

# Community Development Grants Program – APPLICATION

### **APPLICATIONS CLOSE – 28 February 2018**

Horsham Rural City Council advises all applicants to:

- Read the Grant Guidelines before you complete this Application Form.
- Ensure that your application is lodged by 5.00pm on the closing date at Horsham Rural City Council Offices or by e-mail to <a href="mailto:council@hrcc.vic.gov.au">council@hrcc.vic.gov.au</a> (late applications will not be accepted).
- Use the Check List on this Application Form to ensure all required documentation is provided.
- If you have any questions regarding the application form or if you would like to receive this form in an accessible format such as large print, please contact Susan Surridge on 5382 9776

#### 1. APPLICANT DETAILS

Name of the Club/Group/Organisation undertaking the project: (Limit of 100 characters)	
<u>Postal</u> address of the organisation undertaking the project:	
Contact person for the Club/Group/Organisation: Business hours phone number E-mail Adress	
Name of the auspice*Not-for Profit Community Organisation managing the project (if applicable): *Required if your organisation is not incorporated and your application is for >\$1000	
Postal address of the auspice organisation managing the project (if applicable):	
Australian Business Number (ABN) of the organisation (if applicable):	
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 <a href="http://www.ato.gov.au/">http://www.ato.gov.au/</a> . Note: Failure to provide either an ABN or statement by supplier will result in Council being obliged to withold 46.5% of the grant allocation (if successful).	Statement by supplier attached to application:  Yes No No
Please identify your GST Tax status:	

# 2. PROJECT DETAILS

Title of the project/event/activity: (Limit of 100 characters)		
Funding Category (please select relevant category/s):  (Refer to grant guidelines for details on funding categories)  Council Plan Objectives  Community & cultural development  Sustaining the economy  Asset management  Good governance  Natural and built environment	Health and Wellbeing Plan Objectives  Healthy eating and active living  Reduce alcohol and drug use  Improve mental health  Education & economic development  Preventing family violence  Improving family health  Improving early years outcomes  Other	
Location of the Project/Event/Activity:  Estimated Commencement date:  (must be after 1 July, 2018)		
Estimated Completion date: (must be before 30 June, 2019)  Estimated number of people benefiting from the	e project:	
Estimated age groups involved in the project:		
Please provide a brief description of your proposed project/event/activity: (Limit of 250 characters)		
Why do you want to do this project? (Limit of 250 characters)		
What will this project achieve? (Limit of 250 characters)		

## 3. PROJECT FUNDING

What is the Grant amount requested from Council? Must equal (A) total	
What are you going to spend the Council Grant amount on?  List all expenditure items. Quotations must be provided if total project expenditure is greater than \$1,000	
Total Council Grant expenditure (A)	
What cash is your organisation contributing to the project?	
What are you going to spend your organisation cash contribution on?  List all expenditure items	
Total Organisation expenditure (B)	
What in-kind support is your organisation contribution to the project? i.e. voluntary labour (@\$25 per hour), donated materials (at retail value)	
Total value of In-kind support (C)	
TOTAL PROJECT VALUE (A) + (B) + (C)	

The 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 continue.

4. IF GROUP CASH CONTRIBUTION IS >\$5,000, PLEASE ATTACHED COPY OF LATEST AUDITED FINANCIAL STATEMENTS

## 5. AUTHORISATION/FUNDING AGREEMENT

I affirm, on behalf of Council will be expended:  In accordance with the Community Development Grant Within the Horsham Rural Council municipality;  As outlined in this application and;	that any funds provided by the Horsham Rural City Program Guidelines;	
If this application is successful, our group agrees to submit a Community Grant Project Completion Report.		
Payment of grant will be deposited into the following Bank Account:		
BSB No: Account No: Name of Bank Account:		
I affirm that all details supplied in this application and attachments are true and correct to the best of my knowledge and the application form has been submitted with the full knowledge and agreement of the applicant organisation. I acknowledge that I have read the Guidelines.		
Signature:CHAIRPERSON/PRESIDENT	Name:	
•		
Date:		
Date:  This application is endorsed by the DELWP Crown Land Com	mittee of Management (if relevant)	
	mittee of Management <i>(if relevant)</i> Signature	
This application is endorsed by the DELWP Crown Land Com	Signature	

# **IMPORTANT: CHECKLIST FOR APPLICANTS**

Please ensure that the following details are included in your application. <u>Your application may be deemed ineligible without the key details listed below.</u>

Is your project/event/activity based in the Horsham municipality?

Have you discussed your application with all key stakeholders?

Have you provided all contact details?

Have you completed all sections of the Project application?

Have you attached quote/s for project > \$1,000?

Have you attached a copy of your latest annual financial report (if needed)?

Have you signed the Authorisation/Funding Agreement?

Have you provided all the necessary taxation documentation eg ABN, statement by supplier (if needed)?

For Email Applications only: Have you attached relevant attachments to the email?

(End of Application)