

# **COMMUNITY STRENGTHENING GRANT APPLICATION**

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

### **ORGANISATION DETAILS**

\*Please attach copies

Name of community group or organisation			
Contact person			
Postal address			
Email			
Phone			
Incorporated non-profit organisation* Public Liability Certificate of Currency* *Please attach copies	□ Yes □ Yes	□ No □ No	
AUSPICE DETAILS (ONLY IF APPLICABLE)			
Auspice organisation applying on behalf of	group		
Contact Name			
Postal Address			
Email			
Phone			
Incorporated non-profit organisation* Public Liability Certificate of Currency*	□ Yes	□ No □ No	

# **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
$\square$ A safe, active and healthy community
☐ A thriving regional economy
☐ A quality environment
$\square$ Strong leadership and civic participation

For more information on the focus areas please read <u>Community Strategic Plan - Liveable Leeton</u>

### **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 c	Grant amount requested from Leeton Shire Council N		
Entry/participant fees			
Cash fr	om own organisation		
Cash from partner organisation			
Other g	grant funding		
Other:			
Other:			
	,	Total	
	Expenditure		Amount (\$)
Materia	als and project costs		
Promotion and publicity			
Venue costs			
Administration			
Other:			
Other:			
		Total	
*Total incor	ne 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.