

# 2024/25 Grants for the Community Program - Individual Application Form

Form Preview

## 2024/25 GRANTS FOR THE COMMUNITY PROGRAM - INDIVIDUAL 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:

- 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 [Grants Willoughby City Council \(nsw.gov.au\)](#)

**It is strongly advised that applicants contact Willoughby City Council on 9777 7982 or email [grants@willoughby.nsw.gov.au](mailto: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

### INDIVIDUAL APPLICANT DETAILS

#### **Applicant**

Title      First Name      Last Name

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### Applicant Residential Address

Address

### Applicant Primary Phone Number

Must be an Australian phone number.

### Applicant Primary Email

Must be an email address.

### 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

### Are you registered for GST?

Yes  No

### Are you a Not For Profit?

Yes  
 No

### Do you/your business have Public Liability Insurance of at least \$10 million?

Yes  No

Applicants that do not hold this level of cover should seek an incorporated body to auspice their project.

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**Please upload a copy of your Certificate of Currency (Public Liability Insurance)**

Attach a file:

**Do you have a registered business name through which you manage income and expenditure generated through your involvement in the arts?**

Yes  No

Under the guidelines businesses that generate an annual income of more than \$75,000 are NOT eligible for this Grant Program.

**If 'yes' please provide your Business name**

This business name MUST match the ABN/ACN provided above

**Please confirm that your annual income through this business is less than \$75,000 per annum.**

I confirm that the annual income through the registered business name stated above is less than \$75,000 per annum.

**If the grant is to be auspiced by an Incorporated Body you MUST complete page 4**

## CONTACT DETAILS

\* indicates a required field

### Primary Contact

**Primary contact person for this application \***

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Primary contact's phone number \***

Must be an Australian phone number.

**Primary contact's email address \***

Must be an email address.

### Secondary Contact (if applicable)

**Secondary contact person for this application**

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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This could be a Project Coordinator, Volunteer, Committee Member etc.

**Secondary contact's phone number**

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Must be an Australian phone number.

### Secondary contact's email address

Must be an email address.

## Addresses

### Postal address for the individual applicant \*

Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

### Website address

Must be a URL.

### Preferred contact point for correspondence

- Postal address
- 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 Section 'Previous Grants or Other Support Provided by Willoughby City Council'

## AUSPICE ORGANISATION

Please complete this page if an Auspice Organisation has agreed to manage the grant funds on behalf of the Individual Applicant. You must have written permission of the auspice organisation to complete this section.

### Auspice Organisation Details

#### Auspice Organisation Name

Organisation Name

#### Auspice ABN/ACN

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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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

### Please upload a copy of the Auspice Body's Certificate of Incorporation

Attach a file:

### Is the auspice organisation registered for GST?

Yes  No

### Does the auspice organisation hold Public Liability Insurance of \$10 Million

Yes  No

### 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

#### Auspice Project Contact

Title      First Name      Last Name

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## Auspice Project Contact Primary Phone Number

Must be an Australian phone number.

## Auspice Project Contact Postal Address

Address

## Auspice Project Contact Office Email

Must be an email address.

## Auspice 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.

## PREVIOUS GRANTS OR OTHER SUPPORT PROVIDED BY WILLOUGHBY CITY COUNCIL

\* indicates a required field

### Previous Grants or In-Kind Support

#### Has the applicant received any in-kind support from Willoughby City Council in the past 3 years? \*

Yes  No

e.g. free/concession venue hire, exhibition space etc.

#### If 'YES' please indicate the type of support received

#### Has the applicant received a grant from Willoughby City Council in the past 5 years? \*

Yes

No

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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 \$ 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 Guidelines, 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.

**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) \***

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CSP available at [www.willoughby.nsw.gov.au/Community/Planning-for-our-Future/Our-Future-Willoughby-2028](http://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 \*

Eg. Increased awareness, community participation, skills development etc.

### How will you measure this? \*



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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.

### Will the project continue beyond the funded period?

Yes  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?

Yes  No

## 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.

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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 located within the Willoughby Local Government Area (LGA)? \***

Yes

No

**How will the Willoughby community, economy or environment benefit from your project? \***

### Research

**1. What research did you undertake to develop the project or event and how did it prove that there was a real need?**

### Marketing and Promotion

**Please provide details of how you intend to market and promote your project or event.**

### About the Event (if applicable)

**From the list provided, which best describes the event:**

Series of workshops / training / education / activities etc.

One-off workshop / exhibition / event / activity / concert

Community education

Performance

Festival / outdoor event

Other:

**2. Would you like your event to be part of the Emerge Festival?**

Yes

No

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The Emerge Festival is usually held in September each year.

### Where will your event be held?

- The Concourse
- Chatswood Mall
- Zenith Theatre
- Dougherty Community Centre
- Other:

### Has the venue been booked?

- Yes  No

### Has the venue booking been paid for?

- Yes  No

### If the venue has been booked, what is the fee and/or concession?

Please give full dollar amount and any concession applied.

## FINANCES & SUPPORT

\* indicates a required field

Please provide a detailed budget for your project detailing Income and Expenditure.

- 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	\$
<input type="text"/>	\$	<input type="text"/>	\$
<input type="text"/>	\$	<input type="text"/>	\$

Funding amount

### What \$ amount are you seeking from Willoughby City Council? \*

\$

Must be a dollar amount.

What is the total financial support you are requesting in this application?

### Have you sought funds from any other source for this project? \*

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Yes

No

e.g. Submitted an application to another grant source. Undertaken fund raising activities.

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

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

**Is your organisation able to make a financial contribution to this project? \***

Yes

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:

**Upload any additional budget information here**

Attach a file:

Letters of Support, Other Information & 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.**

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Attach a file:

e.g. Audited Financial Statement/Report, Annual Report

**Would you like to provide us with any further information relating to this grant application?**

## 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  
 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. \***

- Yes  
 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)

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- 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

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.

#### Signatory's Name \*

#### Position in Organisation

#### Organisation

#### Auspice 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.**