

## APPLICATION FORM

### PART A –PROJECT / EVENT INFORMATION

Applicant/Organisation Name	
Postal Address	
Contact Person (Project Coordinator)	
Is your organisation Incorporated?	If “No”, name of Auspice body?
ABN of your organisation (if Auspiced include here)	
Daytime Phone No	
Mobile	
E-mail	
Bank Details (Bank, Account Name, BSB & Account number)	Bank: BSB: Account Number: Account Name:

## PROJECT / EVENT DESCRIPTION

PROJECT / EVENT NAME:

<p>1. Briefly describe what you are going to do</p>	<p>200 words max</p>
<p>2.</p> <p>a) What are the projects / Event Aims/Objectives (What do you hope to achieve?)</p> <p>b) Who is your target audience?</p> <p>c) How many people does this initiative reach?</p>	<p>350 words max</p>
<p>3.</p> <p>a) How did you identify the need for this project?</p> <p>b) How do you see this impacting on the community? (what are the economic / social / cultural / environmental Impacts)</p>	<p>450 words max</p>
<p>4.</p> <p>How will other organisations or groups be involved in your project?</p> <p>Have you consulted other groups? Will there be project partners?</p> <p>How do you involve the wider community?)</p>	<p>200 words max</p>
<p>5.</p> <p>What geographical area does this project cover?</p>	<p>200 words max</p>



6. Are you seeking funding from any other agencies? If yes, please provide more detail.	200 words max
7. What are the planned time-frames for the project? Start & Finish dates.	200 words max
8. How will you measure the success of this project? Evaluation?	200 words max
9. How will you give recognition to Federation Council for its contribution?	200 words max
10. What previous experience does your organisation have in managing similar projects?	200 words max

**PART B - PROJECT BUDGET**

<b>BUDGET TEMPLATE</b>		
Grant amount requested:		
<b>INCOME</b>	How Much	Description / Justification (what will this be used for )
Funding / Grants	\$	
Partnerships	\$	
Sponsorship	\$	
Other income	\$	
Earned income	\$	
<b>TOTAL INCOME</b>	<b>\$</b>	
<b>IN KIND SUPPORT (excluding grant dollars)</b>		
Volunteers	\$	
Local Business	\$	
Other Community Groups	\$	
Donations	\$	
<b>TOTAL IN KIND</b>	<b>\$</b>	
<b>EXPENSES (for grant use)</b>		
Fees / Salaries	\$	
Materials	\$	
Administration	\$	
Utilities	\$	
Promotion	\$	
Other	\$	
<b>TOTAL EXPENSES</b>	<b>\$</b>	
<b>GRANT AMOUNT REQUESTED:</b>		

**PART C - INFORMATION ABOUT YOUR ORGANISATION/GROUP**

How is your Organisation funded? (Include copy of previous year's financial statements)	
Registered for GST?	YES / NO
Does your organisation have Public Liability Insurance? If so, please include in your application. (Council requires all events to be covered by Public Liability Insurance with a minimum indemnity of \$20 million)	YES / NO
Does your organisation have Building Insurance?	YES / NO
Has your organisation received a Council grant previously?	YES / NO

Please ensure all questions on the application forms and completed and returned with application

<b>CHECKLIST</b>	
Does your project meet the funding criteria?	
Is your organisation eligible for funding? (See eligibility criteria)	
Does your application meet the guidelines?	
Have you acquitted all grants previously received from Council?	
Provided statement of Income and Expenditure from previous twelve months.	
Kept a copy of this application for your own records.	
Signed the Declaration (below)	

***If you have answered "No" to any of the above questions, your application is not eligible.***

Once you have answered "Yes" to all the above questions:

Return application to

Community Grants Program

Federation Council

PO Box 77

Corowa 2646

or by email to jenny.bevis@federationcouncil.nsw.gov.au

**Declaration**

I certify that, to the best of my knowledge, all the information in this application is correct, and has been discussed and approved by the Committee of Management or equivalent body, and that I have the delegated authority to sign this application.

I have read the Events and Community Development Grant Guidelines and understand the information contained within it forms part of the conditions of payment.

If this application is successful I agree to contact Federation Council in the event that any information regarding this application changes or is found to be incorrect.

<b>Name:</b>	
<b>Position:</b>	
<b>Signature:</b>	
<b>Date:</b>	