

2019-20 Community Development Grant Applications

Applicant details

Name of the club/group/organisation undertaking the project

Postal address of the organisation undertaking the project

Contact person for the club/group/organisation

Phone

Email Required

If your organisation is not incorporated and your grant request is for greater than \$1000 you will require a not-for-profit auspice organisation to manage your grant

Do you require an auspice organisation? (Select 1 or more options)

☐ Yes

☐ No

Complete this field if you made a selection that includes 'Yes' in *Applicant details: Do you require an auspice organisation?*

Name of the auspice not-for profit organisation managing the project (if applicable)

Complete this field if you made a selection that includes 'Yes' in *Applicant details: Do you require an auspice organisation?*

Postal address of the auspice organisation managing the project (if applicable)

Payment of Grant to be deposited into the following bank account (if successful)

Account name

BSB No.

Account No.

Does your organisation have an Australian Business Number (ABN)? (Select 1 or more options)

- ☐ Yes
- ☐ No

The information in the field below applies if you made a selection that includes 'No' in *Applicant details: Does your organisation have an Australian Business Number (ABN)?*

If you do not have an ABN - You need to complete a 'Statement by Supplier' form and submit it with your application. [Form available from the ATO](https://www.ato.gov.au/forms/statement-by-a-supplier-not-quoting-an-abn/)
<https://www.ato.gov.au/forms/statement-by-a-supplier-not-quoting-an-abn/> Note: Failure to provide either an ABN or statement by supplier will result in Council being obliged to withhold 46.5% of the grant allocation (if successful)

Complete this field if you made a selection that includes 'No' in *Applicant details: Does your organisation have an Australian Business Number (ABN)?*

Attach statement by supplier form



Please attach all files to the end of this form before submitting it.

Complete this field if you made a selection that includes 'Yes ' in *Applicant details: Does your organisation have an Australian Business Number (ABN)?*

Your organisation's ABN

Please identify your GST Tax status (Select 1 or more options)

- ☐ Registered for GST
- ☐ Not registered for GST

Project details

Confirm your project is in the Horsham Rural City Council municipality (Select 1 or more options)

- ☐ Yes

Project title

Funding category

Council Plan objectives (Select 1 or more options)

- ☐ Community and cultural development
- ☐ Sustaining the economy
- ☐ Asset management
- ☐ Good governance
- ☐ Natural and built environment

Health and Wellbeing Plan objectives (Select 1 or more options)

- ☐ Healthy eating and active living
- ☐ Reduce alcohol and drug use
- ☐ Improve mental health
- ☐ Education and economic development
- ☐ Preventing family violence
- ☐ Improving family health
- ☐ Improving early years outcomes

Other objectives (Select 1 or more options)

- ☐ Community cohesion and diversity
- ☐ Disability access
- ☐ Other

Complete this field if you made a selection that includes 'Other' in *Project details: Other objectives*

List 'other'

Project location

Estimated start date

- Must be between 01 July 2019 and 30 June 2020

D	D	M	M	Y	Y	Y	Y
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Estimated finish date

- Must be between 01 July 2019 and 30 June 2020

D	D	M	M	Y	Y	Y	Y
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Number of people benefiting from the project

Project description

Age groups involved in the project (Select 1 or more options)

- ☐ 65+
- ☐ 35-64
- ☐ 15-34
- ☐ 0-14

Why do you want to do this project?

What will this project achieve?

Funding

What is the Grant amount requested from Council? (A)

What are you going to spend the Council Grant amount on?

List all expenditure items. Quotations must be attached below for each expenditure item greater than \$1000

How much cash is your organisation contributing to the project? (B)

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If your cash contribution is greater than \$5000, please attach a copy of your organisation's latest annual financial report.



Please attach all files to the end of this form before submitting it.

What are you going to spend your organisation cash contribution on?

List all expenditure items. Quotations must be attached below for each expenditure item greater than \$1000

What in-kind support is your organisation contributing to the project?

For example: Voluntary labour (@\$25 per hour), donated materials (at retail value)

Total value of in-kind support (C)

Total project value (A+B+C)

The grant amount requested in this application may be reduced. Should the grant amount be reduced, please indicate the minimum amount of grant that would allow the project or part of the project to proceed

Attach quotes



Please attach all files to the end of this form before submitting it.

Authorisation

I affirm that:

- I have read the guidelines
- All details supplied in this application and attachments are true and correct to the best of my knowledge
- The application form has been submitted with the full knowledge and agreement of the applicant organisation
- The application is endorsed by all other user groups of the facility or groups that will directly benefit from the project
- The necessary taxation documents have been provided

Please list relevant user groups and respective delegates who endorse the project

I agree (Select 1 or more options)

End of form

Don't forget to attach all files before submitting this form