

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 group	
Contact Name	
Postal Address	
Email	
Phone	

Incorporated non-profit organisation* Yes No

Certificate of Currency* Yes No

Public Liability* Yes No

**Please attach copies*

REASON FOR QUICK RESPONSE

Remember: Poor planning does not justify a quick response grant application

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PROJECT DESCRIPTION

Project Title:
Project Summary:
Community Benefit:

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

Project Start Date:

Project End Date:

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

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.

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-kind from own organisation		
Cash from partner organisation		
Other:		
Other:		
	Total	

Expenditure	Amount (\$)
Materials and project costs	
Fees and wages	
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
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- 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 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 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