Form Preview

2023/2024 GRANTS FOR THE COMMUNITY PROGRAM - COMMUNITY GROUPS & ORGANISATIONS APPLICATION FORM

2023/2024 Grants for the Community Program Overview

The 2023/2024 Grants for the Community Program allocates small grants to not for profit community and sporting organisations, individuals, small businesses, social enterprises and performing arts organisations in the Willoughby Local Government Area (LGA).

The maximum amount that will be granted is \$7,500 (excl. GST) and the minimum is \$500 (excl. GST).

Priority will be given to projects that help the community achieve the following:

- Community recovery to the COVID19 pandemic
- Increased community resilience to respond to shocks and stresses
- Enhanced community connectedness
- · Access to high quality entertainment and events

The Grants for the Community Program is **open all year round.** The funding pool is renewed on 1 July each year.

Grant Streams

Applicants need to demonstrate how their project will address one or more priorities of Council's *Community Strategic Plan (CSP)*, *Our Future Willoughby 2028*:

- Green
- Connected and Inclusive
- Liveable
- Prosperous and Vibrant
- Effective and Accountable

Grants for the Community Program Guidelines

Prior to completing this application form you should read and understand the Grants for the Community Program Guidelines and be sure your organisation can fulfil the funding requirements. The Grants for the Community Program Guidelines are located at <u>Grants Willoughby City Council (nsw.gov.au)</u>

It is strongly advised that applicants contact Willoughby City Council on 9777 7982 or email grants@willoughby.nsw.gov.au to discuss their project to ensure that it complies with the objectives of the Grants for the Community Program.

APPLICANT DETAILS

* indicates a required field

APPLICANT DETAILS

What is the name of the Applicant Organisation? *

Form Preview

Must be an ABN.

Organisation Name		
What is your organisation? * □ Not for profit organisation □ Sporting organisation □ Performing / creative arts or □ Small business □ Social Enterprise For individual athletes or creative a Individual Athletes Application Form	ganisation rts individuals, please quit this app	
What is your organisation's options. * Incorporated Association Company Limited by Guaran Religious Institution Other Association None of the above Other:	tee	
incorporated and agrees to manage		deficitly all auspice body that is
Please upload a copy of your Attach a file:	organisation's Certificate (of Incorporation *
Applicant ABN		
The ABN provided will be used to check that you have entered the		tion. Click Lookup above to
Information from the Australian Bu	siness Register	
ABN		
Entity name		
ABN status		
Entity type		
Goods & Services Tax (GST)		
DGR Endorsed		
ATO Charity Type	More information	
ACNC Registration		
Tax Concessions		
Main business location		

What was the date of election of the current Executive / Management Committee?

Must be a date. Usually the last AGM
Is the organisation registered for GST? * ○ Yes ○ No
Does the organisation hold current Public Liability Insurance of \$10 million * ○ Yes ○ No
Please upload a copy of your organisation's Certificate of Currency (Public Liability Insurance): * Attach a file:
If you do not have public liability insurance, please attach a quote for insurance which would cover the proposed project to the value of \$10 million
10. What is the primary source of funding for the organisation?
e.g., Government funding, membership and/or registration fees, community fundraising or service fees
CONTACT DETAILS
* indicates a required field
Primary Contact
Primary contact person for this project within the Applicant Organisation *
Title First Name Last Name
Position in the Organisation *
e.g. President, Secretary, Treasurer, Committee Member, Staff Member, Volunteer
Best contact Phone No. for this person *
Must be an Australian phone number.
Primary contact's email address *
Filmary Contact's email address
Must be an email address.
Secondary Contact (if applicable)
Secondary contact person for this project within the Organisation
Secondary contact person for this project within the Organisation Title First Name Last Name

Form Preview

This could be a Project Coordinator, Volunteer, Committee Member etc.
Position in the Organisation
e.g. President, Secretary, Volunteer member, Executive Committee Member
Best contact Phone No. for this person
Must be an Australian phone number.
Must be an Australian phone number.
Secondary contact's email address
Must be an email address.
Addresses
Street Address of the Applicant Organisation *
Address
Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
Postal address for the Applicant Organisation
Address
Website address
Must be a URL.
Preferred contact point for correspondence ☐ Postal Address (stated above) ☐ Street Address (stated above) ☐ Primary Contact's email
□ Secondary Contact's email□ Other:

If your application does NOT need to be managed by an Auspice Organisation, please proceed directly to Page 5.

INFORMATION ABOUT AUSPICE ORGANISATION

Form Preview

Note: Only complete this section if an Auspice Organisation is required to manage the grant on behalf of the applicant.

You must have written agreement from the auspice organisation that they will manage the grant before providing their name, ABN and contact details.

Auspice Organisation Details Name of Auspice Organisation Organisation Name Please upload a copy of the Auspice Body's Certificate of Incorporation Attach a file: **Auspice ABN** The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly. Information from the Australian Business Register ABN Entity name ABN status Entity type Goods & Services Tax (GST) **DGR Endorsed** ATO Charity Type More information **ACNC** Registration Tax Concessions Main business location Must be an ABN. Date of election of the Current Executive/Management Committee Must be a date. Usually the last AGM. Is the auspice organisation registered for GST? Yes \bigcirc No Does the auspice organisation hold Public Liability Insurance of \$10 Million O No You will need to provide a copy of the current Certificate of Insurance.

Please upload a copy of the Auspice Body's Certificate of Currency (Insurance) Attach a file:
Financial or In-Kind Support from the Auspice Organisation
Does the Auspice Organisation provide any financial or in kind support to the Individual Applicant?
○ Yes ○ No
If 'Yes', please provide an overview of the support provided
Contact details for Auspice Organisation
Name of the Primary Contact person at the Auspice Organisation
Title First Name Last Name
Auspice Project Contact Primary Phone Number
Must be an Australian phone number.
Auspice Project Contact Postal Address Address
Avenies Businet Control Office Empil
Auspice Project Contact Office Email
Must be an email address.
Auspice Project Contact Primary Website
Adspice Project Contact Primary Website
Must be a URL.
Please upload a letter of support from the Auspice organisation
Attach a file:
You will need a letter from the Auspice organisation stating they agree to Auspice your organisation project.

Form Preview

* indicates a required field

PREVIOUS GRANTS OR OTHER SUPPORT PROVIDED BY WILLOUGHBY CITY COUNCIL

Previous Grants or In-Kind Support
Does your organisation currently receive any financial or in-kind support from Willoughby City Council? * O Yes O No E.g., free / concession venue hire, discounted office rental, use of administrative equipment
If 'YES' please indicate the type of support received
Has your organisation received a grant from Willoughby City Council in the past 5 years? * ○ Yes ○ No
Applicants who have received funding from Council for three (3) grant rounds for the same project are not eligible to re-apply.
If 'YES' please list the projects and dollar (\$) amounts received.
Note: In order to be eligible to receive a new grant any previous grants MUST be fully acquitted.
Have these grants been fully acquitted? * ○ Yes ○ No ○ Not applicable
Under the Guidleines, organisations that have not acquitted previous grants are NOT eligible to receive new grants.
If 'NO' please outline the circumstances.
e.g Has the organisation applied for/received an extension

ABOUT THE PROJECT, MONITORING AND EVALUATION

* indicates a required field

Project Brief
What is the name of the project or event? *
Start Date *
Must be a date. Projects should be completed within twelve (12) months of receiving the grant funding. If you are applying for event funding, please indicate the date of the event or performance.
End Date
Must be a date
Must be a date.
Please provide a brief overview of the project or event *
Provide a short description (100 words recommended) of your project - what are you out to do?
Please explain how your project or event contributes to COVID-19 recovery and aligns with Council's Community Strategic Plan (CSP) priorities or a Council endorsed Sub-Plan. (Up to 250 words) *
CSP available at www.willoughby.nsw.gov.au/Community/Planning-for-our-Future-Our-Future-Willoughby-2028
Which arout stroom are you applying for? *
Which grant stream are you applying for? * □ A City that is green
☐ A City that is connected and inclusive
□ A City that is liveable□ A City that is prosperous and vibrant
☐ A City that is effective and accountable
Which of the following categories best fit your project? *
☐ Health and wellbeing
□ Community safety□ Education and training
☐ Childcare and child development
☐ Family and individual support
Environmental education and sustainabilitySports, leisure and recreation
□ Access and inclusion
☐ Facility improvement
□ Community awareness

 □ Economic development and opportunity □ Entertainment and events □ Community arts □ Other:
Project Goals and Evaluation
You will be required to explain how you meet this grant objective through your project outcomes and measures. These are defined as:
 Project outcome or goal: Describe the outcome/s you want to achieve at the end of your project. This should contribute towards achieving one or more of the grant objectives. How will you measure this? Demonstrate how your organisations plan to measure your achievement towards the project's outcome (performance measures). Types of evidence: Identify types of evidence you will use to measure your performance.
Outcome or goal 1 *
Describe three changes you will see if the expected outcomes of the project occur (150 words recommended)
How will you measure this? *
E.g. # activities, # participants or attendees, % participants who reported a benefit etc.
Types of evidence *
E.g. participant surveys, attendee register, publications and links etc.
Outcome or goal 2
Eg. Increased awareness, community participation, skills development etc.
How will you measure this?
E.g. # activities, # participants or attendees, % participants who reported a benefit etc.
Types of evidence

E.g. participant surveys, attendee register, publ	lications and links etc.
Outcome or goal 3	
Eg. Increased awareness, community participati	ion, skills development etc.
How will you measure this?	
E.g. # activities, # participants or attendees, %	participants who reported a benefit etc
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Types of evidence	
E.g. participant surveys, attendee register, publ	lications and links etc.
Will the project continue beyond the fo	unded period?
○ Yes	○ No
e.g., the project may be a one-off event and wor	ould not be expected to continue beyond the funded
If 'YES' how will the project be sustain	ned when the funded period has ended?
Grant recipients should not expect to receive on Council. Where possible, organisations should fa knowledge and partnerships that will diminish o	
Knowledge and partnerships that will diffillish o	ingoing dependency on grant runds.
Are you willing to share any 'lessons le community groups?	earned' from your project with other
○ Yes	○ No
Malaurta aug. C. Dautu aug	
Volunteers & Partners	
Does your project involve volunteer pa ○ Yes	articipation in its planning and delivery? ○ No
If 'YES' please provide a brief commen	nt on the extent of volunteer participation.
. Tab product provide a brief commen	paracipation.
Up to 25 words	
op to 25 words	
Will you partner with any other organi ○ Yes	isation to plan/deliver the project? ○ No
If 'YES', please list the partner(s) and	explain their contribution to the project.

Who Benefits	
Will the project be located within the ∨ ○ Yes	Willoughby Local Gove No
How will the Willoughby community, e project? *	conomy or environme
Research	
1. What research did you undertake to it prove that there was a real need?	develop the project o
Marketing and Promotion	
Please provide details of how you inte event.	nd to market and pron
About the Event (if applicable)	
From the list provided, which best des ☐ Series of workshops / training / education ☐ One-off workshop / exhibition / event / a ☐ Community education ☐ Performance ☐ Festival / outdoor event ☐ Other:	on / activities etc.
2. Would you like your event to be par O Yes The Emerge Festival is usually held in September	○ No
Where will your event be held? ☐ The Concourse ☐ Chatswood Mall ☐ Zenith Theatre	

□ Dougherty Commu□ Other:	inity Centre		
Has the venue been ○ Yes	booked?	○ No	
If the venue has bee ○ Yes	en booked, has the bo	ooking fee been paid	?
What is the fee and	or concession of the	venue booking?	
Give full dollar amount a	and also if any concession h	nas been applied.	
FINANCES & SU	PPORT		
* indicates a required	field		
Please provide a Expenditure.	detailed budget fo	r your project det	ailing Income and
 Please provide a requested from Co of \$500. Please provide 2-a lot of words in the 	detailed budget of your budget for the entire propuncil. You will need to puncil. You descriptions for enis field. You are welcome the bottom of this page	oject, i.e., not just the a provide 2 x quotes for a each cost item as the so ne to attach more detai	mount that is iny item over the value ystem cannot handle
Income	\$	Expenditure	\$
	\$ \$	<u> </u>	\$
\$ Must be a dollar amount	you seeking from Wil al support you are requesti		! ? *
○ Yes	nds from any other so	○ No	
If 'YES' please provi	ide details of any oth	er funding sources a	nd \$ amounts.

If awaiting a response from other funding sources, please advise of timeframe for this response (if

Form Preview

possible)
Is your organisation able to make a financial contribution to this project? * \bigcirc Yes \bigcirc No
If 'Yes', how much?
\$ amount
What do you estimate to be the \$ value of your organisation's In-kind contribution
to this project. *
You could include volunteer hours, donations of goods from members etc. Remember to list your organisation's total in-kind \$ value in the project budget!
Are you willing to receive part funding towards this project? * ○ Yes ○ No
If 'Yes', please outline how receipt of part-funding might affect the viability of the project
Up to 25 words
Please upload 2 x copies of quotes for each item valued at \$500 or over. Attach a file:
Actuent a file.
Upload any additional budget information here Attach a file:
Letters of Support/Other Documentation
Do you have any letters of support (or other attachments) for your project?
 Yes No e.g. Annual Report, Audited Financial Statement/Report
Please attach any letters of support or other documentation here. Attach a file:
And the defined of the terror
e.g. Audited Financial Statement/Report, Annual Report

PERMISSION, CHECKLIST & DECLARATION

* indicates a required field
Permission
Please read and answer the following:
I give permission for Willoughby City Council to send me emails regarding the Grants for the Community Program. * O Yes O No
I agree to participate in a yearly survey for the Grants for the Community Program. * ○ Yes ○ No
I give permission for Willoughby City Council to use any project information included in this application form. * O Yes O No (Uses may include promotion of project on our website and in newsletters).
Checklist
I have read and understood the Grants for the Community Program Guidelines *
○ Yes
Yes I agree to the requirements outlined in the Grants for the Community Program Guidelines. *

Declaration

On behalf of the Applicant Organisation (as identified on Page 2), I declare that the information provided in this application is true and correct, and that the application has the

Form Preview

full endorsement of the current Executive Body. I understand that Council has the right to reject this application if it is found to contain false or misleading information.

Note: Completion of the fields below is equivalent to supply of a Signature of Authorisation. If the grant is to be managed by an Auspice Organisation, the name and position provided below MUST be those of an authorised representative of the Auspice Organisation.

Signatory's Name *	
Position in Organisation *	
Organisation	
Auspice Organisation *	
•	
Auspice Organisation * O Yes O Not applicable	

Note to Applicants: After completing the Application you can review the fields before you hit the "SUBMIT" button.

To submit the application, you MUST click on the "SUBMIT" button located below or above on the top right hand side of the screen. A confirmation email indicating the application has been received will be sent to the email address you have nominated along with a PDF copy of your application. IF YOU DO NOT RECEIVE A CONFIRMATION EMAIL YOU HAVE NOT SUBMITTED YOUR APPLICATION. You will not be able to amend the contents of the application after you have properly submitted it to Council.