a person/s making an application or request to Leeton Shire Council. The requested information assists Council staff to respond to the applicant/s. The supply of information is voluntary. If you do not provide the requested information, Council may not be able to respond to / progress your application or request. The information will be retained in Council's record keeping system. Information held by Council is not made publicly available unless there is an overriding public interest to do so under the *Government Information (Public Access) Act 2009* (GIPA Act) and in accordance with section 18(1)(b) of the *Privacy and Personal Information Protection Act 1998* (NSW). For more information about your privacy please contact Leeton Shire Council - Governance Department on (02) 6953 0911 or email us at council@leeton.nsw.gov.au or write to us at 23-25 Chelmsford Place, Leeton NSW 2705.