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2024/25 GRANTS FOR THE COMMUNITY PROGRAM - COMMUNITY GROUPS & ORGANISATIONS APPLICATION FORM

2024/25 Grants for the Community Program Overview

The 2024/25 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:

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

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? *

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| Organisation Name |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| |
| What is your organisation? * □ Not for profit organisation □ Sporting organisation □ Performing / creative arts organisation □ Small business □ Social Enterprise For individual athletes or creative arts individuals, please quit this application form and use the Individual Athletes Application Form or the Individual Application Form. |
| What is your organisation's legal status? Please select from the dropdown options. * Incorporated Association Company Limited by Guarantee Religious Institution Other Association None of the above Other: |
| If you answer "Other association" or "None of the above" you MUST identify an auspice body that is incorporated and agrees to manage the grant. |
| Please upload a copy of your organisation's Certificate of Incorporation * Attach a file: |
| |
| |
| Applicant 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 <u>More information</u> |
| ACNC Registration |
| Tax Concessions |
| Main business location |
| Must be an ABN. |

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

| Must be a date. Usually the last AGM | | | |
|----------------------------------------------------------------------|--------------------------------|----------------------------|----------------------------|
| Is the organisation regist ○ Yes | ered for GST? * | O No | |
| Does the organisation ho ○ Yes | ld current Publ | ic Liability Insurance | e of \$10 million * |
| Please upload a copy of y Liability Insurance): * Attach a file: | our organisatio | on's Certificate of Cu | urrency (Public |
| If you do not have public liability proposed project to the value of | | e attach a quote for insur | ance which would cover the |
| 10. What is the primary s | ource of fundir | ng for the organisati | on? |
| e.g., Government funding, mem | | | |
| CONTACT DETAILS | | | |
| * indicates a required field | | | |
| Primary Contact | | | |
| Primary contact person for Title First Name | or this project v Last Name | within the Applicant | Organisation * |
| | | | |
| Position in the Organisati | on * | | |
| | | | |
| e.g. President, Secretary, Treas | urer, Committee M | ember, Staff Member, Vo | lunteer |
| Best contact Phone No. fo | or this person * | : | |
| | | | |
| Must be an Australian phone nu | mber. | | |
| Primary contact's email a | ddress * | | |
| | | | |
| Must be an email address. | | | |
| Secondary Contact (if | applicable) | | |
| Secondary contact person Title First Name | n for this project | ct within the Organis | sation |

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| 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. |
| Secondary contact's email address |
| |
| Must be an email address. |
| Addresses |
| Street Address of the Applicant Comprisation * |
| 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

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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 D | Details |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------|
| Name of Auspice Organisa Organisation Name | tion |
| | |
| Please upload a copy of th Attach a file: | e Auspice Body's Certificate of Incorporation |
| Auspice ABN | |
| The ABN provided will be used check that you have entered | d to look up the following information. Click Lookup above to 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 Cur | rent Executive/Management Committee |
| Date of election of the cur | Tent Executive/Management Committee |
| Must be a date. Usually the last AGM. | |
| Is the auspice organisation O Yes | n registered for GST? ○ No |
| ○ Yes | tion hold Public Liability Insurance of \$10 Million |

project.

| Please upload a copy of the Au Attach a file: | uspice Body's Certificate of Currency (Insurance) |
|-------------------------------------------------------|-----------------------------------------------------------------|
| | |
| Financial or In-Kind Suppo | rt from the Auspice Organisation |
| Individual Applicant? | n provide any financial or in kind support to the |
| ○ Yes | ○ No |
| If 'Yes', please provide an ove | rview of the support provided |
| Contact details for Auspice | e Organisation |
| Name of the Primary Contact printle First Name Last N | person at the Auspice Organisation |
| | |
| Auspice Project Contact Prima | ry Phone Number |
| Must be an Australian phone number. | |
| Auspice Project Contact Posta Address | l Address |
| | |
| Auspice Project Contact Office | Email |
| Must be an email address. | |
| Auspice Project Contact Prima | ry Website |
| Must be a URL. | |
| Please upload a letter of support Attach a file: | ort from the Auspice organisation |
| | |
| You will need a letter from the Auspice | e organisation stating they agree to Auspice your organisation/ |

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* 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? * |
| ○ Yes ○ No |
| E.g., free / concession venue hire, discounted office rental, use of administrative equipment |
| If 'YES' please indicate the type of support received |
| ургания при |
| |
| |
| |
| |
| Has your organisation received a grant from Willoughby City Council in the past 5 |
| years? * O Yes |
| O 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. |
| TES pieuse list the projects und donar (\$\psi\$ uniounts received. |
| |
| |
| |
| Note: In order to be eligible to receive a new grant any previous grants MUST be fully acquitted. |
| Have these arrants been fully acquitted 2 * |
| Have these grants been fully acquitted? * O Yes |
| O No |
| O Not applicable |
| Under the Guidleines, organisations that have not acquitted previous grants are NOT eligible to receive new grants. |
| 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. |
| 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 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 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 sustainability Sports, 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, publications and links etc. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Outcome or goal 3 |
| |
| 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, publications and links etc. |
| Will the project continue beyond the funded period? |
| O Yes O No |
| E.g., the project may be a one-off event and would not be expected to continue beyond the funded period. |
| If 'YES' how will the project be sustained when the funded period has ended? |
| |
| Grant recipients should not expect to receive ongoing or recurrent funding from Willoughby City |
| Council. Where possible, organisations should factor into the project the development of skills, knowledge and partnerships that will diminish ongoing dependency on grant funds. |
| Are you willing to share any 'lessons learned' from your project with other |
| community groups? O Yes O No |
| Valuatoore C Dorthore |
| Volunteers & Partners |
| Does your project involve volunteer participation in its planning and delivery? ○ Yes ○ No |
| If 'YES' please provide a brief comment on the extent of volunteer participation. |
| |
| Up to 25 words |
| Will you partner with any other organisation to plan/deliver the project? |
| ○ Yes ○ No |
| If 'YES', please list the partner(s) and explain their contribution to the project. |

| Who Benefits | | |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------|
| Will the project be lo ○ Yes | ocated within the Wi | lloughby Local Gove No |
| How will the Willoug project? * | hby community, eco | nomy or environme |
| | | |
| Research | | |
| 1. What research did it prove that there w | d you undertake to d vas a real need? | evelop the project o |
| | | |
| Marketing and Pro | omotion | |
| Please provide detai event. | ls of how you intend | to market and pror |
| | | |
| About the Event (| if applicable) | |
| | s / training / education exhibition / event / act ion | / activities etc. |
| | | |
| Would you like yoYesThe Emerge Festival is us | • | ○ No |
| Where will your ever ☐ The Concourse ☐ Chatswood Mall ☐ Zenith Theatre | nt be held? | |

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| □ Dougherty Community Centre□ Other: | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---|--|
| | | | |
| Has the venue been booked? ○ Yes | ○ No | | |
| If the venue has been booked, has the ○ Yes | e booking fee been paid? O No | | |
| What is the fee and/or concession of the | he venue booking? | | |
| | | | |
| Give full dollar amount and also if any concessio | on has been applied. | | |
| | | | |
| FINANCES & SUPPORT | | | |
| * indicates a required field | | | |
| Please provide a detailed budget Expenditure. | for your project detailing Income an | d | |
| Please provide a detailed budget of your project which details income and expenditure. Please provide a budget for the entire project, i.e., not just the amount that is requested from Council. You will need to provide 2 x quotes for any item over the value of \$500. Please provide 2-3 word descriptions for each cost item as the system cannot handle a lot of words in this field. You are welcome to attach more detailed information in the upload section at the bottom of this page if required. Income & expenditure table must balance. | | | |
| Income \$ | Expenditure \$ | | |
| \$ | \$ | | |
| \$ | \$ | | |
| Funding Amount | | | |
| What \$ amount are you seeking from V \$ Must be a dollar amount. What is the total financial support you are reque | | | |
| Have you sought funds from any other O Yes e.g. Submitted an application to another grant so | ○ No | | |

If 'YES' please provide details of any other funding sources and \$ amounts.

| If awaiting a possible) | response from oth | er funding source | s, please advise of timefra | ame for this response (if |
|-------------------------------------|----------------------------------------------|-------------------|------------------------------------|---------------------------|
| | janisation able | to make a fina | ancial contribution to | this project? * |
| ○ Yes | | | ○ No | |
| If 'Yes', ho | w much? | | | |
| | | | | |
| \$ amount | | | | |
| What do yo | | be the \$ value | e of your organisation | n's In-kind contributi |
| | | | | |
| | clude volunteer hou s total in-kind \$ va | | goods from members etc. budget! | Remember to list your |
| Are you wi ○ Yes | lling to receive | e part funding | towards this project' No | ? * |
| If 'Yes', ple project | ease outline ho | w receipt of p | art-funding might aff | fect the viability of tl |
| | | | | |
| Up to 25 wor | ds | | | |
| Please upl Attach a file | | of quotes for | each item valued at s | 500 or over. |
| | | | | |
| Upload any Attach a file | y additional bu | dget informati | ion here | |
| | | | | |
| Letters of | f Support/Oth | ner Documer | ntation | |
| Do you hav | ve any letters (| of support (or | other attachments) f | or your project? |
| | Report, Audited Fin | ancial Statement/ | | |
| Please atta Attach a file | _ | of support or | other documentation | n here. |
| | | | | |
| e.g. Audited I | Financial Statemer | nt/Report, Annual | Report | |

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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. Yes O No I agree to participate in a yearly survey for the Grants for the Community O Yes O No I give permission for Willoughby City Council to use project information included in this application form for promotion by Council. * 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 I agree to the requirements outlined in the Grants for the Community Program **Guidelines.** * Yes I have discussed this project with the relevant Council officer(s) and am confident that it complies with the Guidelines * Yes I have attached/completed ☐ Evidence of Incorporation (or that of the Auspice Organisation) □ Last year's Annual Report ☐ Last year's Financial Statement (or that of the Auspice Organisation) □ 2 X Copies of Quotes (for items valued over \$500) ☐ A copy of the Certificate of Currency (Public Liability Insurance) - or that of the Auspice Organisations ☐ Any Letters of Support ☐ Other:

Declaration

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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 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.

| Sig | gnatory's Name * | | | |
|-----|------------------------------------------|---|--|--|
| Po | sition in Organisation | * | | |
| | | | | |
| Or | ganisation | | | |
| 0 | uspice Organisation * Yes 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.